

Sawbones 210: The Baby Show

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Clint: *Sawbones* is a show about medical history, and nothing the hosts say should be taken as medical advice or opinion. It's for fun. Can't you just have fun for an hour and not try to diagnose you mystery boil? We think you've earned it. Just sit back, relax, and enjoy a moment of distraction from that weird growth. You're worth it.

[theme music plays]

Justin: Hello everybody, and welcome to *Sawbones*, a marital tour of misguided medicine. I'm your cohost, Justin McElroy!

Sydnee: And I'm Sydnee McElroy.

Justin: You know, Syd, you're pregnant. Did you—I don't know—

Sydnee: Oh—yeah! I—we—I—

Justin: We've mentioned.

Sydnee: I guess I sort of announced it last time?

Justin: Yeah. Well, actually, a couple times you've talked about, like, maternity clothes. Anyway—

Sydnee: I was just trying to—I was trying not make a thing.

Justin: Trying not to make a thing.

Sydnee: I mean, like, it's our second time around. We've done it before, so...

Justin: We're old hands. And, you know, the first time, we did make the biggest thing, because we did, like, all of our episodes in that time period in pregnancy and babies and what-have-you.

Sydnee: Right.

Justin: Uh, and we didn't leave a lotta meat on the bone, I would say, for the second go round.

Sydnee: No, we didn't. But there is—there is one story that kind of relates to this that I've wanted to do for a while. We've had lots of people suggest it. And I hadn't read much into it, and I don't know why, because now that I'm—now that I have, I'm really excited to share it with you.

Justin: Well...

Sydnee: Do you—do you know the story of Martin Couney?

Justin: No, Syd. I don't. [clears throat] But you probably would've guessed that. You've known me a while.

Sydnee: [laughs quietly]

Justin: You sort of know what I'm bringing to the table.

Sydnee: You're gonna like this guy. You're gonna like this story. This is the story of, uh, the evolution of premie care, so premature babies, and what would become Neonatal Intensive Care Unit care. You know, NICU care.

Uh, this is kind of—it's part of that story. This is not everything. There's a lot that goes into, obviously, intensive care for newborn babies. But this is one part of that story that I think is pretty interesting and, uh—and, like I said, a lot of people have recommended it.

Thank you to Tamara and Sarah and Kelly and Michelle and Abby and Shauna, 'cause this is a really neat story.

Justin: I'm ready, Syd. I'm braced.

Sydnee: So, for most of history, if a baby was born early—and by early, I mean, we're talking significantly early. I don't mean a couple days. I mean

early enough that there would be some sort of concern for the safety of the infant.

Uh, basically you just hoped for the best. And a lot of the times, whether a baby was born early, or was born with an illness, or some sort of congenital, uh, disease, it was all kind of lumped in to the same category.

Basically, the baby was thought of as a 'weakling,' was the term that was often used. Just, "Oh, you gave birth to a weakling."

Um, kind of the same concept in animals as, like, the runt of the litter.

Justin: Right, yeah.

Sydnee: And—and the thought was that, "You know what? Some babies are just born sickly. They're just born puny, and—"

Justin: I'm living evidence of that. Some... some people—

Sydnee: You were—

Justin: —are just born puny and sickly.

Sydnee: You were a huge baby.

Justin: I was nine pounds—

Sydnee: You were not puny. You were—

Justin: I was nine pounds, 11 ounces, but very little of that was, like, muscle mass.

Sydnee: No, you were bigger than that.

Justin: No, I w—no, you're right.

Sydnee: Charlie was nine pounds, 11 ounces.

Justin: Charlie was... [mumbles]

Sydnee: Our—our daughter was.

Justin: The kid—the kid was over ten pounds.

Sydnee: Yeah, you were over ten pounds. You were huge.

Justin: But not a lot of muscle mass, Syd. I wasn't, like, cut.

Sydnee: Honey, not a lot of babies are.

Justin: [holding back laughter] I didn't have sick gains.

Sydnee: [laughs] Not a lot of babies have six packs. Uh, but the idea was that not only did, uh, did they think that they couldn't do anything for the baby, the idea was almost, "There isn't something to do. It's not that we don't know yet. It's just there's not."

Justin: It's just how nature sort of—yeah, right.

Sydnee: Exactly. Um, prior to the late 1800s, any care for a newborn was relegated to mom. The doctor really would not have been involved. So, in a lot of these cases, early on, we're talking about, you know, women in the family are delivering the baby, and then we go to, you know, midwifery, and midwives are delivering the babies. Um—

Justin: Man, we really don't make enough time to say the word "midwifery" on this show. It is a good word!

