

1: Quiet revolution by cesarean – the Doula Diaries

Note: Citations are based on reference standards. However, formatting rules can vary widely between applications and fields of interest or study. The specific requirements or preferences of your reviewing publisher, classroom teacher, institution or organization should be applied.

The distress levels reported by labouring women vary widely. They appear to be influenced by fear and anxiety levels, experience with prior childbirth, cultural ideas of childbirth and pain, [18] [19] mobility during labour, and the support received during labour. Women are often encouraged to refrain from screaming, but moaning and grunting may be encouraged to help lessen pain. Crowning may be experienced as an intense stretching and burning. Even women who show little reaction to labour pains, in comparison to other women, show a substantially severe reaction to crowning. Back labour is a term for specific pain occurring in the lower back, just above the tailbone, during childbirth. The act of nursing a child also causes a release of oxytocin. The symptoms normally occur for a few minutes up to few hours each day and they should lessen and disappear within two weeks after delivery. Preventive group therapy has proven effective as a prophylactic treatment for postpartum depression. Vaginal delivery Sequence of images showing the stages of ordinary childbirth. Humans are bipedal with an erect stance. The erect posture causes the weight of the abdominal contents to thrust on the pelvic floor, a complex structure which must not only support this weight but allow, in women, three channels to pass through it: Six phases of a typical vertex or cephalic head-first presentation delivery: Engagement of the fetal head in the transverse position. Descent and flexion of the fetal head. The fetal head is bowed, chin on chest, so that the back or crown of its head leads the way through the birth canal, until the back of its neck presses against the pubic bone and its chin leaves its chest, extending the neck - as if to look up, and the rest of its head passes out of the birth canal. The fetal head turns through 45 degrees to restore its normal relationship with the shoulders, which are still at an angle. The shoulders repeat the corkscrew movements of the head, which can be seen in the final movements of the fetal head. Station refers to the relationship of the fetal presenting part to the level of the ischial spines. When the presenting part is at the ischial spines the station is 0 synonymous with engagement. This change in the shape of the fetal head is called molding and is much more prominent in women having their first vaginal delivery. A scoring system called a Bishop score can be used to judge the degree of cervical ripening in order to predict the timing of labor and delivery of the infant or for women at risk for preterm labor. It is also used to judge when a woman will respond to induction of labor for a postdate pregnancy or other medical reasons. There are several methods of inducing cervical ripening which will allow the uterine contractions to effectively dilate the cervix. There are various definitions of the onset of labour, including: Regular uterine contractions at least every six minutes with evidence of change in cervical dilation or cervical effacement between consecutive digital examinations. Lightening describes the baby moving down from the rib cage with the head of the baby engaging deep in the pelvis. The pregnant woman may then find breathing easier since her lungs have more room for expansion, but pressure on her bladder may cause more frequent need to void urinate. Lightening may occur a few weeks or a few hours before labour begins, or even not until labour has begun. The mucus plug may become dislodged days before labour begins or not until the start of labour. Shortly before, at the beginning of, or during labor the sac ruptures. Women report a spurt of energy shortly before going into labour. All other births are most likely to occur between 8 a. Likewise, births from induced deliveries rose during the morning hours and peaked at 3 p. The latent phase ends with the onset of the active first stage. The World Health Organization describes the active first stage as "a period of time characterized by regular painful uterine contractions, a substantial degree of cervical effacement and more rapid cervical dilatation from 5 cm until full dilatation for first and subsequent labours. These factors form the Bishop score. The Bishop score can also be used as a means to predict the success of an induction of labour. During effacement, the cervix becomes incorporated into the lower segment of the uterus. During a contraction, uterine muscles contract causing shortening of the upper segment and drawing upwards of the lower segment, in a gradual expulsive motion. A standard duration of the latent first stage has not been established and can vary widely from one

