



PAINLESS CHILDBIRTH

By

MARGUERITE TRACY AND CONSTANCE LEUPP

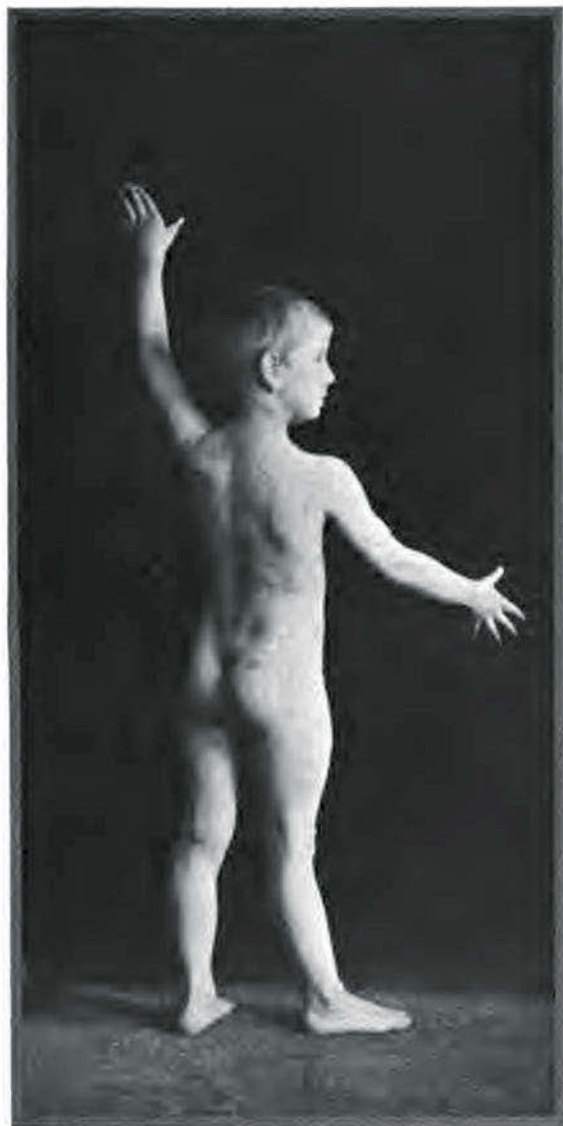
A NEW AND PAINLESS *method of childbirth has been developed in the medical clinic of the University of Baden, at Freiburg, by two men famous throughout the medical profession of the world. This method has now been used in five thousand cases with practically unvarying success. Not a single fatality to the mother can be charged to it; and under it the rate of infant mortality has decreased. A complete account of this method, containing the reports of the hospital authorities and the first-hand evidence of mothers who have undergone the treatment, has been prepared at Freiburg by representatives of McCLURE'S MAGAZINE, and is presented here for the first time.*

YOU are going to Freiburg for the Twilight Sleep," said Dr. Thomas Watts Eden, the famous English gynecologist, who had been summoned to the Waldorf Hotel, in London, to the bedside of an American young woman expecting a second baby. "Why don't you stay and have it here?"

The American young woman could hardly tell why. In London were relatives, friends, and the safe hands of the great specialist. Freiburg was remote, nebulous, at the end of a hard journey; undoubtedly German — and she spoke no German. But she was going, nevertheless. To her, Freiburg was the place where one went to a certain clinic, and had one's baby safely and absolutely without pain. A woman friend of hers had had a baby there, and later had

gone back again from America to have a second and a third baby at that same clinic, declaring that she would never again have the blessing of a baby without the attendant blessing of the Twilight Sleep. So the American young woman was on her way to a foreign country that she had never visited, and, though sick abed, insisted on continuing her journey.

The doctor saw that she was determined, so he sat down beside her and told her all about the *Dämmerschlaf* as it is practised in the Frauenklinik at Freiburg; for he had been to Freiburg. He gave her a letter to his illustrious German confrère, advised her to wire ahead to make sure that the *Geheimrath*, as he called him, was not absent, and left her with the cheering assurance that she "would like Krönig."



A FIVE-YEAR-OLD German child born under the Freiburg method of painless childbirth. Careful observation of the scopolamin-born children has shown that no after ill effects can be traced to the use of this method

But he seemed to muse over her a little — as if in this almost intuitive pilgrimage there was matter for reflection.

For it is in this very way, from woman to woman, as each goes back to her home with her baby born under the humane forgetfulness of the Twilight Sleep, that the fame of the method has grown. Women have come to this Freiburg Frauenklinik, for the birth of their children, from India, and Russia, and South Africa, from both

North and South America. The rumor has gone out, from mouth to mouth, among women to the ends of the earth, that here, at last, modern science has abolished that primal sentence of the Scriptures upon womankind: "In sorrow thou shalt bring forth children."