Sydnee: I know. It's a great word. It's a great word. Uh, even as we start to enter a time period where doctors are going into homes and delivering babies, the doctor would not really be involved with the baby afterwards. They may, uh, if there was some initial resuscitation needed, the baby was having some trouble breathing or something like that, they might be involved in something initially. But pretty much, past that, it was mom's job.

So again, it wasn't even thought that this was a medical issue.

Justin: Okay.

Sydnee: You know. And so a lot of parents would try kind of the—just the stuff that they knew to do generally for a baby. Keep it warm, try to feed it, keep it clean. But they really didn't have any concept of if, you know, the baby is born with any issues, what to do past that.

Justin: What do you do? Right.

Sydnee: And the doctor was not very much help. In the 1870s, this starts to change with—

Justin: Boy, that's a long time. *Man.*

Sydnee: Yeah.

Justin: Wow. Ouch. God.

Sydnee: Yes it is.

Justin: Phew.

Sydnee: And let me say, in the 1870s, this is when we start to get, like, the beginnings of what we really think of as intentional premature baby care. Not—obviously, attempts were made.

Justin: Right, right.

Sydnee: Obviously, there were isolated—you know, people tried things. Um, I'm not saying that every baby that was born early prior to the 1870s... died. Obviously not. But this was—this was kind of the beginning of what we think of now as NICU care.

So, uh, Stephane Tarnier, who was a French obstetrician, began to investigate other ways of specifically keeping babies warm, because he had noticed that—you know, not a lot of babies were born in hospitals back then. This was really before birth moved to hospitals.

Uh, but the ones that were, he noticed that, if they were born early and they began to have problems, one of the things that they could measure as a problem, one of the objective findings is that they were too cool—they were too cold.

Justin: Okay.

Sydnee: They had trouble maintaining their body temperature. And so he began to think—

Justin: That was the trouble for babies, or that was a symptom of... premature babies?

Sydnee: He noticed that a lot of premature babies had trouble keeping themselves warm.

Justin: Okay.

Sydnee: And thought, "You know what? This is probably bad."

Justin: Yeah.

Sydnee: "It's probably contributing to the fact that we're losing so many of these babies. Maybe if we kept them warm, they would do better."

Justin: So get 'em down to Cabo.

Sydnee: [laughs quietly]

Justin: Get a base tan on 'em. Get a couple, like, virgin Mai Tais in 'em.

Sydnee: Uh-huh. Sure.

Justin: Just let 'em soak in the sun, like, Sheryl Crow style.

Sydnee: Right. Send 'em on a cruise.

Justin: Yeah.

Sydnee: No. That wasn't the idea. Uh, instead—

Justin: Oh. Well.

Sydnee: [laughs]

Justin: You really leaned into it for something that wasn't right at all, Syd. You really kinda led me as—led me along there. Sheesh!

Sydnee: No. Instead, he began to think—he was working at the Paris Maternity Hospital, and he began to come up with a new way of keeping babies warm. He was actually inspired by the chicken incubators that he saw at the Paris Zoo.

Justin: Okay!

Sydnee: Like, where they keep, like, eggs and stuff?

Justin: Yeah, that makes—that makes sense, right?

Sydnee: So, he saw those and he—he actually approached somebody who built chicken incubators and said, "Could you build this for human... babies?"

Justin: "Can you take out the egg-shaped divots—"

Sydnee: [laughs]

Justin: "—and put a blanket over it, and we're good!"

Sydnee: "I wanna put some babies in there." Uh, so there was one that was built.

Justin: Boy, that must've been a long conversation. "You mean egg babies."

"No, not—"

Sydnee: [laughs]

Justin: "Well, partner. Uh... don't think you can fit—"

Sydnee: You need to do all this with a French accent.

Justin: "[bad French accent] Well, partner, I don't think you can fit a baby in the little egg-shaped divots, eh?"

Sydnee: So, in 1880, the first—

Justin: Boy, that was good.

Sydnee: That was—

Justin: I was, like, transported for a second.

Sydnee: Yeah. I felt like I was in... uh, Paris, so... the—in 1880, the first one was introduced. And it was—it was like a—[holding back laughter] It was very much like a chicken incubator.

It was a large, uh, unit that could house several babies at once, and you kind of put 'em inside, and underneath was, like, a hot water reservoir that was hooked up to a power source so you could just—

Justin: So we're braising the babies.

Sydnee: [laughs]

Justin: We're sous viding the children.

Sydnee: [through laughter] So that would—it would keep it very warm. Um—

Justin: Guess that would be a double broiler, actually.

Sydnee: [laughs]

Justin: Double broiler.

Sydnee: It's good for melting chocolate and warming babies. Uh, it was—it was later simplified. So, this was the initial prototype. He simplified it to single units because he thought, "You know what? It'd probably be—it's probably better to keep the babies in their own little—"

Justin: And they're fightin' over the thermostat.

