

The
Sleeping Car
"TWILIGHT"
OR
Motherhood Without Pain



BY
RUSSELL KELSO CARTER

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OF ANESTHESIOLOGY

The Sleeping Car "TWILIGHT"

Or

Motherhood Without Pain

The whole truth about "Twilight Sleep"
and the New Anesthesia; the mar-
velous French discovery, the most
wonderful of all; and a special
chapter for every man on
the Conquest of Pain

By

RUSSELL KELSO CARTER

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By

RUSSELL KELSO CARTER

PREFACE

THIS little volume will prove the bearer of tidings of great joy to all people. It carries the message of mercy to women who pass through the valley of Maternity, but that is not all; it bears to all mankind the wonderful story of the Conquest of Pain.

That the birth-pang curse of Paradise Lost may be lifted is a message so vast, and so vibrant with the thrill of a new life that the echoing groans of six thousand years almost preclude our belief, and it seems like wildest dreaming to hint in addition that the wonderful New Anesthesia places in the surgeon's hands an agent which transforms the terrible operating table into a couch of peace, and scatters poppies throughout the halls of pain.

Our well-known contributor to the *National Magazine*, Dr. R. K. Carter, has studied this subject closely for years. We now present this little book, whose value is beyond price, in which he gives the results of his investigations to date. The author speaks, not as a great professional "authority," but as an earnest student of facts—facts beyond cavil, which must and will speak for themselves, declaring in trumpet tones, far more forcibly than any mere human authority, that, in part at least, Paradise is now Regained.

The Publishers.

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Part I

THE SLEEPING CAR

“TWILIGHT”

IMPORTANCE OF THE SUBJECT

THE SLEEPING CAR "TWILIGHT"

IMPORTANCE OF THE SUBJECT

"Pain was wrapped in the drapery of a dream."

—Colonel Ingersoll.

IN these physically degenerate days it is to be feared that many women, especially of the higher classes, would be more attracted to this book if its title was "How to Avoid Motherhood Altogether," but before we utterly condemn such, let us remember that the atrocious suffering endured by so many of our mothers and wives and sisters has accumulated an effect on the mind that cannot be readily pushed aside.

"I'll never let my wife suffer that way," declared a young husband, who, with many others, went down to a childless grave. And many a possible mother, in spite of the natural instinct that made her yearn for a baby, has shrunk away from the awful pain and refused to take the risk.

It does not matter how much you may read or hear about "normal womanhood," or about Indian women whose babies arrive with no more

notice in advance than that generally given to a healthy sheep or cow, and who apparently suffer only a few short pangs, and pick up their offspring and walk off with it in a few hours. What of all that? You say, I am not normal. I am not an Indian woman. My ancestors have not lived in the open for centuries. My nerves are all unstrung by high living. My muscles are flabby and undeveloped. My hips are no broader than my shoulders. My pelvis is contracted. My organs are abnormally small. My bust is no bigger than a boy's. Don't talk to me about having children. I love the little things, but the risk is too great; the cost is too high. That pain will kill me; or, if it don't, I will wish afterwards a thousand times that it had killed me. No, Doctor, I can't stand it. You must help me. You must!

What physician or surgeon can be found who has not heard something like that many times?

"Doctor, tell me what to do. I simply cannot have a child."

The speaker was a fine looking woman of some twenty-five years of age.

"Why?" asked the physician kindly.

"Oh, I can't stand the pain. I can *not*. You men can sit there and tell us it will soon be over, and all that, but you don't *know*. I say it's hell.

That's what it is. It bursts your brain, and tears out your heart, and crushes your nerves to bits. It's just hell, and I won't stand it again. Never!"

The doctor shook his head sadly. He read her aright. She meant what she said. Again she pleaded:

"You know, Doctor. You know what to do. Tell me. Give me something. Do something. I'll kill myself before I ever go through that pain again."

And the doctor did "know." He saw that she was determined. If he, or someone else, did not tell her what to do—he shivered a little internally. If he told her—there was etiquette, there was "ethics," there was the law. He was a man with a conscience, and his course was clear. He did not tell her what she asked, but he urged her to consider well her situation, to remember her unborn babe, and to get the best hospital help she could command. But he was also a man with a heart, and when he saw his visitor clenching her little hands as she almost tottered from his office, he dumbly wondered if the day would never come when this terrible evil might be avoided.

Thank God! that day has come for many, and let us hope it will soon dawn fully for all the daughters of Eve.

The Curse

If a curse means something terrible, painful, dreadful, then the sentence imposed upon the guilty first woman was and is a curse. It is all very well to talk about blessings which have flowed from it, or come to us through it in some way as a result of Omnipotent interference. That does not make it any less a curse. People actually talk and write at times as though this curse is only a disguised blessing, and warn us of punishment to come if we attempt to lessen or remove it.

In ancient times there were many religious sects upon the earth, but perhaps the lowest and worst was the Ophites, or serpent worshippers. They reasoned in this way: The life and death and atonement of the Son of God—Jesus, the Christ—was and is the greatest and grandest thing in all the universe. That is to say, it is the greatest thing except one. The cause is greater than the effect, hence that which caused the incarnation, that which sent Christ from heaven to earth was greater still; therefore they worshipped the serpent, worshipped Satan, in plain language, because without him, without the tragedy of Eden, without the serpent there

would have been no incarnation and atonement.

Now, let all you theorists who talk of the necessity of pain in childbirth, or who still cling to the old foolish idea that because God announced it as a prevailing condition under the fall of man, that therefore it must not be interfered with—let all such study the horrible error of the Ophites, and implore the Almighty to have mercy upon you for being such bitter fools.

Nevertheless it was a curse; it is a curse; and the curse operates today in all conscious animal life. We are all born in pain—every man, every animal. Even the vegetable world goes through the motions, so to speak. The consciousness of pain is not present when the buds burst their way upward, but the processes which, in the animal, result in pain are present even there.

The Almighty said to Eve: "I will greatly multiply thy sorrow and thy conception; in sorrow thou shalt bring forth children, and thy desire shall be to thy husband, and he shall rule over thee." This was and is the "curse," but the question will arise—Was it a deliberately imposed penalty, or a simple statement of conditions and consequences? Was it to be viewed as an irremediable calamity? Was it positively unavoidable?

It is scientifically demonstrable that continual physical immortality in man and the lower animals would preclude the idea and fact of propagation or reproduction. Seed forming depends upon decay. Without decay reproduction is scientifically impossible. On this spoke the Great Teacher himself: "Except a corn of wheat fall to the ground and die it abideth alone, but if it die it bringeth forth fruit." This is a scientific announcement, not an arbitrary edict. Under the present conditions in this earth deterioration, disintegration and death are necessary to the reproduction of life. The one begins where the other ends. But the processes of decay lead to or end in pain; so the new life begins in pain.

Given the reproductive process and the conditions imply some pain where there is consciousness. As things are, pain is a necessity in this world. More than that, pain is extremely useful. Pain is one of the chief sentinels that guard our very life. Remove pain from the world and we would be helpless to avoid danger; a mote in the eye or an earthquake would alike find us unwarned. Who can calculate the full value of the guardianship of pain? A pain in the stomach warns us of indigestion and cautions us to choose our food more carefully. A continued cerebral

headache sends us to the oculist to have proper glasses fitted to our eyes. Our education almost begins through pain. The most urgent lesson needed by the growing child is "safety first," and nature has imposed the task of teaching this upon pain. The baby, tottering before the beautiful fire, puts its tiny hand on the fender, and pain, the great teacher, imparts a valuable lesson.

Is Pain Always Necessary?

That one word, "always," puts a different face on the matter. Because pain is a necessity in general, it does not follow that pain is to be endured needlessly; it does not follow that pain is not to be avoided. Even the mote in the eye causes a small pain that I may avoid a big one. The first whiff of volcanic gases warns me to seek better ventilation and escape choking to death. Every conscious animal instinctively writhes and twists away from pain. It is an axiomatic principle that no pain that can be rationally avoided is to be endured. There is suffering enough in the world that cannot be turned away. We have no call to hug the monster to our bosoms, and the man who claims differently is simply devoid of

common sense. The idea that a woman is to bravely endure the horrible pain of childbirth in its entirety, without any effort to partly escape it, because God stated to her primal mother the facts and conditions of "this present distress," is just as absurd as it would be for every man with a raging toothache to sit calmly down and nurse his pain, declaring that "I must not attempt to arrest this suffering; the Lord has ordained it. God has plainly declared that pain is a necessity; decay must cause it. I have a decayed nerve; therefore I must have pain."