The goal that these women seek lies in the odd old town of Freiburg — in the region of the Black Forest of Germany. Here still stands the house where Erasmus lived; the streets of the place are like the setting of an old Heidelberg play; and here, just three blocks west of the Middle Ages, lies the great modern State University of Baden. Its medical schools rank with those of Berlin and Munich as the first in all Germany. And in the obstetrical wards of its hospital — specially equipped and fitted for this work — has been developed, by men famous throughout the medical profession of the world, this Twilight Sleep — the new and painless method of childbirth.

From the standpoint of the mothers, there is but one testimony concerning this Twilight Sleep as given them at Freiburg. When their pains began, they tell you, they went to sleep. Of their part in the events that followed they retain no more memory than a somnambulist might have of the roof he walked upon at night. They woke happy and animated, and well in body and soul; and found, with incredulous delight, their babies, all dressed, lying before them upon a pillow in the arms of a nurse.

Those mothers who have once borne children in the Freiburg hospital return, if possible, when childbirth comes upon them again.

And to those, especially, who have undergone the experience in the Freiburg hospital and elsewhere, the experience under the Twilight Sleep seems almost incredible — "like a fairy tale," as they most often express it.

"If you had another, which way would you choose?" was asked of one of them.

"Which way?" she said. (It happened to be an American mother.) "Which way? If I had another baby, I would have it in Frei-

burg, if I had to walk all the way from California!"

This is the general answer of the mothers who have gone to Freiburg. This is much in itself. But, fortunately, the verdict of the scientific observer of their cases has been as favorable to the system. There have now been five thousand cases in the Freiburg Frauenklinik in which the Twilight Sleep has been employed. In thirty-six hundred of these the records have been analyzed. And two conclusions have been reached from this great mass of homogeneous statistical material.

First: That Twilight Sleep, as it is conducted in the Freiburg Frauenklinik, is not in any way injurious to the mother; but, on the contrary, is both a blessing humanely, and of scientific value in obstetrics.

Second: That it is in no way injurious to the child; but, on the contrary, in many cases saves it from the risk of the forceps and other dangers.

What, then, is this revolutionary thing, this Twilight Sleep, which has proved so wonderfully successful in this German hospital? The interest in it now is world-wide, but nowhere keener or more intelligent than here among the women of the United

States; and the time is ripe for a simple, untechnical, but authoritative account of this operation for the readers of this country.

The Twilight Sleep is a light sleep induced by an injection or two of a combination of two drugs — scopolamin and morphium — and continued under scopolamin. It is a sleep so light and so susceptible to outside impressions that semi-darkness and quiet are required to make it entirely successful. The ordinary tests of unconscious-



MRS. CECIL STEWART, an American mother, and her Freiburg baby. Women have come to the Freiburg clinic for the birth of their children from India, Russia, and South Africa, and from North and South America

ness can not be applied to it. It is attained at a point when the patient loses the power of recollecting immediate events and sensations, while still remaining susceptible to suggestions and in full possession of muscular powers. It is, as may be seen, a very fine balance in the states of consciousness, and can be secured only under special conditions and through special knowledge of the use of the drugs that cause it. These special conditions and this special know-

ledge have been worked out in the Freiburg hospital.

It is not necessary to dwell on the qualities of morphia. And, as a matter of fact, it is the drug scopolamin which is at the basis of the Twilight Sleep, and with which the experiments at Freiburg have been chiefly concerned.

Scopolamin is not new. There are many fables concerning its use in earlier days: that the Greek gentlemen used it as an aid to forgetting burdensome engagements; that it was the hebenon with which Hamlet's father was murdered—these are among the traditions concerning it.

The Strange Variableness of Scopolamin

It was the "variableness" of scopolamin in solution, and not the dangerousness of a drug administered in small doses over a certain period of time, that led practitioners in the past to feel a reluctance in placing reliance on it. It has hitherto been a drug which required to be very meticulously handled or it changed chemically. It was necessary, for instance, to keep it in a particular kind of glass called Jena glass. Otherwise, it was necessary to wash out the glass bottle destined for the solution in hydrochloric acid. And physicians handling it would often find that, with all these precautions, including those of preserving it from light and heat, it changed color, or showed cloudiness, and must be thrown away. And, even when it showed no signs of its odd variability, its effects might vary on the same patient at different times.

An account of the variableness of scopolamin in the past recalls a vivid memory of the story by Robert Louis Stevenson, "The Strange Case of Dr. Jekyll and Mr. Hyde," which turned on the possession of some eccentric drug in a state of deterioration which gave it dreadful hypnotic power.