woman to another. However, the duration of active first stage from 5 cm until full cervical dilatation usually does not extend beyond 12 hours in first labours "primiparae", and usually does not extend beyond 10 hours in subsequent labours "multiparae". The median duration of active first stage is 4 hours in first labours and 3 hours in second and subsequent labours. The term is used to describe a lack of progressive cervical dilatation or lack of descent of the fetus. However, more recent medical research suggests that the Friedman curve may not be currently applicable. The expulsion stage begins when the cervix is fully dilated, and ends when the baby is born. As pressure on the cervix increases, women may have the sensation of pelvic pressure and an urge to begin pushing. At the beginning of the normal second stage, the head is fully engaged in the pelvis; the widest diameter of the head has passed below the level of the pelvic inlet. The fetal head then continues descent into the pelvis, below the pubic arch and out through the vaginal introitus opening. This is assisted by the additional maternal efforts of "bearing down" or pushing. The appearance of the fetal head at the vaginal orifice is termed the "crowning". At this point, the woman will feel an intense burning or stinging sensation. When the amniotic sac has not ruptured during labour or pushing, the infant can be born with the membranes intact. This is referred to as "delivery en caul". Complete expulsion of the baby signals the successful completion of the second stage of labour. The second stage varies from one woman to another. In first labours, birth is usually completed within 3 hours whereas in subsequent labours, birth is usually completed within 2 hours. Umbilical cord and Placental expulsion The period from just after the fetus is expelled until just after the placenta is expelled is called the third stage of labour or the involution stage. Placental expulsion begins as a physiological separation from the wall of the uterus. The average time from delivery of the baby until complete expulsion of the placenta is estimated to be 10–12 minutes dependent on whether active or expectant management is employed. Active management is described as the administration of a uterotonic drug within one minute of fetal delivery, controlled traction of the umbilical cord and fundal massage after delivery of the placenta, followed by performance of uterine massage every 15 minutes for two hours. However a recent review found that delayed cord cutting in healthy full-term infants resulted in early haemoglobin concentration and higher birthweight and increased iron reserves up to six months after birth with no change in the rate of postpartum bleeding.

2: c-section Archives - The Thinking Moms' Revolution

You can leave the comment about book "The cesarean (r)evolution by Linda D. Meyer. --" below: This web site works in test mode and doesn't contain any kind of content of books or books itself. The contents of the website, does not constitute a public offer.

I love natural birth; scheduled cesarean clients are not my target. I thought, why not? It will be new and interesting if nothing else. It turned out to be a lot else. I really connected with this woman. Despite having virtually opposite aspirations regarding birth, Buddy was one of those clients who felt like a friend. She grew up on another continent in a completely different life, yet we quickly shared an ease with one another. And as I watched her prepare and navigate our medical system, I gained a great deal of respect for her. The first time we first spoke on the phone, I hinted around attempting a vaginal delivery. I liked her already. Breastfeeding was the optimum food for a newborn, so she came to Boot Camp. I teased that she was going to be a pioneer for us in El Paso. I ventured a quiet interjection. Obviously he thought it was nuts but I think it was hard to say no to her. Same with putting the baby on her chest. We set our sights on the pediatrician that came with her package. Getting the crew on board International clients typically buy packages in advance, with a choice of one or two providers and set fees for surgical or vaginal deliveries, extra nights in the hospital, NICU admissions, and the like. She got brushed off by the receptionist at his office, who referred her back to the OB for OR procedures despite the fact that the OB told her the baby was not his patient true statement. Which surely, a receptionist for a pediatrician should know. I encouraged her to push back. They should be able to take five minutes to talk to you. She just had to get her surgery scheduled before before he started his rounds at 9am. A few more calls and she secured a slot at 7am. I encouraged her to get in touch with the hospital staff anyway, because man, you just never know. These people do a lot of births and hers could easily get lost in the shuffle. Setting sail I set my alarm. I arrived at 6: The nurse looked like someone had pissed in her coffee. She proceeded to ask Buddy the same questions the admitting nurse had asked an hour before, and when Buddy brought this to her attention, she looked at her like she wanted to piss down her throat. I sat next to the bed being ignored and watched as Buddy kept her cool, answered the questions, and then asked her own. The skin to skin, how many people in the OR, the gauze. We waited until she was behind the curtain to roll our eyes. Had Buddy been in touch with him? With his office yesterday to confirm the appointment. When the obstetrician returned, he informed us that the pediatrician was in the building. He pulled up at her feet with a roll of gauze and began stuffing it in "it was really happening! I just hoped it would stay in long enough for a good soak. Fortunately, surgery takes a good bit of prep and I waited outside while they did preparatory things and placed her epidural. I went in because her husband, despite being built like a gladiator, was not certain he had the stomach to watch surgery on his wife. I think he was just fine with the one-guest-only restriction. When I walked in, it was all there. A spot for me by her head, the clear drape, the pediatrician, the gauze in her vagina. All the action occurred on the other side of her bump, and I did my best to relay what was happening. The first thing was to cut away a strip of skin "presumably the scar tissue from her previous surgery. They held all 9lb 14oz of her up for us to see, and waited two minutes for the cord to be clamped. I sent pictures to a group of her friends on Whatsapp. The ped scooped up baby and I was told to follow. We collected Dad in the hallway, then accompanied baby for her newborn procedures. When we got to the nursery, he fixed that. Well, not bad for a first time. Everyone was very respectful in asking ME how long it needed to stay on and if it needed to be reapplied "I eventually gave them permission to dispose of it. Dad held her, I held her, we took pictures, and then we got word that Mom was in recovery. We went to meet her. But it did happen for her, AND she moved the bar forward for other women. The pediatrician asked me to send him information on seeding, and told the nurses to go ask Buddy about it. It was a smashing success! I want to shout it from the rooftops "she became a pioneer for us, after all. I learned so much by watching this woman. Surely luck came into play, but the biggest factor was her quiet and rational assertiveness. This one will stick with me a long time.