Sydnee: [laughs] Everybody has a different temperature they like. So—so he kind of created these single units that, instead of having these hot water reservoirs underneath, he just used hot water bottles.

Justin: Oh.

Sydnee: So basically you would just fill up a hot water bottle, tuck a couple of 'em under the baby, and then every three hours you would have the nurses come back and replace 'em with new ones.

Justin: Okay.

Sydnee: And that was how they keep babies warm. And what they—what they noticed is that just with this one little change, they began to see a decrease in the mortality rate.

Justin: Excellent!

Sydnee: Now, a lot of other changes obviously had to occur, but this—but this one thing was very exciting, so this is something simple that we can do that can make a difference. And as this was kind of publicized and word spread, uh, the idea—the hope was that you would get more moms coming and giving birth in the hospital, just in case this would happen, so that they would have access to these kinds of facilities.

'Cause what they found is that the result instead was that a lot of people gave birth at home...

Justin: And by that point—

Sydnee: And by—and then would wait a few days, try to make things happen on their own, try to make things okay on their own, and then when things got really dire, would show up there looking for help.

Justin: And it would be too late.

Sydnee: And it would be too late. And they would try everything anyway—so it actually—the only reason I mention all this is that it—part of why this had a little trouble catching on, is that as all of these people came in from outside in the community, bringing infants who had been alive for some period of time and were not thriving, the mortality rate went way back up. Because the data was skewed.

Justin: Oh, okay.

Sydnee: So—so then it was hard to prove to people, this is really working. So, it took a while for this idea to take hold because of this.

Um, this did lead to a lot of other realizations in newborn care. Uh, they figured out pretty quickly that Mom being present, or the person who gave birth to the baby being present was very important.

They figured out very quickly that is the pregnant person could, um, take a break from their hard labor jobs maybe that they had while they were pregnant, or immediately after they gave birth, they may do a little better.

Justin: Go figure. [laughs quietly]

Sydnee: I know, it's a crazy idea. So, maternity leave... came out of this.

Justin: Oh, wow.

Sydnee: Uh, a focus on breastfeeding. They recognized that breastfeeding was important. Um, and not just—not just for wet nurses, but if they could involve the person who actually gave birth.

Um, they started using glass incubators at some point, so you could see the baby.

Justin: Aw! Oh, that's nice.

Sydnee: Yeah, to improve bonding. That was the whole idea, was that the parent would bond better if you could see the baby. Um, and, uh—and so all this—

Justin: That's also good, because it probably looked just a little too much like a grill.

Sydnee: [laughs]

Justin: Before. Before that, if I'm envisioning it correctly.

Sydnee: Um, and Tarnier did a lot of this, and then, uh, one of his—one of the people who followed along in his footsteps, Dr. Pierre Boudin, was instrumental in continuing this, and expanded on a lot of these ideas, and a lot of babies were saved because of all these cool new ideas in France.

So, they were really kind of the leaders. France was the—they—they led the way for this kind of care.

Justin: Thank you, France! We appreciate it.

Sydnee: Um, now, after that, the incubators began to improve over the next few decades, particularly by someone—Dr. Alexandre Lion. However, um, the new model that he made was superior, it was a much better, um... what we'd probably call an isolette now, but incubator's what they call 'em, so I'm calling 'em incubators.

Uh, it was a much better model, the Lion model, but it was very pricey. And this is still a time where we're trying to convince people to come give birth in the hospital. And whether you agree with that or not, the more people who gave birth in the hospital, the more worth it was to the hospital to buy these things.

Justin: Okay, yeah.

Sydnee: So they were very pricey. He needed a way to pay for 'em. So he came up with a novel idea. He put the incubators in a storefront on a busy street, and he charged onlookers to come in and see the workings of a nursery for premature babies.

Justin: Okay, so kind of like, blending some showmanship... with... helping premature babies!

Sydnee: Exactly.

Justin: Kind of a P.T. Barnum vibe. Okay.

Sydnee: So, uh—so people were intrigued. They looked at these in the storefront. They would see these incubators with these tiny little babies inside, and they would say, "Well, what's goin' on in there?"

It wasn't very expensive to come in and take a peek. Uh, there wasn't a lot of entertainment back then. [laughs quietly]

Justin: Sure, right. It was a little dull.

Sydnee: So, uh—so people would come in and take a look, and this is how he helped fund this. Um, it was so successful that he actually kinda took the show on the road. So, during the 1896 Berlin Exposition, he held what was called the Kinderbrutenstalt...

Justin: Okay.

Sydnee: ... which means... [holding back laughter] ... the Child Hatchery Show?