Scopolamin first came into modern scientific use in 1900. From that time to this, much of all the experimentation with its use has gone on in the medical department of the University at Freiburg. Its first use in surgery was by Dr. Korff, whose original experience with it had been in the tropical climate of Australia, where he could not use inhalation narcotics because of the volatile nature of chloroform and ether. It was also Korff who first used the drug in combination with morphia.

Now, as a main narcotic for use in surgery,

scopolamin so far has been found dangerous—because of the size of the dose of both that drug and morphia required. And, from the earlier experiments in surgical operations, a considerable prejudice was aroused against the drug—a prejudice that has existed until this day. The drug has found its place in surgery, nevertheless; it has been firmly established as a preparatory narcotic, to be used as a preliminary to chloroform-ether anesthesia. It is now accepted for this use by the highest authorities—many consider it an absolute necessity in certain cases. For careful experiments have shown that the amount of chloroform and ether required for surgical operations is greatly reduced by the preliminary use of scopolamin. In other fields than general surgery, the experiments at Freiburg have extended the legitimate use of scopolamin. In ophthalmology, for example, Dr. Theodor Axenfeld has recommended it as a substitute for atropine for the dilation of the pupil of the eyes. Alfred Hoche, the great alienist, has used it alone, uncombined with morphia, for its almost hypnotic effect in quieting excited patients. But it is in obstetrics that the experimenters at Freiburg have extended its use most importantly.

The Early Experiments with Scopolamin

Early experiments in the use of the drug in this field were made at the University's medical school by Dr. Von Steinbüchel, whose aim was to reduce the pain of labor without reducing muscular action. Dr. Von Steinbüchel was a man of talent, with an especial flair for the use of the drug. And he succeeded well in his work with it—using a dosage considerably smaller than had been found to be perfectly safe in surgery. Other experimenters, without his gift of knowing exactly when sufficient unconsciousness had been reached, continued his slight doses of the drug so long as to throw the patients into too deep a sleep. They passed, in other words, the exact point where abolition of pain is still accompanied by fully sustained muscular action.

Then Dr. Bernhardt Krönig, one of the most famous gynecologists in Germany, came from Jena to become director of the Freiburg Frauenklinik. Associated with him was Professor Karl Gauss, who, under Professor Krönig, has had the widest experience in all forms of hypodermic anes-



AN AMERICAN MOTHER, and her baby, born under Dämmer Schlaf, or "Twilight Sleep." The mother was able to be out of bed on the day that her baby was born; the photograph was taken the third day after the child's birth. The astonishingly rapid recovery of the mothers is one of the notable features of the Freiburg method

thetia. And Krönig continued, with Professor Gauss' aid, the experiments of Von Steinbüchel. His aim was to regulate the dosage in such a way that a definite method for obtaining the exact amount of unconsciousness required might be established.

Drs. Krönig and Gauss found, after long and detailed observation of many actual cases, that by slightly increasing Von Steinbüchel's dosage they could, with perfect safety, induce the state of *clouded consciousness*, in which there was complete *forgetfulness* of the course of birth.

This forgetfulness is the Twilight Sleep

of Freiburg, the technique of which, once perfected, has never since required change. And now the production of it has been given added certainty, very recently, by the discovery by Professor Straub, of the pharmacological department of the University, of a method for the preservation of scopolamin in solution, which makes it possible for the practitioner to obtain a preparation that has no variability. This advance is of immense importance. For, as has already been noted, in the past the "variableness" of this drug in solution has been one of the greatest hindrances to its use.

As technically described by Gauss, Twilight Sleep is accomplished successfully when there is an adequate abolition of the *apperception* of pain. It is to be looked upon as a kind of subconsciousness in which the cortex of the cerebrum is completely cut off from the reflex columns of the spinal cord.

Or, as Professor Gauss recently illustrated it colloquially to an American: "In the spine are telephone girls. I am asleep and a fly bites my foot; I brush it off. If I am awake, a telephone girl calls my brain also. If I am asleep, she does not. But the action is the same, either way."

Now, Steinbüchel's method had offered no objective basis for the regulation of the dosage with the drug, except with a cessation of the demonstrations of pain, and such other aspects as general anesthetists are familiar with—aspects which brought with them the dangers of attaining complete unconsciousness, with suspension of muscular activity.

What the Safety of the Method is Based On

But with the later experiments of Drs. Krönig and Gauss the Freiburg method has created a definite and dependable criterion for the regulation of the dosage—one that calls for no special power of "dead reckoning" on the part of the obstetrician.

It does, on the other hand, call for things which the general practitioner does not often feel that he can give to it. One of the most important of these is an uninterrupted observation of the patient from beginning to end of labor. This could be had in the small hospital only by a considerable augmenting of the obstetrical staff. And for the great city hospital it is, and must remain, impossible to employ the Twilight Sleep without both fundamentally reorganizing the wards and augmenting the staff in the obstetrical division to more than three times the size of the staff in the other divisions. The revision of the organization at the Freiburg hospital demonstrated this. Even in that small institution, it was found necessary to triple the obstetrical staff.