3: Caesarean Births Could Be Affecting Human Evolution | Smart News | Smithsonian

Enter your mobile number or email address below and we'll send you a link to download the free Kindle App. Then you can start reading Kindle books on your smartphone, tablet, or computer - no Kindle device required.

Barker and James W. The Texas Revolution began with the battle of Gonzales in October and ended with the battle of San Jacinto on April 21, ; but there were earlier clashes between official forces and groups of colonists, so that it is impossible to set dogmatic limits in speaking of military episodes alone, to say nothing of the development of social and political differences that were a part of the revolution. The seeds of these differences were planted in the national habits and experiences of Mexican rulers and Anglo-American occupants of Texas. Misunderstanding was aggravated in the minds of Mexicans by the conviction that the United States government was not above making use of the colonists to cause trouble in the hope of acquiring Texas by purchase or revolution. Military incidents occurred in , , and preceding the decisive movement in the fall of . In , Haden Edwards and Benjamin W. Signature of Domingo de Ugartechea. Courtesy of Roger Borreol. Fighting was determined at Velasco, where Col. Actually, the great mass of the colonists had no quarrel with Mexico or Mexicans and adopted resolutions assuring the authorities of their loyalty-at least, they wanted no war with Mexico. Tranquillity seemed about restored on this basis when a seriocomic episode occurred at the mouth of the Brazos. With him was Stephen F. Map of the State of Coahuila and Texas, The colonists held the Convention of and Convention of and asked for a number of privileges and reforms, of which three were the most important. This liberal law expired in , and friction over the tariff was an element in the disturbances in . Both conventions adopted petitions asking for extension of the tariff exemptions. Both conventions declared that Texas was able to maintain a state government and asked for separation. Though this law was subsequently interpreted to permit continued settlement in the colonies of Austin and Green DeWitt , it remained a menace to the development of Texas, and the conventions petitioned for its repeal. Resolutions of the Convention of were never delivered; but Austin, elected to present the petitions of , arrived in Mexico City in July. In brief, Congress repealed the immigration restriction of the law of April 6, , held the tariff plea in abeyance, and took no action on the petition for statehood. Dissatisfaction over continued union with Coahuila was alleviated by state laws extending local self-government and granting Texas trial by jury and appellate courts. Details of the Santa Anna program included remanning the military posts evacuated in and reorganizing the state government. The first contingent of soldiers arrived at Anahuac in January , and some local friction soon developed. In June a mail courier brought news that federal troops had arrested the governor and that large reinforcements would soon strengthen the standing garrison at San Antonio. This information led to a march against Anahuac in which the volunteers were commanded by William B. Antonio Tenorio surrendered the post without a contest, and superficially conditions in Texas appeared to return to the status of . Numerous mass meetings condemned Travis and adopted resolutions declaring loyalty to Mexico. Reports continued, however, that Santa Anna was bent upon military occupation of Texas, and a group of colonists published a call for election of delegates to a convention, or consultation, in October. Painting of Stephen F. Austin, returned from his long detention in Mexico, gave his approval to the Consultation and was made chairman of a committee of safety and correspondence at San Felipe. The committee was regarded as a central advisory board to collect and distribute information. From this time forward, only a spark was necessary to set off an explosion. At Copano Bay, Gen. Cos announced his intention to punish those who led the uprising at Anahuac, and in his proclamation was the hint that he would drive the American settlers out of Texas. At the battle of Gonzales , what is regarded as the first shot in the Texas Revolution was fired. Because of growing unrest, the military commandant of Coahuila and Texas, Col. Alcalde Andrew Ponton not only refused the demand but also called to other Texans for help. Originally, only eighteen men constituted the Gonzales defense, but by October 2 the ranks had increased to about volunteers. Wallace , the Gonzales Texans stood their ground, and the dragoons returned empty-handed to San Antonio. In early October he therefore led his command, all volunteers, toward San Antonio. Two others shared the command, James Bowie and James W. The Texans forced the Mexicans to retreat, killing fifty of them in the process, while