Justin: Okay, yes? I'm loving this, yes.

Sydnee: [laughs quietly] And displayed his incubators with babies.

Justin: That must've been hard, though, on the road. Like, you pull up to the Motel 6 and you're like, "[bad French accent] Is there somewhere in the parking lot I can leave my babies?"

Sydnee: [laughs]

Justin: "I've got a truckload." [laughs]

Sydnee: [laughs] I have *lots* of babies.

Justin: "A lot of babies!"

Sydnee: "Also, I need lots of doctors and nurses. Do you have those?"

Uh, this—this allowed people to, uh, come and see what he was doing, and see these technological advances, but it also was to give the public more faith in this type of medical care. Like, "Come to us. Bring us your children. We can help. There are things we can do."

So it was to try to—to try to kind of build that confidence in the medical system. Um, because, you know, throughout history, doctors aren't always...

Justin: You know, you—especially right about now—

Sydnee: We're not always trusted, we're not always beloved.

Justin: —in history, y'all were gettin' a li'l—a li'l—a li'l feisty?

Sydnee: I don't know. [laughs]

Justin: Yeah.

Sydnee: Has it changed that much?

Justin: You don't have to answer for their crimes, Sydnee.

Sydnee: [laughs] Um, anyway, one man who was particularly inspired by this, this particular idea, this idea of showing the babies off as a way to raise

money for this kind of care, was, uh, Martin Couney. Now, he actually maybe assisted Lion at one of these shows. Um, maybe—

Justin: Okay.

Sydnee: —was—was involved with him on some level. Um, and then he was inspired by that that we—this idea needs to happen other places.

Justin: Maybe they pulled him out of crowd. Like, "[bad French accent] Which one of you would like to come up and pet the babies?"

Sydnee: [laughs] Now, what—what were his qualifications to do this? Because everybody I've mentioned so far has been a physician.

Justin: Right. [pauses] Are you asking me? Because I actually don't know.

Sydnee: Well, I'm not sure either.

Justin: Okay.

Sydnee: It is not clear.. that Dr. Couney, as he called himself, was ever actually.. a doctor.. of anything.

Justin: Isn't "doctor" really just a state of mind, Sydnee? Would you agree that—

Sydnee: No.

Justin: —doctor is a state of mind?

Sydnee: I wouldn't. Not at all. No. Mm-mm.

Justin: What about Dr. Feel Good? Or Dr. Teeth? [laughs quietly]

Sydnee: [laughs] That's fine for them. For—for Dr. McElroy, it's not. Uh, so he—he immigrated to the US in 1888. Um, exactly where he was born is also... a little... sketchy? Somewhere in what was then, uh, Prussia?

Justin: Okay.

Sydnee: Uh, he claimed to be 19 when he moved to the US, but the year—like, I see 1869 and 1870 used interchangeably, so—

Justin: So who knows.

Sydnee: —the year and place are a little sketchy. Uh, he claimed to have studied at Leipzig and Berlin, and that he also did study in Paris after that under Boudin, who I had mentioned previously, worked with premature babies.

But the timeline doesn't add up for a lot of this. He would've been so young to have completed all of the things—

Justin: Sure, if he came over when he was 19. Like...

Sydnee: Right.

Justin: What kind of *Catch Me If You Can...* Doogie Howser nonsense is he pullin'?

Sydnee: And—and there are—there are also no records in Germany of his having studied there. And especially, like, the thesis he would've done, those are all kept. And we can't find anything attributed to him or anything like his name from that time period, so there's no hard evidence that he ever actually studied medicine.

Justin: Okay, that's not a great start, but keep going.

Sydnee: Uh, he initially actually in the—in, like—I think in the US Census listed his occupation as "surgical instruments."

Justin: Like a dealer of them?

Sydnee: [laughs]

Justin: [holding back laughter] Or a collector?

Sydnee: [laughs] I'm assuming not an actual—

Justin: Or his—or maybe he was posting about his fighting technique, and my—

Sydnee: "[dramatically] I am a surgical instrument."

Justin: "My fists are surgical instruments."

Sydnee: He—he claimed for a time that he made incubators, but there's no patent for incubators listed in his name, and a lot of what he was initially selling were things he had bought from other people.

Uh, he finally did claim the title "physician" in the '30s... but again, I—I don't know that that was actually the case. Uh, either way, he did take care of babies. [laughs quietly]

Justin: Okay, got that much.

Sydnee: Whether he was actually a doctor or not, he took care of a lot of babies. He was inspired—he hosted his own preemie baby shows with this Lion incubators in London and at the Pan-American Exposition in Buffalo, New York, in 1901. These shows were huge. He really had that flair... that maybe the previous shows didn't quite have.