It is sufficient to remark that most of us would run to a competent dentist and have that nerve or tooth extracted and listen to the contrary argument afterwards, if at all.

Hebrew philosophy had nothing to do with the matter. The "curse" was true, scientifically true. Multiplicity of conception = multiplied sorrow. That is as truly scientific an equation as $2 + 2 = 4$. Man fell. A perfect creature became imperfect. Imperfect conditions do not run smoothly; hence friction; hence pain. The whole of history since Eden has been the story of man's battle with his fallen conditions and environment. But we miss the center of the thing entirely if we fail to see that the chief struggle has been and is to find out

How to Escape the Curse

For this mankind has been struggling upward through the night of sin and the pall of death. For this he has been contending with "angels, principalities and powers." For this we are fighting against disease; fighting against suffering; fighting against death. And the victory is coming, the time when the fallen shall rise again. This is the *scientific necessity for a resurrection*. In the positive scientific sequence it will come. These different steps in the grand conquest of pain are but feeble advance echoes of the Archangel's trumpet which is preparing to sound. The dry bones are stirring. Look up, mothers! Look up, women of America! Look up, sufferers! Your redemption draweth nigh.

That is not mere eloquent language; it is the declaration of scientific truth; but we are chiefly concerned with that portion of the truth which is now practically available. Let us take an illustration from natural history, the story of the

Emperor Moth

Before this beautiful creature, with its lovely wings and magnificent coloring, appeared in its

unrivalled dress, it was a grub, a worm that laboriously spun a cocoon and went to sleep. Slowly the forces of nature within it worked out their appointed task; the grub developed and enlarged, and presently began to struggle to escape from its prison. A sympathetic observer watched the apparently futile efforts of the little creature for several hours. It seemed impossible that so large a body could force its way through the mouth of the cocoon. Following the dictates of sympathy rather than of cool judgment, the observer determined to help, and with a pair of scissors slightly clipped the cocoon. At once the moth emerged, but alas! its splendid beauty was not visible. The body was misshapen, the wings thin, shrivelled and almost colorless, and the whole creature moved as if half paralyzed. The observer had interfered with nature, which had ordained that the severe pressure of the cocoon upon the wings and body of the moth should force the blood into the vessels of the wings and thereby impart the magnificent color to the markings. The observer had ruined it all; the wings were powerless to move; the body was half paralyzed; the beautiful color would not appear. The pressure and pain planned by nature were absolutely needed to give the moth its perfections.

It seems that many think something of this kind is needed in the birth of a child, and that the pain is really necessary to its best development, as well as to the health of the mother. We are all born in pain. The first cry of the infant testifies to this. May not the pressure to which it is subjected compel the blood to actively circulate, and the effort to cry out because of the pain, help to fill its lungs and start the new order of things in motion?

To this we can reply at once if the newborn infant was like the Emperor Moth, if a sympathetic observer should interfere and bring about a result not planned by nature, and in such case, the baby be half paralyzed, of another color and generally imperfect, then the argument would have some force. But it is sufficient to say that the very infant whose name has been attached for two thousand years to such a delivery—Julius Cæsar—that very child, delivered not in the natural manner, but by exterior section, and hence relieved of all the ordinary birth-pressure, was himself one of the most perfect and virile physical men the world has known. And there is no denying the fact that mothers who have passed through the “Twilight Sleep” declare that they are much stronger than after an ordinary birth.

If, however, anyone insists that some pain is natural and necessary, it may be said that the passengers on the *maternal sleeping car* are not relieved of all actual pain, but only of the memory of it. An Irishman had killed a snake by the roadside and when a friend pointed to the still squirming object, asked: "Is he dead?" Pat replied, "Ach! he's dead, sure, but he's not quite conscious av it." So the "Twilight Sleep" method may not make a woman entirely unconscious of pain at the moment, but in half an hour she has no recollection of it whatever, and never remembers it afterwards. This enables a woman to say truthfully:

"My baby was born, and I did not know a thing about it. I was asleep. When I woke up they brought my baby to me. I had to be introduced; I had no recollection of having seen or heard it before."

The use of hyoscine (or scopolamine) morphine treatment in the Twilight Sleep does not prevent the actual pressure and resulting pain of a birth; these exist, but the mother is often known to say that she has a "pain," but is not suffering from it. At other times women say they do not feel it at all; others, that they are suffering, but in half an hour they deny this and say

they felt none. There is on record just one case in which the mother "woke up" during the delivery and conversed with the physicians about the matter, and then remembered all this afterwards. But even she did not remember any pain in that brief waking spell. Recent reports state that a few women declare they do remember pain; nevertheless they prefer the Twilight Sleep to the old method. Clearly, then, childbirth can be accomplished in these present practical days without any great amount of conscious pain, and often without any pain at all, so far as the mother herself knows. To this extent the curse may be and is lifted. Let the women of America and of the world rejoice, and diligently work and pray that the knowledge of this lifting may spread around the earth, and the means by which the lifting is accomplished be multiplied as widely as the race.

Advances of Science

These lines are being written on the anniversary of the day when Dr. Morton gave his first demonstration of the effect of sulphuric ether in Boston, October 16, 1846. Only sixty-eight years have elapsed since that wonderful scene was

enacted and the door opened when, as Colonel Ingersoll so beautifully expressed it, "Pain was wrapped in the drapery of a dream." About thirty years have passed since the first local anesthetic—cocaine—was discovered. Others have followed: stovaine, novocaine, urea-quinine, etc., while varying derivatives of morphine, like nacrophin, have kept pace with the march of scientific experiment and demonstration. Naturally there have been certain crudities in the manufacture and administering of these drugs which have been steadily rectified or removed as the scientific work went on, and because of these crudities objections arose. The role of objector never wants for an actor. Ian McClaren tells of the old Scotchman who rose in meeting and exclaimed, "What's the use of being a Presbyterian if you can't object?" There is no difficulty in finding objectors to anything and everything new. But true science steadily marches on.

In the last quarter of a century there have been tremendous advances in surgical skill as well as in surgical knowledge. Very much can be done for a mother now that was impossible a few years ago. True, the mass trudges on in the old way, but the few constantly shout to the stragglers to close up and to keep step with the times.

Operative measures have improved and multiplied and the percentage of deaths has steadily declined. Hospital work, though still very backward in obstetrics, has done a great deal for women and many now ask to be taken to a good hospital for delivery, realizing that better attention can be secured there than at home, even in the case of the wealthy.

In sanitation a new world has been opened. Antiseptics and cleanliness have gone hand in hand, twin sisters of blessing and life. Suppuration, gangrene, and septic or blood-poisonous conditions are now the rare exception instead of frequent occurrence; and puerperal convulsions, that ancient terror, is, with the up-to-date practitioner, more a memory than a fact.

Mental suggestion, in experienced hands, plays at times an effective part, some physicians employing it in any situation where the belief or faith of the patient can be seized upon and used as an assistant to secure best results. Some even depend upon suggestion and local anesthesia for many major operations, and exhibit very satisfactory reports of the work actually accomplished.

Drugs have always played the most important part in medical matters, and their abuse has been

wonderful, marvelous, disheartening. We of today fully appreciate the fact that the surgeons of a century ago really bled the Father of His Country to death. Splendid, strong man that he was, George Washington's vigorous constitution could not stand the drain when, suffering with diphtheria, his life blood, so needed by him to combat the disease, was taken from him in disastrous quantities. We say that was a horrible mistake, and it was; but when we review the history of drug medication we are astounded at the ignorance and gullibility of man, even scientifically educated man. Glance over Charles Reade's humorously graphical description of a physician and his "practice" three centuries ago, in that greatest of novels—"The Cloister and the Hearth," but before condemning the thing as impossible, learn somewhat of the marvelous changes in our present materia medica in the last fifty years.

In no respect has the great march of knowledge been more distinctly emphasized than in the splendid fight for "Pure Foods and Drugs" now waging in this country and the whole civilized world. Mankind has clung with singular persistence to the time-honored ways and methods of preparing and dispensing drugs and foods. It is remarkable that many who have already joined

the ranks of those who demand purity in food-stuffs hang back and even actively oppose when the same law of purity is applied to drugs. This has a special bearing on the Twilight Sleep discussion because the drugs employed were undoubtedly somewhat impure when first tried, and many of the adverse results should be charged to this rather than to the method itself.

