

Title: The Baby Who Gives Life
Date: December 23, 2018
Subject: Jesus Christ came as a baby to save people from the disease of sin.
Scripture: 1 John 3:23; 4:9, 10, 14; 5:11, 12

Rachel's story adapted from a story by Joseph McDougall (*Christmas in My Heart*, ninth book, Joe Wheeler).

Christmas isn't a formulaic Hallmark movie. The writers crank out stories of romantic love and weave in elements of Christmas -- Christmas music, Christmas decorations, Christmas cookies, occasionally bringing God into the picture but leaving him Santa Claus-esque. Some of their Christmas movies are cheesy, some fair to middlin' and some tug at the heart which is the intended purpose.

I came across a Christmas story that does more than tug at the heart. It has romance, suffering, danger and points us to the God of Christmas.

Rachel (not her real name) was a 21 year old woman who was born and raised in the small town of Antigonish, Nova Scotia, Canada. It wasn't an easy life as the effects of WWII reached all the way to her town. The difficulty of life was compounded for her because she was engaged to a soldier and would marry him as soon as he returned from the war.

Finally, the fighting was over and he returned. They quickly married. The next year she gave birth. Rachel's dreams were coming true. But all too quickly her life became a nightmare. She developed the symptoms of tuberculosis. Tests confirmed she had the usually devastating disease which was incredibly difficult to treat in the 1940's.

It was determined she contracted TB from her husband. He caught the disease while overseas but only had a mild case and it wasn't detected before he and Rachel married. The disease hit her hard and fast as she had little immunity. It lodged in a difficult place to treat, the lower lobe of her right lung.

The local doctors didn't know how to proceed. They sent her to the provincial sanitarium in Kentville. The specialists confirmed the location of the TB cavity and the difficulty in getting to it.

If the TB had been in an upper lobe, the doctors would have taken out some of the ribs (thoracoplasty) in order to collapse the cavity. A similar operation couldn't be performed on the lower lobe as the lower ribs are needed for support and the procedure would have had little likelihood of collapsing the cavity.

Another alternative was to use needles to pump air into the chest (artificial pneumothorax). The pressure would cause the lung to collapse. The procedure was attempted several times but didn't work. The reason was Rachel had previously had pleurisy which caused the lung to stick to the chest wall. There was no room for the air to circulate.

The medical staff considered an extremely rare operation for 1947. They'd remove the entire lung (pneumonectomy). The plan was rejected because Rachel was too sick to survive the intensive and risky surgery.

Her physical condition steadily deteriorated. The Kentville doctors felt there was nothing that could be done. Her case was hopeless. They reluctantly sent her back to St. Martha's hospital in her home town a few weeks before Christmas.

This is where she crossed paths with a 31 year old doctor, Joseph McDougall. He'd graduated from medical school 5 years earlier and then served in the Royal Canadian Air Force. After the war he concluded his training as an anesthetist. He'd only recently accepted a position at St. Martha's in that field. He also cared for the medical needs of students from two local colleges and was in charge of the 40 bed tuberculosis annex. That part of his assignment was difficult as most of the patients had little or no hope of survival.

Rachel had lost almost 40 pounds since the onset of TB and was down to 87 pounds when she was re-admitted to St. Martha's. Her temperature wavered between 101 and 103. In spite of her severe illness, she still managed to smile. Any small kindness was repaid with a smile. It motivated McDougall to do what he could to help her.

He called Montreal to consult with Dr. I. Rabinovitch, a leading expert in the use of the then new drug streptomycin. Early indications were it could help in some cases. Rabinovitch said it wasn't available and even if it were, he wouldn't advise it for this particular case.

McDougall then called New York to talk with a doctor who was using a new procedure (pneumoperitoneum) in which air was pumped into the peritoneal cavity to push the diaphragm up. The pressure would push on the lower lobe, hopefully closing the TB cavity and giving an opportunity for the sides of it to grow back together.

The physician and his team considered the many risks in using this new procedure. Since it would be their last hope they decided to attempt it the next day. It was nearly a disaster. The little air pressure Rachel could tolerate had no effect on the cavity. The staff agreed they shouldn't try it or anything else again. They admitted they were beaten.

The good doctor broke the news to Rachel, explaining to the now 23 year old mother of a toddler what they tried to do and that there was nothing else in their opinion that any doctor could do. It was in God's hands. The Creator had the final say and it might not be what any of them desired, but under the circumstances it likely was the best thing for her. She listened courageously as the doctor basically told her she was going to die.