Justin: The panache, the sound effects, the pyrotechnics, the whole nine yards.

Sydnee: Ex—exact—he—he got what this was all about. He got what the opportunity here was.

So, the shows were huge. They had all these incubators, they had all these babies, they had nurses and physicians all looking very dapper and caring for them actively during the show, so you could see the doctors and nurses hard at work, keeping these babies safe.

Um, the audience were totally blown away by this. It was this huge—like, you can see pictures of the demonstrations, and there were these huge... sort of like hospitals within a building, kinda, 'cause they would be in, like, these big fairs and things.

Uh, with a sign above that said, "All the world loves a baby."

Justin: So it was kinda like a lo-fi... I mean, throw some puppies in there and you're talking about a lo-fi version of YouTube, basically.

Sydnee: It sort of was.

Justin: Yeah.

Sydnee: "Come in and look at the babies." [laughs] Uh, he was criticized at times.

Justin: [holding back laughter] Oh?

Sydnee: For his methods. Um, and he—he recognized what they were. He said—he used to call it propaganda for the proper care of preemies. He knew what it was all about.

Justin: Mm-hmm.

Sydnee: Um, but some of his methods were... a little unusual.

Justin: Like what?

Sydnee: I'm gonna tell you about 'em, Justin, but let's go to the billing department.

Justin: Ahh, you got me. Let's go!

[music plays]

[ad break]

Justin: Sydnee, I believe—unless I'm mistaken—you were going to tell me about some of the odd methods of, uh, Dr. Couney.

Sydnee: Right. So, before I do that, let me offer you just a little bit of justification, in—in, uh, Couney's defense.

Justin: Okay.

Sydnee: So, at this time in history, these incubators cost \$75,000 each.

Justin: Hachi machi!

Sydnee: At that time.

Justin: \$75,000 in that money.

Sydnee: In that money. That would be \$1.4 million in our money today.

Justin: Holy crap!

Sydnee: They were super expensive.

Justin: Yeah!

Sydnee: They were really expensive!

Justin: They were a box you put hot water bottles in! What the heck?!

Sydnee: Do you know how much you paid to come see the babies? No, these are better. These are better incubators by this point.

Justin: [through laughter] Oh, okay, good. I'll say.

Sydnee: Yeah. You paid a quarter to come see 'em. So it's not like he was upchargin' you.

Justin: Yeah, you're gonna have to get pretty good foot traffic to cover that.

Sydnee: Thousands. Thousands of people.

Justin: More, I would say.

Sydnee: Well, I mean, he got good foot traffic.

Justin: Yeah.

Sydnee: Like, he got lots of people coming in.

Justin: You would have to get 300,000 people.

Sydnee: I mean, he traveled all over with the show.

Justin: Yeah.

Sydnee: Uh, he took no money from the families whose babies he was caring for. Did not charge them a penny to take care of their babies. If they were in a hospital—and there are actually stories of this—babies who were in hospitals where the doctors would come in and say, "Uh, listen. I'm sorry. There's nothing we can do. You—go home. Your baby is a weakling. They're not gonna make it. Sorry."

He would send his ambulance with an incubator to the hospital to pick up that baby and take 'em to the show. [laughs quietly]

Justin: [wheezes]

Sydnee: If the—if the parents agreed! I mean, obviously if the parents agreed.

Justin: Thank you, yes, good.

Sydnee: This was not by—this was never forced. This was always offered. 'Cause there were a lot of parents, you can imagine, who were hesitant...

Justin: Of science.

Sydnee: ... to put their babies in a sideshow.

Justin: Well, okay, yes. More accurately.

Sydnee: [laughs] Yes. Uh, but he—he would send his ambulance and pick up these babies and bring 'em to the show, if the parents would agree, for free. He accepted babies of all races and socioeconomic status, which was... a big deal, at this point in history.

Justin: Sure, yeah, obviously.

Sydnee: There was zero discrimination. Everybody was eligible. Um, and the cost that he was... eating, and then hopefully being able to fund through the foot traffic, was about \$15 a day at the time to care for the babies, which would be about \$405 in our money today.

Justin: Wow.

Sydnee: Per baby.

Justin: So it didn't stop with the—buying the incubators.

Sydnee: No, no. It was keeping the thing running, and then all of the other—I'm not really going into all of the other care that was developing at this time of how to take care of a preemie. Um, but obviously, from all the doctors and nurses who were employed to work with these infants, a lot of breakthroughs were being made constantly. So, a lot of care was going into this.

Um, but... all that being said, even though in these fairs that he would take part in, there were sections for, like, new technology. Like, if you went to one of these, like a World's Fair or something, there was a section where it was serious stuff. Like, "Look at these technological breakthroughs that are gonna revolutionize the world."