Medical men are somewhat divided on this point, but a large and constantly growing school insist that the "active principle" in a drug is the important thing, and that very often the presence of one or more other substances in a "commercial" drug work at times seriously injurious effects. This certainly looks reasonable. The meaning is this. Take a drug like strychnine, for example. The commercial article is confessedly impure (or has been in the past). Other drugs, present in minute quantities, have or may have certain or uncertain effects. Hence the advisability of so purifying the commercial article that it will contain practically nothing but strychnine. The advocates of this theory contend that with a single drug operating, the physician can positively foretell results, and that the safety of the patient and the correct handling of the case are largely ensured.

In no partisan spirit these points are presented, but with the desire to bring before the reader the plain, simple facts, and to show in brief outline how much the "Safety First" campaign, at present greeting us from the printed notices in every street car, have to do with matters of medicine, surgery and general health. Of the special bearing of this pure drug fight on the Twilight Sleep we will say more when discussing the "so-called dangers" of the new anesthetic. With all these advantages, however, it is not surprising that women everywhere ask why they have not heard more and had access to greater benefits long ago. We have already replied in part to this. There is one very important matter which has hindered and does hinder the spread of knowledge along the lines we are discussing, and that is the

Advertising "Bugaboo"

You ladies have perhaps heard it remarked that doctors do not or cannot advertise. Remembering something of what your eyes report from the pages of many publications, you are naturally inclined to regard this declaration as a little mysterious. Certainly a great many men and

women who write M. D. after their names do positively advertise, even in the popular press. There is no doubt of this. If you are of an investigating turn of mind you gradually discover that there are doctors and doctors, but you will also learn that there is advertising and advertising. To bluntly advertise medical discoveries or surgical skill in the press is to be an unethical quack. To indirectly advertise round one or two corners, through your hospital, or your sanitarium, your papers read before the Medical Association, is not wholly a sign of depravity in a "successful man."

Suppose, now, that a physician makes a discovery, or perfects a new method of treatment for a certain complaint, or invents a new instrument for a particular operation; how is the public to know anything about it? Perhaps the practitioner of the musty past would be prone to exclaim that the public need not or should not know anything. It was sufficient for the physician to know. Better keep the suffering public in ignorance; it would make the people depend more on the doctor, and have more faith in him, etc.

In these days of general study and learning and restless inquiry such dogmatism does not find the acceptance that it once did. Intelligent men and

women will not be treated like infants; they want to know and to have some voice in matters concerning their welfare, and for which they pay out their money. So we find the physician of today telling his patients of progress in medical science, at least to some extent. Now these patients cannot read the medical journals, which only go to the "profession." Hence when a new discovery is made known to the "profession" by means of a paper or article in some medical journal, or at some medical association meeting it spreads slowly among the doctors themselves unless somebody takes it up, pushes it, makes some striking cures, and reports sharply on these results. Of course, if the press, the newspapers and magazines of the country get hold of such a discovery, they send it broadcast, and the people in general are informed about it without waiting for it to filter down through the ordinary professional channels.

It will be readily seen that such knowledge may have to wait in many instances till some doctor gets "good and ready" to tell his patients a little about the matter; and it is just as apparent that the knowledge gleaned from the ordinary newspaper reports is extremely likely to be distorted and frequently very incorrect. To illus-

trate the slowness of the first process, the writer once spoke to a "leader," a really prominent man, one who handled a majority of the cases among the "four hundred" of his city, concerning a method of treatment for chronic complaints which had exhibited excellent results in thousands of cases for some ten years. The writer, though only an honest student of scientific truth, had known of it, recommended it and used it for seven years, but the great practitioner had "never heard of it." When told that some fifteen thousand physicians in this country and Europe had been using it for a decade, he was "greatly surprised." It is not necessary to give special illustrations of incorrectness and distortion in press items about medicine and surgery.*

But we were talking about "advertising," or rather the "advertising bugaboo." Undoubtedly if doctors could advertise as openly as merchants and manufacturers, the common people would speedily hear of any new discovery that really produced results. But the "powers that be" (or that would be) have decided that doctors cannot be trusted to handle the advertising agency lest they all turn out to be "manufac-

** The writer's sense of humor prompts him to remark that you will probably hear from some medical dignitary the acid suggestion that this present treatise is itself such an illustration. Nevertheless we will try to give our readers the truth about this important matter of unnecessary pain.*

turers" rather than honest merchants. Pleasantry aside, this all means, in perfectly simple English, that the "profession" fears one man may collect more than his fair share of the fees if general advertising is allowed. Hence it is more dignified to stand upon a pedestal and wait for the public to come to you, rather than for you to go after them. But does this secure the end desired?

As a matter of fact the "quacks" advertise, practically, popularly. They play upon the ignorance of the people, which ignorance the physicians do not greatly enlighten, hence largely leaving them to the mercies of the quacks. At the same time, as Rev. John Jasper roundly asserted of our great heavenly luminary, "The sun do move." That is to say, doctors do frequently advertise. It is the height of folly to deny this. Remembering our logic text-book, it will be more accurate to say that some regular doctors advertise sometimes. That lets the rest out, does it not?

Only the other day the papers were talking about the Maryland Medical Association getting after the great surgeon, Dr. H—d K—y, of the H— for "unethical" conduct in getting himself so widely advertised in the daily papers and other periodicals in connection with the modern wonder,

radium, and the treatment of cancer. Dr. K—y is a little q—ck. Now, wait! Don't hurry off and assert that the writer called— Stop! Look! Listen! We merely meant to write that Dr. K—y is a little quick to say nothing about such harmless attacks, for two reasons at least: first, he is too big a man to notice them, and second, as he couldn't possibly avoid being advertised either way, it is just a trifle better to let the other fellows do it for him than to do it directly himself. All roads lead to Rome, and when a man gets to the top, in the nature of things, he must be conspicuous. True, if he can balance himself well on the pinnacle of fame, it is much better for himself and for others who may come after him.

But to explain more fully this matter of "ethics" is a curious one. A doctor must not advertise himself, but he may advertise an institution, or sanitarium, or hospital, of which he is plainly printed down as "Physician in Charge." Such an "ad" may find its way even into the columns of the "lay" magazines or leading papers and not be unpardonable. For example, the writer has a beautiful home at the well-known mountain resort—Blue Ridge Summit, Pa. It would be an ideal spot for someone (someone else, of course) to conduct a select "Retreat,"

where half a dozen ladies of refinement (and sufficient means) could take a short trip on the Sleeping Car "Twilight," with every modern convenience and comfort. He could advertise this Retreat, and mention himself as "proprietor" or as "in charge." That would be "ethical" according to the generally accepted standards. But to clearly explain this complex subject we insert some verses which we wrote for the *American Journal of Clinical Medicine*, April, 1908:

DOCTORS AND ETHICS

By Orr Kenyon, author of "Amor Victor"

Dear Doctor, the papers have puffed you quite strong,
In fact, most too much to be rational;
For twice, in a paragraph not very long,
Your fame is declared to be "national."
(I wonder sometimes if you great men cry—"hush!"
For I know you are modest, and don't want to blush).

The reporter he called to ask questions, and you
Frowned at him with ominous eyes;
"I must tell you, young man," and you looked him quite
through,
"By our '*ethics*' we don't advertise.
No honorable doctor should e'er have a lack
In himself, as to advertise, just like a quack."

"But, Doc," quoth the scribe, "this is not just an 'ad,'
'Tis a reading note, set in the *News*,
And there's nothing to pay; I assure you we're glad
To give the case all of its dues.
Our paper's quite proud of our Hospital—see?
And will give it all proper publicity."

"Ahem!" said the Surgeon, "ahem! yes, I see,"
His objections beginning to scatter.
"If all you will tell the dear Public is free,
Why, of course, that'll make reading matter.
Just step in my auto; I'm off for the station,
But I'll give you the facts of the last operation."

"The patient, you see, is a man of much note,
A Governor from the Pacific.
The danger was great, much gas and much bloat,
And peritonitis, terrific.
But the whole operation was quite a 'success,'
He'll go back next week, his constituents to bless."

"Here's the station. Goodbye!" The Doctor got out,
The scribe remarked, scratching his head—
"I'll write it up well." The great man wheeled about,
"Just send me some copies," he said.
Quoth the Scribe, "By Hypocrisy!* 'don't advertise!'
I'll lay it to 'ethics,' for in ethics it lies."