losing two men with another unaccounted for. The climax of the siege of Bexar came on December 5, when, learning that Burluson was considering withdrawal to Goliad, Benjamin R. Johnson led volunteers into the heart of the city. After three days of house-to-house fighting, Milam was dead and San Antonio was the prize of the Texans. Forced to surrender, the Mexican commander was compelled to take his troops beyond the Rio Grande. Taking advantage of the fact that the Texan army was divided and disintegrating after its victories in , Santa Anna, in his role as generalissimo, crossed the Rio Grande shortly after the new year. He was on a punitive expedition conducted in much the same way as that against the Zacatecans. His plan was simple and direct: The quelling of piracy, after all, required no mercy. At the beginning of his campaign, it seemed apparent that he would do just that, for Texan fortunes took a decided turn for the worse in early The convention also appointed Sam Houston major general of the Texas army and commander of the forces at Gonzales. It soon became apparent that his target was San Antonio and the Texans stationed there. In point of fact, he probably should have avoided that city, for it was not important to his success. The Texan defense stood on a triangle. Militarily speaking, Goliad was the prize. It held approximately insurgents under the command of Fannin, while a divided command under Bowie and William B. Travis at the Alamo comprised only men, to which only some thirty more were soon added. San Antonio, however, even reinforced, could not offer a real threat to Santa Anna or even to his line of communication. But military considerations aside, the general was determined to march on San Antonio, in part because of the humiliation visited upon his family through defeat of his son-in-law, Cos. Courtesy of the Library of Congress. He apparently had hoped to supplement his supplies by living off the land, but the area south of San Antonio could not sustain him. Furthermore, the weather that spring was unusually cold and wet. For thirteen days the Texans held their position behind the inadequate defences of the mission, while waiting for reinforcements that never came. It soon became apparent that Santa Anna not only wanted San Antonio as a base for operations but also desired the utter destruction of the Texan defenders, whom he wanted to make an example. He chose to force the issue with a bloody assault, whereas in fact, his trenches and siege train could have handled the matter effectively. In the battle of the Alamo March 6, , the Texans were overwhelmed by sheer force of numbers. In bitter fighting all of the soldiers were killed, while some thirty Alamo noncombatants -women, children, and blacks-were spared. Santa Anna lost some of his men, or roughly a third of his assault force. To be sure, the generalissimo was delighted, but little had been gained save the reduction of the place, and that success could have come without the gory price. Furthermore, though the Alamo story initially struck fear in the hearts of the Texans, it subsequently led to a relentless thirst for vengeance. Urrea captured San Patricio by a swift thrust that caught the Texans by surprise. This success was followed by another at the battle of Agua Dulce Creek , in which Dr. James Grant was defeated and killed. In short order, Urrea also descended upon Lt. But these actions, though significant in themselves, were incidental matters to Urrea, who was bound for Goliad. When he heard that Urrea already had consolidated that position, he changed his mind and fell back to Goliad. Houston ordered him to relieve the men at the Alamo but by March 14 rescinded that order and issued a new one. Fannin was to proceed with his entire command to Victoria, where a linking of forces would occur. However, learning that Ward and Aaron King and all their men had been defeated by Urrea, Fannin vacillated between defending Goliad and retreating to Victoria. Urrea immediately set out in pursuit. Fannin, fearing the exhaustion of his men and animals, halted after a march of only six miles. The next morning Urrea received reinforcements, including artillery. As Mexican cannons leveled their guns on the Texans, and as Mexican infantry formed attack columns, Fannin accepted the inevitable and asked for terms. He received what he, at least, regarded as an assurance that his army would be treated honorably as prisoners of war. The Texans were marched back to Goliad, imprisoned, and assured of their release. Courtesy of the San Jacinto Museum of History. About the same time, Houston arrived in Gonzales and assumed command of an army of fewer than men. Upon hearing of the fall of the Alamo from Susanna Dickinson , widow of Almeron Dickinson , Houston also learned that the Mexican army was pressing on to Gonzales. Aware of his precarious position, he decided to withdraw. Because of a lack of transport, he was forced to sink his cannons in the Guadalupe River. He burned the town to render it useless to Santa Anna and fell back to the northeast toward the Colorado River. In time, they were joined by throngs from all over East Texas in what became known as the Runaway Scrape.