And that is ideally where he would have had his display.

Justin: Mm-hmm.

Sydnee: That is not where it lived in these fairs.

Justin: Right.

Sydnee: It lived in the area for what they would call sometimes, like, cultural exhibitions?

Justin: Sort of where you buy the sugar gliders at the West Virginia Pumpkin Festival?

Sydnee: [stammers] The—the... the racist equivalent of that, back then?

Justin: Okay, right.

Sydnee: So you would see, like, Native American shows... with people who may or may not have been Native Americans.

Justin: Sure, right.

Sydnee: You would have people who were supposedly from rare... tribes, throughout the world, that had been imported to the US to... do things that were racist and stereotypical. [laughs quietly]

Justin: Right.

Sydnee: To be put on display. Um, you had sometimes, what would have been called at the time, freak shows. And that's where these—that's where these babies were displayed.

Justin: Okay.

Sydnee: It was in this section of the fair. Um, he would do things like have the nurses dress the babies in clothes that were intentionally too large. Um, they—

Justin: Adorable.

Sydnee: —they actually got pretty good at dressing the babies in doll clothes a lot of the time, so that they would have clothes that fit, 'cause there weren't clothes that fit preemies back then.

Justin: Right.

Sydnee: But, uh, he would intentionally have them dressed in larger clothes and, like, tie a ribbon around their middle to hold them on, so that it would accentuate how small the babies were, in order to draw more people in and to draw more pity, which hopefully meant more money.

Justin: Right.

Sydnee: Um, he would—one of the babies that was displayed at one point in the Buffalo show was actually born to—was actually—the father was one of the Native Americans who was participating in the Native American portion of the show.

Justin: Uh-huh.

Sydnee: And, uh, hi—his name was Chief Many Tales.

Justin: Okay.

Sydnee: I'm certain that wasn't his name.

Justin: Probably wasn't! [wheezes] I mean, it probably wasn't that, his name, but okay.

Sydnee: But the—but the—so when he introduced this new infant... in—in this infant's incubator, uh, this was preceded by... some sort of dance. Um, called a traditional dance. And they had to chant the name of the manufacturer of the incubator—

Justin: [muffled] Oh, God...

Sydnee: —while they did the dance—yes. It's—it's so bad.

Justin: Ugh... ugh...

Sydnee: It's so bad. Um, and he—

Justin: Have we—this—this time period in history, man, is always, like, two steps forward, eight steps back. [laughs] It's so rough!

Sydnee: It is! It is. Because at the same time that he's trying to revolutionize the care of premature infants—

Justin: Yeah... ugh, God.

Sydnee: Right.

Justin: Yeah.

Sydnee: Um, and this—all of these shows would eventually lead to a permanent exhibit on Coney Island that ran until the 1940s.

Justin: [holding back laughter] I mean, eventually those kids would just be too big, and so—you're lookin' at a three-year-old in a—

Sydnee: [sarcastically] Ha ha.

Justin: —in a glass container.

Sydnee: [laughs]

Justin: [through laughter] It's like, what's the point?

Sydnee: Um, now, in general, even though this was—this was popularizing the idea of preemie care. And, like, the hope, what Couney always wanted, was that this would eventually move to hospitals and not boardwalks.

Um, there were several stumbling blocks that hit—that prolonged this kind of period of preemie care. 'Cause, like I said, this went on to the 1940s. It started in, like, the—in 1900. So... this is a long time to have a preemie baby sideshow.

Justin: Right.

Sydnee: Uh, in the first place, like I said before, a lot of people were still having their babies at home. You had to get people having babies in hospitals to make it worth the hospitals' while to do this kind of care. And until you had substantial numbers of births taking place in a hospital, they just weren't gonna offer this.

Justin: [sighs] Yeah.

Sydnee: So I'm not justifying it, I'm just saying, that was it. It was financially—

Justin: [simultaneously] Well, no, it's hard, it's like you—

Sydnee: —it was impossible for the hospitals. A lot of hospitals, uh, were totally funded by donations.

Justin: I mean, we decry—we have oft decried the—the sort of, um, hospitalization of the birth process. But, like, you—there's other—I don't know, other factors you don't—you don't think about, I guess.

Sydnee: It's tough, because for the—for the people who are going to need—you know, who might have a premature baby—

Justin: Who need the resources there. I mean—

Sydnee: Exactly, you need those resources. For people who aren't, they're probably fine at home. It's hard, and you can't—you can't predict. Um, but certainly, if you were going into labor, and it was early, you would know you need help, but hospitals weren't providing it. Um, they just couldn't justify the expense.

Uh, in addition, up to this point, we have both obstetricians and pediatricians sort of involved in running this kind of care, but neither one is really embracing it. So that was part of what was hard, was trying to find, like—it

had to be a specialty. It had to be a sub-specialty. Nobody was taking that on yet.