We said that this advertising "bugaboo"
has hindered the spread of medical knowledge

* Errata—"Hippocrates."—O. K.

among the people. The reasons for this may be gathered from what we have just written. Advertising gives swift publicity, but the ethical physician is forbidden to advertise. To use the popular magazines is certainly a good way to get something before the public, but "ethics" rises frowning across that path. So the "regular doctor" cannot avail himself of this means of communication.

Occasionally a scientific man arises who is by nature or education a free lance, who does not stand in awe of the "powers that be," and who has something to say to his day and generation. There is Dr. W—s H—n for example. But rumor has it that even he was expelled from a State Society for his unethical conduct in writing medical matters plainly for the popular magazines.

But even when such a man is found, there is the very important matter of an open door. No matter what one has to say; no matter what the importance of the communication, the almighty dollar rolls across the way with a very large interrogation point trundling after it. Popular magazines never move unless the business manager sees the dollar rolling his way. This is not slander, it is simple truth. Magazines are not charitable institutions. Magazines are not philanthropic

organizations. Magazines are simply and only business ventures, and are run on business lines for the purpose of making a living and as much more as possible for the proprietors. Of course, if the proprietors and editors are right-minded men, they greatly prefer to fill their pages with really good stuff rather than trash, but the controlling question about everything always is—"Will it pay?" If *McClure's* had thought five years ago that our article on "The Conquest of Pain" would pay, undoubtedly it would have seen the light at that time. Accident often determines possible and actual popularity. A subject or a man is suddenly thrown into the limelight by what we call pure accident. Then the doors open.

The wonder is that some genuine philanthropist has not long ago seen the opportunity to do a great work by establishing and endowing a popular magazine so as to place its management entirely above and beyond the question of actual daily support, and then engaging competent editors and assistants who can see a little ahead of the herd, and who will be fearless but wise in directing the onward march of events. Such a magazine would be one of the greatest possible educational forces, and its successful establishment would be a monument to its founder second to none in the

world. Let us hope somebody will arise gifted with the dollars and the sense as well.

We have said a good deal on this point because it is so closely related to the very natural, indignant inquiry—Why were we not told long ago of this Twilight Sleep?

There are not wanting men of brain power and careful observation who declare that this great subject of painless childbirth would have been brought prominently forward in America ten years ago, but the leading influences in the American Medical Association were set against it. Of course it is no new thing under the sun for old leaders to pronounce against new truth. Even the popular and lamented Dr. Weir Mitchell, fifty years ago, after a series of discouraging fatalities and accidents on the operating table, pronounced strongly against the use of chloroform and ether. So there can be no personal insult in stating the fact that many of the present-day leaders in the profession have been decidedly against this wonderful "new anesthetic," and against Twilight Sleep. This has hindered the progress of the matter in America and has left the door open for the spread of the movement from Germany, when, all the time, there were thousands of good American doctors who were using

the anesthetic, and many of them helping their patients to travel on the Twilight Sleeper.

What is the difference, if one very leading surgeon in a special popular magazine article speaks of this new anesthetic thus: "We only mention this method to condemn it," when another brilliant leader from the West hands in a report from some six thousand cases under his own hand, and says "It is the ideal method." The American profession took this matter of the new anesthetic up some twelve or fifteen years ago, and thousands of them have employed millions of American-made tablets in alleviating every form of pain, including that of childbirth, with perfect satisfaction to themselves and their patients. Let us now explain the Twilight Sleep particularly.

Part II

THE SLEEPING CAR “TWILIGHT”

THE SLEEPING CAR "TWILIGHT"

THE great novelist, Charles Reade, often touched with all his extraordinary powers of ridicule, sarcasm and invective upon the abuses or ignorance of medical matters. In the "Cloister and the Hearth" he pictures with telling force the charlatan of the days of Erasmus, and in "Hard Cash" he vividly portrays a man of advanced thought near the middle of the last century. In the latter instance, dealing with a man who had swallowed strychnine, the author makes his somewhat eccentric physician, Dr. Samson, treat the poisoned patient with chloroform, assigning as a reason his belief that death from strychnine was brought about by the extraordinary muscular convulsions arresting the circulation and stopping the heart. By administering chloroform he hoped to prevent the convulsions and give the system time to throw off the poison. There was much truth in this, and the novelist deserves the highest praise for his scientifically common sense discernment.

A convulsion may be popularly described as a series of intense muscular contractions uncon-

trolled by the will. As the muscles themselves have no brains and do not reason, they often make fools of themselves and contract entirely too severely, or at times when contraction is not really called for. Who has not noticed how the muscles of the throat will often keep on trying to swallow when one has just cleared his throat of some small object? They actually seem bent on swallowing themselves, and the spasmodic action is at times difficult to control. When these unreasoning convulsions are strong they produce cramp pains, and there are few of us who do not know what a real cramp pain is like.

Charles Reade, in "Never Too Late to Mend," draws a terrible picture of the tortures inflicted upon the prisoners in jails of the period, and particularly describes the "punishment jacket," which, by being strapped so tightly about the body, stopped the circulation and soon brought on those awful cramps. Under the agony thus inflicted the strongest men alive quailed, groaned and fainted away.

Now it is probable that at times labor pains are as severe as anything in the way of pain known. Certainly they must be dreadfully trying to nerves and heart and vitality. The passage of so large a body as that of an infant through the

pelvic opening must of necessity produce some pain from the tremendous pressure, the stretching of the muscles, and the occurrence of cramps. Truly it was a great thought when Sir James Simpson, at the very beginning of the use of anesthetics, turned all his wisdom and skill into the endeavor to do for the suffering mother what Reade's physician did for his strychnine patient.*

To control the convulsions entirely was impossible, for in that event the birth would be prevented. But to render the patient unconscious of the pain prevents much aggravation of effects and practically reaches the desired end. Too strong a dose of the anesthetic puts the patient too soundly asleep, hence she must be kept half awake, or so near it that the muscular action will still continue.

Chloroform à la Reine

This name—chloroform of the Queen—was given to Sir James Simpson's method after he delivered Queen Victoria, sixty odd years ago. By unremitting care, watching the patient almost continuously through many hours, and giving the chloroform drop by drop, just as needed, the

* The new anesthetic has been employed in cases of strychnine poisoning with splendid effect.

great physician succeeded in keeping the patient unconscious of the pains while the muscles were left free to carry out their natural contractions. This has been done many times since, but the impossibility of carrying it out in general is apparent at a glance. Even a doctor of small reputation can hardly be expected to remain immovable beside one patient for a day, or for twenty hours or more. Aside from the remarkable physical strain, his other patients demand a part of his time. Unless a man deliberately determined to become a professional midwife, so to speak, and nothing else, and unless he was permitted to charge much more for his services than usual in maternity cases, the chloroform *a la Reine* is practically out of the question.

The use of chloroform and ether has been chiefly confined to the last stage of labor, when the tremendous expulsive efforts are made, and thus some of the worst suffering has been avoided. It is to this that Dr. Whittredge Williams refers when he says they do not allow a woman to be delivered in pain at the Johns Hopkins Hospital. The use of chloroform and ether has, moreover, been restricted because most physicians believe their free employment to be attended by serious possible dangers and ill effects—effects on the

heart, effects on the kidneys, and some declare, far-reaching effects of a serious nature.

Then there are not wanting physicians who still persist in the old stupid theory that pain is necessary, at least to the best results, and that we are interfering with a "physiological process" in attempting to control it. As a result of all these, poor woman has had a hard, hard time, and the news that deliverance is at hand is the best news that has flashed round this world in centuries. Let it go, from lip to lip, from tongue to tongue, and let everything be done to secure its practical use in all lands.

Scopolamine

Sometime in the year 1900 a Baden physician—Dr. Schneiderlin—first suggested the use of scopolamine and morphine as a surgical anesthetic, though it is said Dr. Korff was the first to actually employ them in surgical work. It is difficult to determine who was first to try this anesthetic in obstetrical cases, but to Dr. Von Steinbüchel of Freiburg seems to belong the honor of making systematic experiments in this field. Then Kroenig and Gauss took up the work at the now famous Frauenklinik at Freiburg, and

continued its use in that place to the present time.