Rachel asked for only one thing. "If I'm alive on Christmas Eve, I would like your promise that I can go home for Christmas."

Dr. McDougall struggled with an answer. He knew the TB cavity was growing. He knew Rachel had the strain of TB that could be spread by coughing. He reluctantly promised she could go home, but only because he believed she wouldn't be alive on Christmas Eve. It seemed the least he could do was make a promise.

On Christmas Eve Rachel was still alive, barely, but she reminded McDougall of his promise. He doubted whether he should keep his word, but grudgingly gave in. He explained the precautions she'd have to take. She could in absolutely no way, shape or form hold her child. She needed to wear a surgical mask when

she was talking to anyone except her husband who had immunity because he previously had the disease. Rachel promised and smiled. She smiled again as she got into the ambulance.

Late Christmas day, she returned to the hospital. Day by day her condition continued to worsen and yet, to the amazement of the doctors and nurses, she hung on to life as the weeks passed.

By the end of February she was down to 80 pounds and was developing new complications. She couldn't eat and was nauseous. Even when there wasn't food in her stomach, she would retch. McDougall didn't know what to make of the new symptoms so he brought in a senior hospital staff physician. He was also stumped, but with a facetious grin, asked if the young TB patient might be pregnant.

The suggestion flew in the face of the all the medical science. The young woman was too sick to conceive. Though he thought the idea was utterly ridiculous, he ordered a pregnancy test. It revealed she was indeed pregnant. McDougall's reaction, "On the very outer frontier of life itself, she now bore a second life within her. It was about as close to impossible as you're ever likely to get, but it was true."

When he broke the news to Rachel, she smiled ... and blushed.

The pregnancy confronted the doctors with a dilemma. They had the legal right and the medical reason to abort the child since it further jeopardized a life that was already endangered. TB was the primary reason for performing abortions. However, Rachel and her husband were against it. So were the doctors for several reasons – their religious beliefs, the thought the procedure would kill the young woman as well as the feeling she was too sick to continue to carry the child and her body would reject the baby.

Since Rachel couldn't eat, she received intravenous feedings. The staff watched as the fragile woman fought to sustain two lives. As the life and death struggle continued, the medical personnel held to their conviction she was dying and it would be any day.

By late March, almost 4 months after being hospitalized at St. Martha's and 3 months after becoming pregnant, the doctors noticed signs of improvement. Her temperature was going down. She was able to eat and even began to gain weight. A chest x-ray showed the TB cavity was no longer growing. A short time later another x-ray revealed her diaphragm was pushing up against the lung's lower lobe to make room for the baby and thereby pressing the sides of the cavity together so it could heal. Her body was doing what the doctors had been unable to do. The baby didn't kill her. It was healing her.

Rachel delivered a perfectly healthy baby. The TB cavity was closed and she was allowed to go home within a few months. McDougall never heard of another case before or after that was like Rachel's. Advances in medicine soon rendered non-existent the likelihood of a similar case.

Some may say what happened to Rachel was an example of a person's extraordinary will to live, the mystery of motherhood or the forces of nature balancing out the bad with the good. We need to see it for what it was. . . an act of God, a miracle at Christmas in which the baby saved the mother. Not just some force, nor superhuman will. . . but God.

Just as Rachel had a physical hole inside her lung, so every person has a deadly spiritual hole in their lives. It's caused by the devastating disease called "sin" and always ends in death. People have attempted many remedies including denial of the disease, self-effort to rid themselves of it and comparison of their sickness to that of others by which they hope they're in better condition and that will be sufficient. The truth is there's no extraordinary human will nor force of nature that can overcome the always fatal disease.

But God. God has the remedy to stop the progression of the sin cavity and reverse its curse. He knew the only treatment that could bring a cure was a baby. He sent His one and only Son to be born in a manger as a human and to give his life as a sacrifice for sins so he could push against the sin cavity and fill the void with himself. He can only do that when he's allowed inside a person's life. The God who came as a baby came to give life.

"This is God's command: that we should believe in the name of His Son, Jesus Christ... This is how God showed his love among us: He sent His one and only Son into the world, so that we might live through Him. This is love: not that we loved God, but that He loved us and sent His Son as an atoning sacrifice for our sins... we have seen and testify that the Father has sent His Son to be the Savior of the world... This is the testimony: God has given us eternal life, and this life is in His Son. Whoever has the Son has life; whoever does not have the Son of God does not have life" (1 John 3:23; 4:9, 10, 14; 5:11, 12).