For, as early as 1907, Dr. Gauss wrote for the benefit of those obstetricians who were experimenting with scopolamin-morphium: "*The special action and the safety of the Twilight Sleep are based solely upon the testing of the powers of memory; and by this the method must stand or fall.*"

Professor Krönig describes the sleep and the essential memory test as follows:

"Ordinarily, from half to three quarters of an hour after the first injection the drug takes effect. The sleep commences. The suffering increases and the patient has not lost consciousness. About an hour from the time the first injection was given, the second is given—of scopolamin in much smaller quantities, generally without morphium. In the succeeding doses scopolamin is usually employed alone.

"About this time, also, begin the tests of amnesia. An object is shown the patient. Half an hour later she is shown it again, and is asked if she has seen it before. If she remembers it, we consider it an indication that we should give another dose of the same strength. We select for these tests objects connected with the immediate environment. Half an hour after the second injection, the patient may be asked if she has had one. If she has no recollection of it, we consider the amnesia sufficient. No repetition of the dose should be given until memory exists."

Not a Single Fatality to the Mother Can Be Charged to It

Analysis of thirty-six hundred cases already statistically studied at Freiburg shows that the Twilight Sleep has caused no injury to the mother. Not one fatality can be charged to it. The muscular activity of the mother is not held back; the birth period is not appreciably lengthened, except in those cases that would, under ordinary conditions, call for operative interference, and in which the elimination of pain makes it possible to give sufficient time for spontaneous birth. There have been no hemorrhages caused by the drug, nor any but normal loss of blood.

On the other hand, its benign effects are shown in the fact that the abolishing of the suffering frequently improves the effectiveness of the birth-pains, for the woman makes no apprehensive effort to hold them back; while the astonishingly rapid recovery through the sense of conserved nervous energy speaks for itself.

In particular, the new method has reduced to practically nothing the danger to the child and mother from the use of forceps during birth. In the Freiburg clinic these are almost never used, while in the

cases of modern women — especially of mothers of the higher class, as Dr. Krönig points out — the use of forceps has increased already to an alarming extent.

The Modern Woman More Rapidly Exhausted by Severe Pain

"Of late," says Professor Krönig, "the demand made of us obstetricians to diminish or abolish suffering during delivery has

to the conclusion that spontaneous birth is, in their cases, practically impossible. It is by no means unusual to hear that the forceps had to be used at every previous confinement. Neither structural difficulties nor muscular weakness had indicated the necessity for operative interference. The forceps had been used simply and solely to shorten the pains of labor.

"On the occasion of a meeting of the Berlin Obstetrical Society, it came to light



DR. BERNHARDT KRÖNIG, the great German obstetrician who, with his associate, Professor Karl Gauss, has developed and perfected a method of painless childbirth which has been used successfully in five thousand cases in the hospital at Freiburg

become more and more emphatic. The modern woman, on whose nervous system nowadays quite other demands are made than was formerly the case, responds to the stimulus of severe pain more rapidly with nervous exhaustion and paralysis of the will to carry the labor to a conclusion. The sensitiveness of those who carry on hard mental work is much greater than that of those who earn their living by manual labor.

"As a consequence of this nervous exhaustion, we see that precisely in the case of mothers of the better class the use of the forceps has increased to an alarming extent, and this where there is no structural need of forceps.

"When one goes into the records of the cases of women like these concerning their previous confinements, one is almost driven

that obstetricians practising in the best society of Berlin were obliged to use the forceps in nearly forty per cent of their cases.

The Dangers in the Use of the Forceps

"Although in the hands of a skilful operator the forceps is not so dangerous as in those of an inexperienced one, yet for those who know how great is the local susceptibility to infection it is hardly necessary to say that the chances of a favorable confinement and recovery are considerably diminished by any operation.

"If you follow the lyings-in, even in the best hospitals, you will find the number of cases of temperature considerably higher where there was not spontaneous delivery.

In the unfavorable external circumstances of ordinary practice, all these injurious results increase. The great increase of the spread of puerperal fever corresponds to the increasing frequency of operations shown in the statistics of the larger towns.

"It might have been thought that the introduction of asepsis in obstetrics, and its careful application outside the hospitals as well as in, would have decreased the number of deaths in childbirth in comparison with those under former conditions. But we note a not inconsiderable increase. Every one agrees that the absence of reduction in the number of cases of puerperal fever is chiefly caused by an enormous absolute increase in the number of operations, and especially a huge increase in deliveries by the use of forceps."

In the Frauenklinik, since the introduction of the Twilight Sleep method, the frequency of forceps cases has settled down to an average of from six to seven per cent.