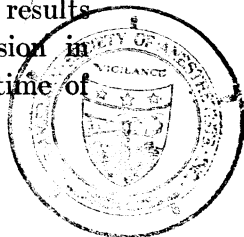
There is no question that many American physicians noticed the reports of the new anesthesia and proceeded to try the method, some with success and many with but little. As correspondence comes in, the writer hopes in a short time, to be able to speak more explicitly of the early use of scopolamine and of the H-M-C (of which more later), and to that end he invites correspondence from physicians and others interested. Undoubtedly many of the early failures were due to lack of knowledge concerning the drug, and to lack of time or resolution to follow the methods recommended by those who were leading the way in the new field. Of all this we will speak further on.

The H-M-C

In February, 1906, a paper appeared in the *International Journal of Surgery*, written by Dr. Wallace C. Abbott of Chicago, editor of the *American Journal of Clinical Medicine*. This article was called "Scopolamine Morphine Anesthesia." In it the author advocated the use of hyoscine, chemically pure. Later we will discuss

the two drugs. It is sufficient here to say that scopolamine and hyoscine are at present considered to be practically the same, though derived from different plants. Dr. Abbott cautioned against using ether with this drug on account of the greater danger of lung and kidney congestion, and also warned the profession that some peculiar temperaments, especially the extreme flaxen blond type, are specially sensitive to hyoscine, and must be watched. He counselled great care till later reports were obtained.

Before this appeared Dr. Abbott had consulted with Dr. Emory Lanphear, then Dean of the Hippocratean College, St. Louis, and now surgeon-in-charge of the German Hospital of that city. Lanphear had tried the scopolamine morphine tablet or compound and finally abandoned it as unsatisfactory. But after consulting with Dr. Abbott he consented to thoroughly test a tablet containing pure hyoscine, morphine, and cactin. The last-named drug was adopted after repeated trials of other heart tonics like strychnine, digitalin, etc. This tablet Dr. Lanphear used constantly for nearly a year in hundreds of operations, with such uniformly satisfactory results that it was given to the general profession in October, 1906, just sixty years from the time of



Morton's first ether demonstration in Boston. Let it be borne in mind that this hyoscine is generally considered to be essentially identical with scopolamine, although for some years there were observed some differences in their effects.

Some nine years ago Parke, Davis & Co. placed on the market a tablet of scopolamine and morphine which has been extensively used in surgery and as a narcotic. They market a tablet at present containing scopolamine and morphine, a solution of hyoscine and morphine, and just recently, a tablet for hypodermic injection containing scopolamine, morphine, and dionin. We can give no statistics except that in the last few months the demand for these various preparations has greatly increased as a natural consequence of the wide-spreading interest in the Twilight Sleep.

It may be well to remark to our lay readers that none of these drugs or preparations are sold to the public, but only to the medical profession, or to druggists for the filling of regular prescriptions. And it must be borne in mind that their administration is not a matter for the public at large, but only for physicians and surgeons. These drugs are too powerful for careless or ignorant handling.

In Europe Professor Straub, of Freiburg, after many experiments, perfected a solution of

scopolamine that would not change or spoil as scopolamine solutions formerly did, and to which probably many of the reported ill results were attributable. This permanent solution is now called "Scopolamine Stable Roche." Only in June, 1914, the Hoffman-La Roche Company of New York introduced this drug, combined with nacrophin, to America, and it is this compound which is at present used in Freiburg. Nacrophin is a later derivative of morphine, so it may be said in a general way that the main idea of scopolamine combined with morphine is present in all these combinations. And it is with these drugs that physicians now produce the Twilight Sleep.

We must understand that this maternal sleeping car has not just been built. It is not making its first run in America this current year of 1914. Undoubtedly thousands of physicians have been giving their patients more or less benefit from the drugs mentioned for something like ten or twelve years. In the last seven or eight years the H-M-C tablet has been used by many more than thirty thousand physicians in the great warfare with pain. Not all of these have employed it in producing the Twilight Sleep, but a large number certainly have done so. This tablet (an American product) sprang into popularity in an

amazing manner. After Dr. Lanphear's testing, it was called for by the profession in its first year to the number of nearly two and one-half million doses. The writer has been unable to secure exact statistics, but its use has grown each year, till something over twenty millions have been used; the major portion of these have been employed in surgical operations, and as an analgesic, or reliever of pain, but beyond any sort of doubt many, many thousands have given their soothing influence to the passengers on the sleeping car—"Twilight." It will be distinctly apparent from these facts that American women need not plan to travel all the way to Germany; American chemists, American physicians, and American surgeons can and will give you the

Twilight Sleep in America

All American physicians have not followed exactly the methods employed at Freiburg. Some have used stronger dosage, yet have reported good results. Others have failed to secure a total forgetfulness of pain, and some have reported quite adversely. Then it must be remembered that some few women, especially among the strong and vigorous women who live and work

outdoors, appear not to respond to the drugs. Yet there is no question that many thousands have found a trip on the "Twilight" to be a delightful release from the bondage of fear and pain. And the number of these passengers is increasing every day.

Let us suppose that a woman passenger on the Stork Railroad asks for a *berth* in the car "Twilight." (It is your own fault, ladies, if you do not make this specific demand. Demand it every time, and stick to it till your request is granted.) She is taken in hand in the usual way, and prepared for the trip with all modern anti-septic precautions. It is well to remember, if a baby comes from God, "cleanliness is next to godliness," and the more rigorously clean the patient is kept, the better for mother and child.

For the assistance of physicians using the H-M-C tablets, the following suggestions are sent out by the Abbott Alkaloidal Company:

"Safety and success in this use of H-M-C (Abbott) depend upon careful and scrupulous attention to the details of technic. Failure and fatality, where they have occurred, have practically always been due to neglect of these details.

"The rules of administration in labor are exceedingly simple, but they must be punctiliously followed. They rest upon three cardinal principles, which should be constantly borne in mind:

"(a) The usual indication for the initial injection is the occurrence of true labor pains at frequent intervals. It may be necessary to give an early injection of one No. 2 tablet (of half strength) to control false 'nagging' pains which so often exhaust primipara (first time mothers).

"(b) The test of 'effect' is *not* the total cessation of the patient's moans or complainings, but the failure of memory, and ability to sleep between pains.

"(c) The chief element of danger, to mother or child (principally the latter) lies in an excessive dosage of the *morphine*, against which one must be guarded in each individual case.

Directions

"1. When the labor pains become severe, and are occurring every four or five minutes, and when dilation begins, so there is no longer any doubt as to the genuineness of the pains, inject one-half strength H-M-C tablet. At the same time

show the patient some familiar object, e. g., your watch, and call her attention to it.

"2. In one hour's time test the patient's memory by ascertaining if she remembers the injection or by showing her again the familiar object and seeing if she recognizes it. If she does, she may receive a second injection.

"3. If such second injection is necessary, it should nearly always consist of *one-half* an H-M-C No. 2 tablet. Occasionally where pain is severe, or the impression made by the first injection faint, a second whole tablet may be used.

"4. At forty-five minute intervals test the patient's memory by similar means, and if she still retains her memory intact and does not doze between pains, just as the last stage is reached, give a further injection of one-half a No. 2 tablet. Thereafter give no further injections.

"5. Keep close watch and record of patient's temperature and pulse and general condition from first to last, and be guided by conditions."

It will be seen that the rules are simple, and following them is certainly within the possibilities for most physicians. Dr. Abbott has added to the above a number of "Don'ts" that are valuable. Here they are:

"Don'ts" in the Use of H-M-C in Labor

"DON'T use a No. 1 full-strength H-M-C tablet in non-operative cases.

"DON'T try to force matters by increasing the dosage or by hastening the intervals between injections.

"DON'T be guided by the feelings and expressions of the patient. Be guided solely by the memory test and the objective conditions.

"DON'T push the drug beyond the actual necessities of the case.

"DON'T leave the patient alone from the time of the initial injection to the completion of labor and the regaining of normal conditions. Either remain with her yourself, or leave her in the care of an intelligent nurse under your special orders, and pay frequent personal visits. The patient should willingly pay for this extra attention, which is absolutely essential to safety and success.

"If these rules be followed and these precautions observed, there is no reason why the Twilight Sleep cannot be safely and successfully administered in the patient's home in any ordinary case of labor, by means of H-M-C (Abbott). Under this treatment, properly carried out, there

is really less danger, both to mother and child, than in a case of labor conducted without it."