Upon the fall of the Alamo, Santa Anna assumed that the war was over, and news of Goliad only confirmed his view. It was necessary for his officers to convince him that the job was not yet finished; he still had to run down Houston and the remaining Texan forces. Finally accepting their remonstrations, he planned a three-pronged offensive through East Texas. Antonio Gaona was initially to take a northerly route via Bastrop toward Nacogdoches, but shortly thereafter Santa Anna ordered him instead to proceed from Bastrop toward San Felipe. Finally, Urrea was to secure the right flank of these movements while maintaining a northerly route in the hope of joining the main forces should a mass formation be necessary. Houston was thus to be snared, his army crushed or captured, and the rebellion finished.

4: The cesarean (r)evolution / by Linda D. Meyer. -- book online read or download

Evolution is typically thought of as a slow process, happening over millennia—but that's not always the case. A new study suggests that the success of Caesarian births in the second half of the.

The upper classes were encouraged to reproduce as much as possible, and a woman who was pregnant or recovering from childbirth took time to rest while servants took care of her and the child. The lower classes worked right up to and soon following birth, as they had to work to eat. Photograph from The Victoria and Albert Museum. Class distinctions in childbirth during the Renaissance were recorded. In 15th-century Florence, women were married as teenagers and often had five to ten children, depending on whether she survived childbirth. Childbirth was so dangerous that a woman would make out her will as soon as she found out she was pregnant. However, the custom among the upper classes was to farm out breastfeeding to wet nurses, which meant that the mother would soon be pregnant again. It was during the Renaissance that medical doctors began to take part in childbirth, although not without a struggle. Women as whole were sheltered and their bodies hidden under plenty of clothing. It was unseemly for any man to take part in the intimate process of childbirth, and midwives did not want to give up their power or expertise in the area. Midwives had experience on their side; physicians had the authority that comes with the title. Therefore, most of the writings and advice from the period come from prominent physicians, and a lot of their advice was guesswork. Three women were pregnant when they boarded the Mayflower on its journey to America. One child, Oceanus Hopkins, was born during the voyage and died during the first winter in Massachusetts. Another, Peregrine White, was born shipboard off Cape Cod and lived to an old age. The third child was stillborn at Plymouth; the mother died in childbirth. If a woman gave birth to eight or ten children, her chances of eventually dying in childbirth were pretty high. The infant mortality rate was even higher. The chances of a child dying before his fifth birthday were estimated to be around 20 percent, depending on the community accurate records are scarce. In addition to the fear of death or the fear of the child dying, there was no pain relief during labor, except for whisky in some places. Motherhood in early America was even more frightening for slaves. Infant mortality among African and African-American slaves in the 18th century ranged from percent, and mortality in children under ten was percent, due to maternal malnutrition, overwork, disease, and lack of medical access. Slave owners blamed the mothers for infant deaths, and there is evidence that some babies were deliberately smothered to spare the child a life of slavery, but other factors contributed greatly to the infant death rate. As Europe became more crowded in the 17th and 18th centuries, communicable diseases caused even more frequent deaths in childbirth. Puerperal fever had been around, but the rise of physician-assisted births increased its rate. It is a bacterial infection that became apparent within days of giving birth. The rise of maternity wards in hospitals meant that many women gave birth within shouting distance of each other. Doctors, in those days before germ theory, went from patient to patient, unknowingly carrying the bacteria on their instruments and their unwashed hands. In the s, Alexander Gordon stressed that the disease was spread from one patient to another. He "bled" his patients at the first sign of puerperal fever, which actually helped in some cases, but no one understood why. In , Thomas Watson recommended that physicians and birth attendants wash their hands and use chlorine between patients. In , Ignaz Semmelweis reduced the rate of fever in his obstetric ward by ordering hand washing, but the idea was still rejected by the medical industry at large. A famous victim of puerperal fever was Mary Wollstonecraft , mother of Frankenstein author Mary Shelley. In she gave birth to her daughter Mary with the assistance of a midwife. But then a doctor was called to help remove the placenta and he came quickly, with unwashed hands. Wollstonecraft died a painful but typical death over the next week. Photograph by Billy Hathorn. Both doctors and midwives were scarce, and the midwives who were able to help in childbirth rarely had more knowledge than the experience of giving birth themselves. Infant mortality remained high, but the isolation of living on wilderness farmland many miles away from settled towns had one advantage: Childbirth changed dramatically in the 19th century with the introduction of anesthetics. Dentist William Morton developed the use of ether for surgery in . Obstetrician Sir James Young Simpson introduced chloroform as an anesthetic in . Queen Victoria used chloroform during