"In *theoretical* medical instruction," says Professor Krönig, "the 'rescuing' forceps

finds no place. In practice the conditions are different.

"The cases available for obstetric study in the hospitals consist, for the most part, of women of no great intelligence, who earn their bread by manual labor.

"In private practice we not infrequently have to do with women of nervous temperament who declare themselves incapable of enduring the pains of labor to the end. A medical man often, in such cases, finds himself before the alternative either of ending the delivery operatively with the forceps, or of retiring in favor of another doctor.

"If we take the trouble to sit at the bedside of women of some sensitiveness during the whole course of labor, and to observe the state of their nervous system, we are compelled to admit that in their case such nervous exhaustion does really set in, that all power of will to hold out till the end of birth is paralyzed.

"I hardly believe that any one who takes the opportunity of observing a birth in the case of one of these women, from beginning to end, would afterward agree with the statement that the pain of birth is a physiological pain which is really of advantage to the mother and must not be reduced. Such a statement can only be made by those clinicians who, having to do with too large a number of cases, have not taken the trouble to follow the nervous condition from beginning to end of labor, and who content themselves — as indeed is necessary when working on a large scale at high pressure — with ascertaining occasionally how the case is going on.

"Acute pain at birth can not, in the case of sensitive women, be termed physiological, for it frequently occasions a condition of severe exhaustion even after birth.

"Any gynecologist who considers that he ought to be something more than merely as good an operative manipulator as possible — who thinks, that is, that he should observe the nervous condition of the mother — will not infrequently note that neurasthenic symptoms appear in immediate connection with the delivery. One is only astonished that long-continued exhaustion does



THE SCOPOLAMIN-BORN SON of a famous German specialist who was one of the early converts to the Freiburg method

not occur more frequently, when we realize what a sensitive woman has to endure during her confinement, even taking into consideration the mental impressions alone.

"The preliminary pains are probably stood well. But with their increasing frequency and violence the moral resistance breaks down. She feels her strength giving way, and does nothing but beg the doctor to use the forceps and put an end to her agony, and longs only for the moment when she will be released from pain by the chloroform or ether.

"If, as often enough happens in private practice, the forceps is used without anesthetic, because the doctor is afraid to trust the continued administration of the anesthetic to an inexperienced helper, then, in addition to the ordinary pains of birth, the woman has the pain of the operation. The loss of blood, especially in the case of a first child, is relatively great, and bodily exhaustion is thus added to mental.

"It is true that robust women can stand all this without consequent injury to their nervous system; but it is equally undeniable that, if there is the slightest inclination to a neuropathic condition, such severe bodily and psychical injury is the cause of a long period of exhaustion."

In the child as well as the mother, in cases of Twilight Sleep, there has been no danger at birth and no after ill effects.

Experimentation has shown, in the first place, that the almost imperceptible traces of scopolamin that pass from mother to child are entirely thrown off by the kidneys within a few hours after birth. In addition to this, the Frauenklinik has painstakingly kept track of its scopolamin children, where it could, with a view to obtaining statistical records.

As against an infant mortality of 16 per cent for the State of Baden, in the same year a report on 421 Twilight Sleep babies showed a death-rate of 11.6 per cent.



SISTER MARIE LOUISE PETERS, head nurse of the clinic at Freiburg since the introduction of the scopolamin method of childbirth. A woman of the upper class, she took up the profession of trained nursing and specialized in midwifery at a time when, in Germany, such an act amounted to a defiance of social convention. Her assistance was invaluable in the development of the Freiburg method

In 1911 Gauss reported a mortality at birth of 1.3 per cent during the six years under Twilight Sleep, while during the ten years before this method was installed the reported mortality had been 3.4 per cent.

For this strikingly low mortality of the

children during and after birth under semi-narcosis, explanation was sought of Professor Ludwig Aschoff, the great German authority on morbid anatomy. He offered the theoretic explanation that slight narcotization of the respiratory organs during birth by extremely minute quantities of scopolamin is advantageous to the child, as it tends to prevent permanent obstruction of the air-passages of children by premature respiration during birth.

critics of the method have sprung up outside. In the first place, a great proportion of these critics, extending for themselves the earlier experiments of Von Steinbüchel, have failed to give the proper dosage as recently worked out at Freiburg.

But, in the second place, there are other conditions for success, which are scarcely less important than the matter of proper dosage. This is shown both by the statements of Dr. Krönig and Professor



DR. KARL GAUSS, one of the most celebrated specialists in Germany in hypodermic anesthesia, who has been Dr. Krönig's associate in the development of the scopolamin method of childbirth. Dr. Gauss is an expert aviator

Since Von Steinbüchel and Krönig first used scopolamin-morphium in obstetrics, obstetricians have experimented with it in their clinics more or less throughout Europe, and altogether the total reputed experience now carries between ten and twelve thousand cases. There has been, as a result of these experiments, a very lively controversy between the advocates and opponents of the use of scopolamin, which is in many ways like the controversy over the use of ether and chloroform in the '40's.