These last words from the man who has had more to do with the perfecting and practical use of the new anesthetic than any man in America, will be welcomed by millions of mothers with joy and thanksgiving. The few can take an expensive trip across the ocean, while the many, no matter how poor, must time and again travel on the Stork Railroad while at home. To all these the assurance that the sleeper "Twilight" has *lower* as well as upper berths, will be tidings of great joy and a comfort beyond words.

It is only fair and reasonable to admit at the outset that these "rules" for administering the H-M-C, or the scopolamine, nacrophin, or scopolamine morphine drugs are somewhat varied under different physicians and authorities. The Jewish Maternity Hospital in New York City has a special ward for the Twilight Sleep, and their work is attracting attention. Their superintendent says of the method employed:

"We beg to advise you that the preparation used here is the Hoffman-La Roche preparation of scopolamine.

"We regret that we cannot answer your question as to the dosage for the reason that this

might lead to severe trouble. This is one treatment that cannot be given by following written rules. It is necessary to observe a number of cases before giving this treatment, as each case differs from the previous one. Our success here has been about ninety per cent in over two hundred cases. I may add that we give a post-graduate course in this treatment of ten cases."

One other authority may be quoted—Dr. Emory Lanphear, surgeon-in-charge of the German Hospital, St. Louis, Mo. Dr. Lanphear says:

"The technic for obstetrical work we have worked out very carefully in the German Hospital of St. Louis, where it has proven just as effective as the 'dammerschlaf' of the Freiburg clinic. It is as follows:

"(a) Early in labor, when pains become severe, one-half strength H-M-C tablet is administered hypodermatically. This contains 1-8 morphine hydrobromide and 1-200 hyoscine hydrobromide.

"(b) Any time after the lapse of one hour, a second similar dose is given.

"(c) Later, at not less than one hour intervals, not more than three doses of 1-100 grain of hyoscine hydrobromide may be given, the indications

being that whenever the patient manifests undue suffering she is subjected to the 'memory test.' If she cannot remember what she was shown fifteen minutes before, she will not remember the pains, and no injection is needed.

"By these means the patient can be delivered in a dark, quiet room, without any remembrance of the birth of the child, just as there is no memory of the operation in surgical cases.

"Labor is somewhat retarded, which may be overcome by pituritin when indicated, which should be very rarely. Occasionally a little mental disturbance persists for a few days, but does no harm. 'Blue babies' are no more frequent under this form of delivery, *if these rules are followed*, than under chloroform or ether anesthesia. Ultimate effects upon the child are *nil*."

Here is assurance doubly sure for American women. No man living has used the H-M-C in surgery so frequently as Dr. Lanphear, his personal operations with this anesthetic having passed beyond the six thousand mark, and under his personal supervision the maternity work at St. Louis has been planned and carried out. With such assurances as these, truly all women may have hope in labor and forgetfulness of its pangs—one of the very greatest blessings that has ever

come to the race of man since Eden's gates shut fast.

How Administered

The Twilight Sleep is induced very easily in the great majority of cases. Anything like the suffocating inhaling of chloroform, with a cone pressed down over one's face, and the sweetish, sickening odor of the anesthetic pervading the whole room, is not to be thought of for a moment. There is nothing of that kind, absolutely nothing. The patient is put to bed in a cool, quiet room, and presently a physician or a trained nurse gives a hypodermic injection in the arm. The tiny little needle of the syringe causes a slight prick, no more than that of a pin one accidentally takes by the wrong end, and often it is really not felt at all. The skin is soothed by cooling alcohol, and the nurse assures the patient she is going to sleep, and will have a quiet, peaceful rest. Presently the eyelids droop, and the patient glides off into forgetfulness as naturally as she ever did in her life. In nine cases out of ten that is all the patient remembers—she peacefully fell asleep. Presently she naturally awaked and a white-capped nurse patted her cheek and gently inquired if she did not wish to see her baby.

Effects upon Patient

While the patient does not remember anything after the first injection, in a successful case, the attendants observe many things. The recurring pains are generally felt by the patient, whether she remembers them afterwards or not. She will twist and writhe, cry out or moan, very much as one who has not received the drug. This is generally the case; but some sleep through even severe pains, perhaps giving some sign of what would be called a sharp pain in a conscious woman.

When this method was first tried women were given stronger doses, a full-strength H-M-C tablet being frequently administered at the outset, and in many cases this being sufficient to carry the patient through to delivery. It is not clear that this stronger dosage actually stopped all contractions, but it is thought to have a tendency that way. Hence the smaller dose was tried and the physicians decided that a less strong effect was really preferable, the patient apparently feeling the pain at the time, but not remembering it; and the safety point for mother and child being better guarded especially on account of less morphine in the dose.

This matter of dosage chiefly concerns the physician, but it may as well be understood by the patients also. In using the H-M-C, or scopolamine morphine tablets, for surgical operations much stronger doses are freely given without any bad effects. The patient has often been given a full-strength tablet two hours or so before the operation, then another full-strength tablet half an hour before, or an hour before; then a third tablet. There is now no doubt that this dosage was rather excessive, but the two full-strength tablets, and a little chloroform or ether are very generally given in surgery at the present time. Certain it is that a heavier dosage will further quiet the patient and make her insensible to the pain at the moment, but the choice of "safety first" inclines the best judges to the lighter dose, even if the woman does feel the pain at the moment. It is believed that her safety and that of the baby are thus best secured.

The patient will show some sense of pain, but fall asleep quickly when the pain ceases. Again she may rouse up and even ask for another injection. Sometimes she calls for water. The second injection having been given, she is quieter and sleeps more. When questioned by the nurse or doctor, she shows no memory of events fifteen

minutes before. She is doing well, and needs no further injection until consciousness becomes more acute.

The muscles may move violently and yet the patient have no conscious pain. Persons suffering from locomotor ataxia (for which the H-M-C is almost a specific) will jerk and twist and squirm, the muscles acting as if in pain, and yet the patient remain asleep, not conscious of what is going on, and remembering nothing at all about it afterwards. At times the physician deems it best to give the patient a "suggestion." He may tell her in a low, positive tone, to make more voluntary effort; or, if she arouses too far, he may command her to sleep, or to lie quiet. Generally these suggestions are acted upon at once, the degree of promptness in the response aiding the physician in determining whether any further injection is needed.

In the very last stage of labor it is well to cover the patient's eyes and stop her ears with cotton, for at this time the lights must be turned up, and more or less disturbance made. The less she sees or hears of this, the better. Of course, afterwards, she remembers none of it. If the patient is partly aroused she may appear to recognize the fact of the actual birth, and even ask questions about

the baby, but she soon falls into a quiet, restful sleep, which lasts for hours, and from which she awakes with no memory whatever of the event. Sometimes it is hard to convince her that the baby is really hers. It seems a thing incredible that she should waken from a delightful slumber and find a lovely little baby nestling against her cheek, with no sensation and no thought of the dreaded agony. Truly Colonel Ingersoll's eloquent sentence, "Pain was wrapped in the drapery of a dream" is surpassed, for pain is buried in the sepulchre of slumber. Yes, it is even better than that, if anything can be better. Pain is lost in the shadows of forgetfulness.

Part III

THE SLEEPING CAR

“TWILIGHT”

DANGERS AND OBJECTIONS

DANGERS AND OBJECTIONS

IT is never wise to ignore the other side of a question when there is another side. In the case of the Twilight Sleep it may strike the reader as strange that physicians should differ flatly on important points. Some very prominent men pronounce emphatically against it, and declare the drugs and the method to be dangerous for both mother and child.

On the other hand, as we have seen already in this little book, very prominent men are as emphatic in its favor, and declare, with Dr. Lanphear, that there is no more danger, or not so much, as with the old methods. The President of the American Medical Association, Dr. Victor Vaughan, states that "Up to the present time the profession is not convinced that this drug alone, or combined with morphine, is free from danger either to mother or child, or both."

Dr. Vaughan is undoubtedly correct in this statement if he means the "profession" as a whole. The entire medical and surgical profession is not "convinced" as yet. If Dr. Vaughan means that a large majority of the profession are still uncon-

vinced, in the light of facts already given in this book, his statement is decidedly open to question. If he means to deny that many thousands of physicians, at home and abroad, are not convinced, such statement is undoubtedly incorrect.

Again, if thousands of physicians are "unconvinced," and other thousands are "convinced," the question resolves itself into one of those disputed points concerning which able men do not see eye to eye. At least this would be its standing were it merely a matter of theory. This, however, is a matter of fact, determined by careful experience and testing. But when we turn to the reports from personal tests made by the men best able to determine results, we find the evidence overwhelmingly heavy on the side of the Twilight Sleep.