Um, obstetricians felt like this was their area, because they delivered the baby, so they should take it from there, but they were really much more concerned with the mom, or with the person who gave birth.

Justin: Right.

Sydnee: Pediatricians weren't *in* the hospital to take care of the baby at that moment yet.

Justin: Right.

Sydnee: So there was no—it was—it was unclear who's in charge, and without some sort of, uh, leader in the field, who was gonna make more innovations? You know, who was gonna push it further? Who was gonna take it to the next step? Um, you needed that kind of passion, and you needed somebody assigned that job, uh, to make the new technology and all that kind of stuff. So a lot of that stuff stagnated without a clear leader in it.

Um, the last big barrier unfortunately at the time was the eugenics movement.

Justin: Mm-hmm.

Sydnee: So... it's—looking back, it's crazy to me that this was part of the problem, but part of the problem is that there were still a lot of people who would make the case that it's not even worth it to try. [pauses] Based on the concept that if you born a quote, unquote, "weakling," you were genetically inferior, and we were harming the human race by taking—by making any efforts to save your life.

Justin: Listen, Syd. I don't wanna... I don't wanna ruffle any feathers, but I don't even think that's right. [snorts]

Sydnee: [laughs quietly]

Justin: [holding back laughter] I don't even agree with that, really!

Sydnee: I think there are a lot of people who were premature babies who would probably agree with you.

Justin: Yeah.

Sydnee: Throughout all this, though, Couney held his baby shows. They even had—they had a fire in 1911 at the Coney Island exhibit.

Justin: Oh no...

Sydnee: All babies were saved.

Justin: Hooray!

Sydnee: Yes, every baby was—actually, the—the people who were part of the, um... the freak show—I—I'm—that is what it was called, I'm using the words of the time—were actually, like, instrumental in saving a lot of these infants.

Justin: Where is that movie?!

Sydnee: [laughs]

Justin: Come on!

Sydnee: There was an epidemic of a GI bug at the Louisiana Purchase show. Everybody made it through, and he persevered. This did not stop his momentum. Um, and he—he began to bill himself as the last hope for premie care in the country, and he may have been kind of right, frankly.

Uh, he held a show in Chicago in 1914, and this is a big turning point for him, where the local medical society said, "Listen. We'll let you do your show. That's fine. People love this stuff. But, we want one of our local doctors to oversee it, 'cause you're a little sketchy, your methods are questionable. So—"

Justin: "We heard—we heard the chanting."

Sydnee: [laughs] "We heard the chanting. We don't—we don't like some of this."

And as fortune would have it, a Dr. Julius Hess was given the task. Hess was already somewhat involved with premie care through the Children's Aid Society, and his predecessor had actually left a huge endowment at his feet to kind of... "You be the next—" like, pass along—like, "You take over premature baby care here in Chicago. Here's tons of money. Figure out how to do it."

And so, Hess was already passionate about this, but he didn't quite know where next to go, how to implement this, how to make this happen. Um, he was actually pretty inspired by Couney's show.

Justin: Wow.

Sydnee: And by his incubators, and by the care that they were providing, and some of his methods. So, he invested in and created a new and improved version, the Hess incubator. Um, he came up with new systems and protocols, developed what essentially would become the modern day NICU, Neonatal Intensive Care Unit. Uh, he trained nurses specifically for this task. So, he kind of created the specialty of NICU nursing. Um, and revolutionized the way that we look at newborn care.

And a lot of that—like, in his first book he wrote about it, he thanked, specifically, Martin Couney... Dr. Martin Couney, he called him. [laughs quietly]

Justin: [laughs]

Sydnee: Uh, for his leader—for his guidance, for his leadership, for—for inspiring him to do this.

Justin: Wow.

Sydnee: Um, in addition, he started doing long term studies on these babies to show that, you know, five, 10, 20 years down the road... these

people are fine, by and large. So this whole idea of a 'weakling,' of some sort of inherent, you know, illness or sickness or whatever, is wrong. And this was huge. This kind of—getting rid of this concept and just saying, "Nah, they're just born a little early and they need a little help," was huge. Um, because it eliminated this very... again, like, racist idea of the 'weakling.'

Um, he became known as the father of American neonatology, and he was inspired by Martin Couney. Um, by the time he and Couney presented another show at the 1933 Chicago Century of Progress Exposition, uh, Couney finally was kind of respected. Like, he was interviewed as a—kind of like a conquering hero. Like, "Look at what this amazing—" because of his association with Hess and everything that Hess had done.

Um, he even had a reunion shortly after that for graduates of his show, to come back.

Justin: Oh, great.