The Freiburg Method Not Practicable in Large Hospitals

Now, to any one who fully understands the system, which has attained entire success at Freiburg, it is perfectly clear why

Gauss, and by the entire remodeling of the obstetrical department of their Frauenklinik. In describing this remodeling, Dr. Krönig says:

"The proper carrying out of the method demands concentrated attention on the part of the obstetric staff, for the purposes of perfecting our method and for giving it the widest possible application to all classes of the population. We were able, thanks to the Grand Duke of Baden, to triple the obstetric staff in the delivery room. I mention this intentionally, because I am of the opinion that, especially in hospitals with a very large number of cases, our procedure can be employed with any prospect of success only when a complete administrative reorganization has been effected in the assignment of duty in the delivery ward. If, as is the case

in large hospitals, the medical man on observation duty is relieved every twelve hours, the colleague who comes on duty will not be sufficiently well informed as to the condition of the various patients in labor. In such a case failure is certain beforehand.

"I consequently do not consider it the result of chance that it is precisely in hospitals with a smaller number of cases that our method has been adopted. In large hospitals with many thousands of births a year, as in the cases of the large hospitals of Berlin and Dresden, our procedure has proved a total failure.

"This is easier to understand when we remember that the surroundings of the patient have an importance which we should not underestimate for the success of the method. Sense impressions, loud noises, bright light, etc., considerably disturb the half-consciousness. When six or seven parturient patients lie side by side in one ward, it is obviously impossible to obtain an even fairly effective semi-consciousness. This makes itself felt even with the small number of patients that we have (a yearly average of three births a day). The number of cases in which we obtain loss of memory, or amnesia, is in Freiburg far smaller in those deliveries which occur in the general ward than in the case of patients treated in our private wards, where they lie in a separate room, protected as far as possible from all impressions of sight and hearing."

The Critics of the Freiburg Method

The most important critics of the Twilight Sleep in Germany have been, as a matter of fact, in the large hospitals. Steffen, for instance, was in Dresden, Hocheisen in Berlin, both in hospitals with huge obstetrical wards in which the requisite quiet and darkness could not be secured.

In addition to the difficulties in their environment, all the critics departed radically from the essential Freiburg memory test, and in other respects from the dosage. And to further frustrate the success of their experiments, Hocheisen, for instance, himself records the fact that he undertook his experiments *unwillingly*, under pressure of the public demand. This unsympathetic attitude in experimentation was characteristic of the main opposition, one famous experimenter even going so far as to oppose any effort to diminish pain in labor in these

stirring words: "I know of no more pleasing sight than that of a strongly built woman giving birth to a first child, with strong and painful birth-pangs!"

When one considers that the medical man in charge of a Twilight Sleep holds his patient poised over the very verge of waking consciousness, one may see that any perfunctory administration of semi-narcosis through the use of this curiously hypnotic drug invites nothing but failure.

In general, experimenters may be classed in three groups.

I. The opponents who, following Steinbüchel, deviated from his dosage, even to establishing unprecedented obstetrical dosages.

II. The supporters who adhered to the Steinbüchel dosage, and attained reduction of pain, but no uniformity of success in this and other respects.

III. The careful followers of the rules laid down for real Twilight Sleep, who unanimously report excellent results, and who are enthusiastic practitioners of the Freiburg method.

As time has passed, the opposition to the new method has considerably diminished. Hocheisen, the leading opponent, has been converted by public demand so far that he uses it freely in his large practice. In one great hospital, at least, the second woman's hospital at Budapest, it has been employed with entire success — though not, of course, with the perfection to be obtained in a small hospital.

Professor Posner of Cracow, Dr. Kleinertz of Stuttgart, and Professor Paukov of Düsseldorf have all taken the Freiburg training. Professor Bösse of Berlin has used the method for a number of years, and so has Frigiesi of Budapest.

The Stories of the Women

The accounts of the women who have gone to Freiburg to submit themselves to the Twilight Sleep are full of interest, representing, as they do, individuals from all classes and countries.

One of the very first patients who arrived from a foreign country to ask for the Twilight Sleep was a Scotch noblewoman. A nurse had told her about scopolamin. Now, precedent required that the heir of that Scotch family should be born in his own heather and beneath his own castle walls. She none the less arrived at the clinic, in

possession of two German sentences: The first was, "Where is Professor Krönig?" and the second was, "I will have a painless child."