Dr. Lee, of Chicago, says he observed ten cases; that two were unduly prolonged; in three powerful remedies had to be used to prevent asphyxia of the child; in five, instruments had to be employed, and there were considerable lacerations. This is the strongest adverse report that we have seen. In considering it we must remember that "blue babies" are found sometimes under old methods. Instruments are used in fifty or sixty per cent of births among our higher classes, and wherever they are used, lacerations are frequent.

In many cases where instruments are not employed, lacerations occur. Not one of these ten mothers died, nor one of the ten children. There were "dangers" undoubtedly; but so there are under old methods, as just cited. Were these dangers positively greater?

Dr. Gauss carefully kept reports of five hundred cases, and furnished those reports to the medical profession. The doctor himself demanded that the anesthetic should show no seriously bad effects on either mother or child, either at the time of birth or within a year afterwards, and he declares that the five hundred cases met these requirements. The duration of labor was not longer than the best averages obtained from experienced physicians, the muscular contractions were not seriously weakened, the loss of blood was not increased, and there was no exhibition of injury within a year or more.

Since that report was issued the number of cases at Freiburg has passed into the thousands, and many thousands have occurred in Europe and in the United States. Those inclined against the Twilight Sleeper have never been slow to circulate reports in line with their mental position (as is the case with mankind generally), yet no serious catastrophes have been reported that

will bear the light of a thorough examination. Not one death of a mother has been charged against it at Freiburg, and the infant deaths seem considerably below the usual experience under old methods.

The medical profession of the City of Brotherly Love put themselves on record sixty years ago as solemnly pronouncing against anesthetics. They were dangerous, not to be employed by surgeons who respected the dictum of that august society. The leading Philadelphia journal said editorially: "Whatever might be done in Boston or New York, the physicians and surgeons of Philadelphia understood too well their duties to their patients to permit the use of such agents." Undoubtedly there were many accidents in the early use of chloroform and ether; patients died on the table quite frequently, and complications arose, due perhaps to impurity of materials, or ignorance of possible effects, or defective technic inevitable in a perfectly new method. But in a few years most of those dangers and accidents were eliminated, technic greatly improved and the volatile anesthetics came into general use with all the immense benefits that followed in their train.

Nevertheless it may be said that chloroform and ether today, with all our modern light and

perfection of technic, are more dangerous to the patient than the H-M-C or the scopolamine-morphine drugs. On account of this danger Dr. J. B. Bryant, ex-president of the American Medical Association, urges that the use of chloroform and ether should be restricted to skilled anesthetists. Dr. Buitt, addressing the Brooklyn Pathological Society, said that sudden death was much too often due to the anesthetics. Dr. Woolsey said that we must remember ether is directly a disintegrator of hemoglobin (red coloring matter of the blood) and that the possibility of fatal results from this agent should forbid its use as a general anesthetic. Finally the *Medical Record* states editorially that: "It is a mistake to think that the inconvenience from ether and chloroform consist merely in nausea, vomiting, thirst, secretion of mucus, 'ether pneumonia,' etc. The after effects are profound, and the opinion is gaining ground that degeneration of the heart, liver, kidneys, etc., has had its starting point in chloroform or ether administration."

For many years about one patient in two-thousand operated on with chloroform died from the anesthetic, and about one in five thousand from ether. This proportion changed with the improvements already mentioned, and various

authorities give the present mortality at from one in twenty-five hundred for chloroform to one in sixteen thousand for ether. These last figures were given by Dr. Keene in *Harper's Magazine* for 1909.

On the other hand, after more than twenty million of the H-M-C tablets have been used in this country and in Europe, only half a dozen deaths have been reported as attributable to the anesthetic. Of course only a portion of the twenty million were employed in labor cases, or in important operations, but there is no doubt a million or so must have been (we are very liberal here). Hence it is easy to see on which lies the great consideration of

"Safety First"

Dr. John Dill Robertson of Chicago, speaking four years ago at the Congress of Surgeons, said it was reasonable to accept the reports and statements of those who had actually performed thousands of operations with these new anesthetics rather than the contrary pronouncements of men who, like one very prominent eastern surgeon, say, "We only mention this method of anesthesia in order to condemn it." Out of nearly ten thou-

sand operations performed by the two surgeons—Dr. Robertson of Chicago and Dr. Emory Lanphear of St. Louis, and an additional three thousand by Dr. Walker of South Dakota—thirteen thousand in all—only one fatality occurred, and that was a doubtful one as to the effect of the anesthetic. Not one death of a mother has yet been reported under the Twilight Sleep. What can be the final conclusion from these overwhelming facts?

Surely we may and do admit that there is or may be some danger, but as surely claim that this “danger” is almost nothing, and that in comparison to the older anesthetic and the benefits gained one feels like asserting there is practically no danger at all.

It is very hard to see how a method which makes it possible to delay the use of the forceps can be more dangerous than the present method in which, especially among the higher class women, the forceps play so prominent a part. Anyone can comprehend that when the mother is wholly or partly asleep, and does not remember pain, she can be allowed to go on to a natural delivery, whereas, if she were altogether conscious, the forceps would have to be applied to end her terrible suffering.

It is also plain that no physician or surgeon is half as much afraid of an anesthetic as he is of the use of the forceps themselves, with the great danger of infection, and the danger of laceration. Of course if chloroform or ether is employed, it must be used rightly; so must the H-M-C. But the danger from the latter is decidedly less than from the former, as proved by overwhelming statistics for over ten years. Then, why not use it?

If it be true that delivery is sometimes delayed, it is also true that this delay, in stubborn cases, often results in a natural birth. If the mother were conscious she could not wait so long under the strain of the agony suffered; but, with this strain practically prevented, she can safely wait. Hence we are prepared for the assurance that the use of forceps has become comparatively rare under the Twilight Sleep.

We are assured furthermore that the mothers who travel by the sleeper "Twilight" waken naturally, and generally show little evidence of having passed through a terribly severe ordeal. Many have gotten up the first day, though this is not at all encouraged. Many are up on the second or third day, and nearly all are remarkably strong and vigorous. The tablets of their minds record no awful agony, and their nerves

retain no recollection of being strained to the verge of collapse.

The editor of the *New York Medical Journal* makes the objection that: "Scopolamine cannot diminish accidents of birth." This is answered by what we have just written. The conquest of pain makes it possible for a natural birth to take place, and hence often avoids some of those very "accidents." Occasionally a nervous woman, under the strain of prolonged labor, wishing with her whole soul to get through the trial, adds too much voluntary effort to those naturally induced in the last stage, and the perineum muscles themselves are torn clear through. It is clear that the quieting effects of the anesthetic in such a case may prevent this extra effort and avoid so serious an accident.

The editor also says: "It is dangerous in the very young, the aged, the debilitated, and in kidney troubles." It might be sufficient to reply that this is true of the older anesthetics. But in this case the discussion is in regard to the Twilight Sleep. The "very young" do not travel on that sleeping car. Neither do the very old. The debilitated often take the H-M-C beautifully, but if they do not, they and sufferers from kidney trouble must take their chances somehow, should

they be facing maternity, and it has yet to be shown that the older anesthetics are any better, if as good.

Those who have tried this method the most declare that the H-M-C and similar drugs really lessen the danger of hemorrhage. It also lessens the flow of mucus and saliva, preventing aspiration pneumonia. It also prevents a great deal of shock, instead of causing it, as many declare chloroform and ether frequently do. It calms the patient's mind, prevents excitement and allays apprehension. It greatly aids the physician's control over the patient, and removes the principal objections to anesthesia which otherwise sometimes necessitate the use of such enormous quantities of the anesthetics. (This last applies more to operations.) It produces almost no nausea or vomiting, a result of the greatest importance. It secures the maximum freedom from after pains, as the patient generally sleeps soundly several hours. It improves the heart action and increases the resisting powers of the patient.

Danger to the Baby

We all know that many babies die in the birth when the mothers survive. The infant mor-

tality exceeds that of the mothers. But it is certainly true that this mortality has been greatly reduced by the Twilight Sleep. This one fact must answer quite effectively the objection that it is dangerous to the child. Surely not so dangerous as the chloroform-ether method, or the ordinary method with no anesthetic.