Sydnee: You can read—some of these people are still alive, and you can read some really amazing stories of them saying things like—one woman said she went up to him and said, like, "I was one of your babies. Here I am."

And he was talking to her, and then he grabbed one of the fathers who had a baby in the show at the moment, and pulled him over and said, "This will be your child someday. This will be yours. Look. She was one of my babies, and here she is, doing fine. This will be your child someday, so just have faith."

Um, and people got to come back and meet the man who basically saved their lives.

Justin: Wow.

Sydnee: There are—it's hard to get hard numbers as to how many babies Couney may have saved. He claims that he treated around 8,000, and that his success rate was, like, 85%.

Justin: Wow.

Sydnee: Which is amazing. Um, I don't know if those numbers are completely accurate, but it was probably around that. And, like I said, there are still people today who say, "My existence and my five children and my, you know, ten grandchildren, and so on and so forth, are because of this man. We would not be here if it weren't for him."

Um, because in every story, the hospitals gave up. The hospitals said, "Sorry. Bad luck. You lost the genetic draw." You know? That was it. Um, Dr.—er, Couney also actually had a preemie.

Justin: Wow, really?

Sydnee: In 1907. Well, his wife did. And, uh, her name was Hildegard, and she did okay, and came back and would help him with the shows, which is kind of a cool story. And after he died, his obituary was in the New York Times, 'cause he was such an influential, important figure of the day.

Um, this—this obviously inspired a lot more doctors to adopt the incubators, and there were a lot of things that he did that, you know, I won't get into that—the way he revolutionized preemie care that, um, inspired many doctors, and things, of course, are very different today, but this is how we paved the way for, you know, taking care of premature babies in this country. With this, um... maybe a doctor. Maybe not. Uh, definitely a showman. Um, immigrant who came to this country and... saved the lives of, like, 6,500 of our children.

Justin: That's amazing.

Sydnee: Yeah.

Justin: Immigrants! Crushing it. Every single time.

Sydnee: That's right, that's right. This could go in our series. [laughs quietly] Now, all that being said, uh, if this—if you think this story's really cool, I'm not the first one to tell it, by the way. I think there's also a documentary on it, and there are, like, NPR stories on it. Like, this is—this story has been told. I'm not the first one to find it. It's an amazing story.

But there's also supposed to be a movie that's gonna come out about it? Um, this was just announced earlier this year, but I think it's gonna be called *Dreamland*?

Justin: Excellent!

Sydnee: Gonna be based on his life and what he—what he did, so—

Justin: It's a wonderful story, Syd, and thank you for sharing it with me. I appreciate it.

Sydnee: No problem, Justin. I had very little part in this story. I really just read a lot about it and... cried a lot as I read it.

Justin: [laughs]

Sydnee: [laughs]

Justin: Uh, you were—you were sitting next to me researching this. When you got the eugenics part, you were very put out. Like, "Aw, come on! This was going so well!" [laughs quietly]

Sydnee: Every time I think, like, humanity is doing this amazing thing, you run into this, like... [sighs]

Justin: Scumbags. Um, so that is gonna do it for us, folks. Thank you so much for listening to our program. Thanks to this week's sponsors. Thanks to you. Uh, hey, if you wanna see a live *Sawbones*, you still can if you go to PodCon.com. We're gonna be performing there along with *Still Buffering, My Brother, My Brother, and Me... 99% Invisible* I think is gonna be there. I know Roman Mars is gonna be there. I don't know if he's performing or not. Probably is.

There's a lot of other great shows that you can check totally out. *Night Vale* is gonna be there. It's gonna be hecka fun, and it's gonna be in Seattle, uh, December... 9th and 10th, I believe?

Sydnee: I think you got that right.

Justin: I believe I got it right. I've said that enough times at this point, you'd think I should know.

Uh, but if you go to PodCon.com, you can get tickets. And even if you can't make it, there's like, a remote ticket you can do, so you can check out a lot of the stuff there. Um, so go do that. I think you will enjoy it.

And, uh, thanks—did I thank The Taxpayers?

Sydnee: Not yet!

Justin: For the use of their song "Medicines" as the intro and outro of our program, and thanks to you, again, for listening. We're sorry we weren't with you last week. Uh, Thanksgiving and what have you. Our friends Tim and Guy from *The Worst Idea of All Time*...

Sydnee: Are you blaming it on Tim and Guy?

Justin: I'm blaming it on Tim and Guy!

Sydnee: [laughs] That's really unfair.

Justin: So there. Um, but, uh... that's gonna do it for us, folks. So, until next week, my name is Justin McElroy.

Sydnee: I'm Sydnee McElroy.

Justin: And as always, don't drill a hole in your head.

[theme music plays]

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