The "painless child," from recent photographs, is the most beautiful child that the heart of a Raeburn might ache to paint. Her baby having been so very satisfactory, she is one of the mothers who returned for a second.

It is frequently with inner terror that the peasant women in the general wards submit themselves to the Sleep. These same patients go back to the Forest with glowing accounts of their experience. Sometimes there is head-shaking, too; for, while they could swear that the other woman in labor felt her pains and they did not, the other woman is apt to say that it was the other way round. And their conclusion is very simple; they say among themselves or to a sympathetic listener: "Sometimes, you see, it works; sometimes it does not. With me, it did."

One of the most interesting accounts comes from an American woman who recently accompanied her sister to Freiburg for the Twilight Sleep.

"We came here on the 8th," she wrote; "but before that, as my sister was ill at the pension, a young doctor had called from the clinic, sent by Professor Krönig. As he bent down to take the hand she offered, he said very gravely and kindly, 'I have come to comfort you.' It did comfort her — so much that, after young Dr. Schlimpert had gone, she said: 'If they are all like that at the clinic, Freiburg mothers are lucky.'"

"On the 18th she had a chance to form her own opinion, for we moved to the clinic. The baby was due, and due to come very quickly, so we were required to sleep at the clinic, though we went where we pleased by day. No bedrooms were vacant, so we slept in one of the Twilight Sleep confinement rooms along with the scientific appliances. It is an odd room, but in no way surgically oppressive. The walls are tinted blue or pink, with tiled wainscotings



THE FRAUENKLINIK at Freiburg, where women schlaf, or Twilight Sleep. The clinic is part of

and cement floors. The pretty washable coverings, the welcoming little crib, and the big white leather Morris chair and lounge and table, give the room an appearance that is somehow a working out of the expression used spontaneously by the young doctor: 'I have come to comfort you.'

"All the time we were in the confinement room we saw nothing more of the staff than the one glimpse of Krönig when he examined my sister; for she was not yet a patient.

"No such embargo existed on Sister Marie Louise, and we saw lots of her. She would bring in perfectly new babies at every hour of the night and day. Sometimes it had not yet been dressed, but more often it was in the clothes that the clinic provides for all its babies, but still had its name written on its outside linen band, together with the number of its ward class.

"The nurses are, for all practical purposes



*from all parts of the world go for the Dämmer-
the medical school of the University of Baden*

divided into two classes. The midwives correspond to our American trained nurses who have specialized in obstetrics; these are present during confinement, and you rarely come in contact with them after you are moved to your convalescing room. After your baby is born you fall under the care of the general nurses, who are drawn from the neighboring Black Forest peasantry, and who retain, after years of bedside experience, all their traditions. The nursing service is maintained by the Sisters of the Red Cross, who belong to the Baden Frauenverein.

"In charge of these two groups of nurses is Sister Marie Louise Peters, who is in a class utterly by herself as a head nurse, and would be so if you put her down in a hospital anywhere in the world. She is the woman of upper-class birth whom a vocational gift for the work of trained nursing led to specialize in midwifery at a time when, in Germany, it was much more diffi-

cult for a gentlewoman to depart from established traditions for women of her class than it is now, although her single influence has made a change in midwifery and has raised the standard of its mental requirements.

"Do you call up the picture of any woman you know who has personal magnetism, social gifts, good looks, and intellectual faculties of a high order, and who keeps them, year after year, on an average of sleep of one night a week? That is Sister Marie Louise. I don't see how Professor Krönig could have worked out the Twilight Sleep without the coöperation of a head nurse like her.

"Her personality is one of the acknowledged assets of Freiburg. If, in one of the restaurants or at the opera, you have the luck to be able to say that you are waiting for Sister Marie Louise, the attention and deference paid you will be that reserved for the royal family.

"Such is the homage paid to the woman who a score of years ago put aside dancing and horseback-riding, and everything that an athletic girl loves, for the discipline and hardship of a calling that then ostracized

the woman who went into it.

"My sister had her first regular pains at ten o'clock on the night of the 24th. But we had gathered that it was usual to wait, before administering the first dose of scopolamin, until the pains came at intervals of four or four and a half minutes, and were of about a minute and a half duration. 'So what is the use,' she said, 'of bothering any one?' She had her watch, and, watch in hand, waited philosophically till time was up. Then she rang her bell and asked for Sister Marie Louise. I don't know whether Sister Marie Louise telephoned Professor Gauss to come at once and order the injection, or whether she gave it and then telephoned, for it had to be done very quickly if my sister was to have the benefit of the Twilight Sleep.

"As I quitted the room, Professor Gauss took possession. Somewhere about two in the morning, as I sat reading in an adjoin-

ing room, Professors Krönig and Gauss called on me. 'Your sister is all right, and she is sleeping,' they said. 'It would be better that you sleep also.'