her eighth delivery in In , a method called Twilight Sleep was developed, which involved morphine and scopolamine. The morphine also caused some mothers to die in childbirth. Comic by Kate Beaton. In the 20th century, advances in medicine and germ theory raced ahead of public health and the access of the lower classes to medical care. Her crusade to improve prenatal care and child health practices involved inventing formula, opening clinics, launching a school lunch program, training babysitters, and opening milk stations in the city, and it resulted in a huge decrease in infant and child deaths. Childbirth, though still an ordeal, is much safer today for mothers. Children are much more likely to survive to adulthood. And widely available birth control gives people the option of deciding when and how many children to have. But the hard part comes after childbirth -raising a family, which is more complicated every day.

5: The Origins of Caesarian Section | History Cooperative

A Caesarian, or C section, is the medical term for the intervention of childbirth where the baby is cut and removed from the womb of the mother by doctors.

6: Cesarean Section

Cesarean (R)Evolution: A Handbook for Parents and Professionals Revised Edition. by Linda D. Meyer (Author) â€° Visit Amazon's Linda D. Meyer Page. Find all the books.

7: - NLM Catalog Result

EVOLUTION. Looking around in nature we see that natural selection is a brilliant designer. Richard Dawkins 5 cites the bat and its echolocation device as an example. Every living organism displays evidence of the complexity and inventiveness of natural selection.

8: Childbirth - Wikipedia

The Cesarean (R)evolution, Edmonds, WA, Chas Franklin Press, A guide to caesarean birth's medical aspects and to the mother's experience. A handbook for parents.

9: The Historical Horror of Childbirth | Mental Floss

Cesarean Section is an urgent wake-up call." â€” Jennifer Grayson, author of Unlatched: The Evolution of Breastfeeding and the Making of a Controversy "Wolf is well-known for her meticulous and extensive research, deep understanding of medical issues, and keen analysis of critical aspects of women's reproductive history.

Better world books and the triple bottom line The origin of the treatment drug court in Miami John S. Goldkamp The longest ride nicholas sparks Organizing schools Hot Cars (Encounters Series) Japanese for busy people iii workbook The Chicago tribune Mississippi Symbols Facts Projects Deep-Space Probes Reconstruction and Cold War in Germany The Wideness of Gods Mercy Introduction Michael Beschloss Collectors dictionary of glass. After the 1979 Indochinese conference: the early 1980s Opothleyaholo and the Loyal Muskogee Every time I go home I break out in relatives Metastability and incompletely posed problems Nassau County, Ny Pocket Map Graven with an iron pen : the persistence of redemption as a theme in literature Robert Kiely Sun certified java book Not a Girl Detective (Cece Caruso Mysteries) Appendix B State franchise authorities An Act Making Appropriations for the Support of Government, for the Year One Thousand Eight Hundred and F The Man Without Content (Meridian: Crossing Aesthetics) Painter, Edward Lear Nielsen african american consumer report 2015 Dualism persists in the science of mind Athena Demertzi . [et al.] The Rewards of Living the Christian Faith Arctic smoke mirrors Is that your DNA? Admirable and notable prophecies Inside Central America Galway all product Professional guide to wheel building 5th edition Plays and Programs for Christmas Samuel Johnson and the politics of Hanoverian England Born of darkness lara adrian Program review of past and existing global payment programs. The 911 Commission Report Secrets of the soil