"Krönig seemed so adequate, in his big white coat, and his hair all pricked up and standing attentively over his original head, and Gauss looked so wistful and sympathetic, that they gave me a strong sense of well-being, and I took their advice. There was, mingled with my confidence in them, an added curious satisfaction that circumstances with which I was reasonably familiar were being entirely reversed. The doctor, whom one associates at such times with sleeping on the parlor sofa, was doing the staying awake, alert, directing the semi-narcosis, and it was the patient who was doing the sleeping.

"The baby was a boy, and it was born at five o'clock in the morning.

"At eight that morning my sister was sitting up, in the best of spirits, enjoying her coffee and rolls. At noon she ate a hearty German midday dinner of soup, meats, vegetables, and cooked fruit, and beer was offered.

"Next day she was up about her room for a few minutes. She went driving on the fifth day, and by the end of the week was out returning calls of congratulation."

Perhaps, technically, the case of this American patient was not classified among the cases of successful Twilight Sleep, for she came out of it with a collection of pictures, all apparently lively and pleasant, and a few trailing edges of extremely original conversations.

Her pains gave her no trouble, though she remembers, in a rather impersonal way, of having had some, and of saying to Professor Gauss, "I am having a very bad pain," as one might have said, "The electric table bell is out of order in the dining-room." Professor Gauss said sympathetically, "You *are* having a *very* bad pain."

Of other circumstances, such as her whimsical amusement at everybody who entered the room, she remembers nothing. She awoke from sleep to see strange objects moving about the floor on all fours. These she presently discovered to be scrubbing-women. A little later she woke again, and the scrubbing-women were gone. A quiet reigned that made her apprehensive. Then a growing realization of her sense

of lightness and freedom made her happen on the idea that the baby had already come.

The padded white outer door of her room opened. Sister Marie Louise was coming in, carrying a pillow tucked under her arm.

"Here," she said without preface, "is the handsomest boy in the clinic. Do you know him?"

"I want," said the American young woman, "to see my *own* child."

"She wants *her own child*," Sister Marie Louise said to Professor Gauss. "What shall we do about it?"

"Give him to her," suggested the doctor amiably, and did so.

On the baby's belt was the strangely familiar name which the young American woman had received for a wedding present, with the further indorsement, "1st Class."

Freiburg is a small place. A walk from one extreme end of its venerable main artery of traffic to the other will take a leisurely ten minutes. Two mountains rise up at either end of the town. One is called the Schlossberg, and the other is called the Bromberg. The ascent of these mountains is the perpetual exercise of all Freiburg that does not go farther afoot, and you will scarcely find a woman in Freiburg who has not climbed them. They constitute, to a woman, a known measure of effort, just as a teaspoonful constitutes a known measure of quantity.

So, when a number of Freiburg mothers asked Professor Krönig to explain to them why it is becoming unscientific to have pain in confinement, he explained in this way: he said that the actual normal muscular effort involved in bringing a baby into the world corresponds to a climb up the Schlossberg. But, for the modern woman of highly complex nervous organization, the muscular effort is complicated with so much pain that often the pain itself becomes a factor of serious interference with the birth. And he compared the mother's muscular effort to bring her baby into the world in these conditions to a woman who might be obliged to climb the Schlossberg with a sharp nail in her foot.

That all women, "modern" or "old-fashioned," would desire that their child-bearing be made painless, if this is possible with safety, is not open to debate; that such a method is accessible to them by the exact



JANE ERIN EMMET, the first American baby born at Freiburg. Since the birth of this child the mother has gone back again from America to have a second and third baby at the same clinic

duplication of the tactics and conditions at Freiburg is now well demonstrated. The greatest danger to their securing it is, not that the drug scopolamin will not be tried elsewhere,—it has been so tried in this country as well as in Europe,—but that it will be tried under other conditions and other dosage than those which are positively essential for the securing of the exact and very nice balance of consciousness and muscular action which must be obtained.

Professor Gauss, the associate of Dr. Krönig in Freiburg, compares the strenuous experiences of the modern aviator with his professional work at the hospital. In closing a recent report of his medical specialty, he has, like Dr. Krönig, used his observations of the mountains about Freiburg

to illustrate, in a popular way, another feature of the new treatment—extreme delicacies and cautions required for its successful use.

"The Twilight Sleep," he says, "is a narcotic condition of extremely limited breadth, like a narrow mountain crest. To the left of it lie the dangers of too deep effect, with unconsciousness and absence of birth-pains; to the right the danger of too shallow effect, with retention of consciousness and sensibility to pain. The power of the memory is, and remains, the only guide. If we consult the memory, and test it in strict accordance with the rules laid down, then the Twilight Sleep is devoid of danger, as is shown by our statistics, and is a great boon, as is proved by the gratitude of our patients."

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