It will be found that most of these objections have come down from the earlier experiments with the drugs, before the technic was perfected, and before physicians knew all about the means in their hands. In all new fields of scientific research accidents happen at first. But that stage is passed now. The best experienced judges in this matter declare that there is practically very, very little danger to the baby, and much less than formerly.

Dr. Gauss reported on one thousand cases of Twilight births that most of the babies were "lovely-fresh," if we may venture to attempt a translation of his peculiar word. They were awake, lively, active. Occasionally a baby appears showing some signs of asphyxia. But these appear anyhow, do they not? The usual measures are taken with such, and breathing is soon established. Gauss asserts that as soon as regular breathing is established they no longer

show any deviation from the normal. And his experience is borne out by all the American physicians and surgeons from whom carefully conducted cases have been reported. (We are looking continually for further reports on this head.)

If any effect of the drugs really reaches the child it can hardly remain long, for the drugs are eliminated from the system in a few hours. Twilight babies survive better than others; fewer die in a year or two. Twilight mothers nurse better than others; fewer are dry.

Hypnotic Suggestion

On November 5, 1914, the American Association of Clinical Research met in Baltimore and Dr. N. Moreland Owensby read a paper on Twilight Sleep. He referred to its success in Freiburg and elsewhere, but inclined to the belief that the amount of morphine employed could not possibly give relief from so great pain, and put forward the theory that the darkened room, the condition of the mind, the assurances given that there will be no pain, etc., all combined to affect the patient, just as hypnotism affects a susceptible subject. Many physicians present

seemed to share this belief, which, it may be noted, comes very near to that expressed by Dr. Barton Cooke Hirst of the University of Pennsylvania. Dr. Owensby went so far as to say that the anesthetic could be dispensed with altogether, or sterilized water used instead.

In considering this, one is impressed with the fact that the effects are admitted. Now the mother is after release from pain. She does not specially care for the means, so long as they are not disagreeable in themselves. The great point is to escape the terrible pain. The learned physicians and professors referred to admit that some such result is obtained. That will comfort the coming mothers, will it not?

As to leaving out the H-M-C, or scopolamine, and using water, nobody will object if Dr. Owensby establishes a Frauenklinik in America and runs it by water power only. Meanwhile the women will ask for the H-M-C *till a better agent is found*.

All educated physicians understand something of the proper use of "suggestion" in their practice. This has been used practically by many wise men long before the modern study of the subject. The successful physician always strives to enforce his commands and directions by strong mental impressions. The special point here is

that any anesthetic which gives the doctor opportunity to employ direct "suggestion" in that very thing offers a distinct advantage of no mean importance. Many surgical operations have been performed by the aid of hypnotism alone. Half a century ago Dr. Esdaile in India found that he could nearly always succeed in hypnotizing a Hindu and operating upon him without chloroform, and from his time to the present there have not lacked enthusiastic students of hypnotism who have employed it with signal effect. Today the majority employ simple "suggestion," and when the anesthetic leaves the patient sufficiently sensible to receive a strong verbal command, it looks more like an advantage than otherwise.

To those who have watched the progress of events there can be no doubt that the improvements in anesthesia have not entirely outstripped those in the anesthetics. Painless private practice in maternity may seem like a chimera to some, but to those who really study into it perseveringly, it becomes a blessed reality. *The sleeping car "Twilight" is running here in America*, and has been making short trips for a dozen years. Reserved tickets cost a little more than in the day coaches, but the degree of comfort obtained is certainly worth the price, and as the sleeper's

schedule is enlarged and its trips multiplied, millions of our women will undoubtedly seek and demand a berth in it whenever dame nature summons them to travel by the Stork Railroad.

Women of America!

Ask for it. Demand it. Insist upon it. Tolerate no other way. Refuse to suffer when there is no need. Stick to it that you want the H-M-C or the scopolamine-morphine treatment. Conditions are much more favorable now than they were five years ago. When a woman will, she will. Prove that to be true, and will to have the

TWILIGHT SLEEP.

Part IV

THE SLEEPING CAR

“TWILIGHT”

REMARKS

REMARKS

THE number of hospitals using the Twilight Sleep is rapidly increasing, and favorable reports are constantly coming in. It is well to read what some leading physicians have said recently. Among the authorities who have spoken lately on this subject is Dr. H. W. Knipe, adjunct professor of the New York Post-Graduate Medical School and Hospital. Dr. Knipe went to Freiburg a thorough skeptic, but came away a convert. He says:

“During July of this summer I had the pleasure of spending a couple of weeks at the Frauenklinik. Having used scopolamine and morphine in my hospital work several years ago, and having discarded the method as dangerous, I entered Freiburg a skeptic; and it was only after repeated demonstrations of successful Twilight Sleep that at last I became a convert, and I was forced to admit the poor results we had previously obtained with scopolamine and morphine were due to the fact that we did not follow the Freiburg method. Inasmuch as the Freiburg treatment is bound to become the method of the future, it will become

necessary for the hospital to have proper accommodations for these cases."

In the November, 1914, *Medical Record* Dr. Jacob Heller gives the results of some one hundred and fifty cases of Twilight Sleep, and arrives at the conclusion that there is no special danger in it to either mother or child. He says:

"In one hundred and twenty-two cases we succeeded in obtaining complete amnesia (obliteration of memory) and an almost equal degree of analgesia (insensibility to pain). In thirteen cases we secured analgesia without amnesia (no pain, but some memory). In fifteen cases we failed to obtain marked results. One hundred and twenty of the children cried out immediately. Not one had to be resuscitated."

Only three of these children died within a few hours after birth. This is about one-half the usual percentage under the old methods. Dr. Heller says:

"Half an hour after the first injection the patient usually becomes flushed. She is somewhat drowsy and her pains diminish. With the second dose the sleep deepens. It is not till after the

third injection that the memory is affected. She then fails to remember any object previously shown, or the number of injections given her, although she will answer questions quite readily, or anything that does not tax her memory. This state continues until the birth of her child, when she falls into a quiet, restful slumber, lasting in our patients about three hours.

“She awakens rested and cheerful, free from any shock or sign of exhaustion, no matter how long the labor lasted. Often she will ask the nurse when she will be through with her confinement, and it has been hard to convince her she is already through without showing her child to her.

“So easy is the process that patients generally are with difficulty kept in bed, and in our cases many were permitted to get out on the second or third day.”

From the *American Journal of Clinical Medicine* for July, 1914, we extract an editorial by Dr. Wallace C. Abbott, he who wrought so untiringly to perfect the H-M-C anesthetic. Commenting on the McClure article on “Painless Childbirth,” Dr. Abbott said:

“Once again the potent charm of the ‘Made in Germany’ stamp on things relating to medicine

has been exemplified in a popular article recently printed in *McClure's*. . . .

"The article is an interesting one, yet many thousands of women in this country, who neither have the opportunity to go to Europe, nor the inclination to achieve the eclat of such a pilgrimage, have been enjoying, in their own homes, for a number of years, the satisfying experience of painless labor under the influence of hypodermic injections of hyoscine and morphine.

"The procedure is already known to thousands of physicians in the United States, has been unostentatiously practised by them for at least a decade, and long ago passed out of the experimental stage into the established routine of the lying-in room. But it needed that such a beneficent innovation should be postmarked from a German center of medical activity and that a few Europomaniacs should undertake a pilgrimage to some clinic in far-off Germany, to give the transatlantic flavor necessary for journalistic exploitation in this country.

"It really is astonishing how the popular journals of this country, otherwise so alert and up-to-the-minute in every other direction, lag behind the procession in matters pertaining to

medical science and practice, and allow themselves to be hoodwinked by the glitter of a foreign label on goods that have long passed current in their own homeland.

“The net effect of such publication is to blow the horn of the Freiburg clinic and to create the misleading impression that it is necessary to go thence in order to enjoy the advantages of the ‘Twilight Sleep.’

“To be sure some of this erroneous influence will automatically be counteracted by the women readers asking their family physicians about the matter, and learning from them that the procedure is a comparatively old one and can be taken advantage of in their homes just as well as in far-away Freiburg. Even the handsome young interne who bends over the fluttering patient and gravely and kindly says, ‘I have come to comfort you,’ as also the tactful nurse with her personal magnetism and good looks, can, at a pinch, be duplicated here.

“Still, there will be also, on the one hand, a certain proportion of our women folk who will straightway become obsessed by the ‘made in Germany’ craze, and cast about in their minds for potent persuasions wherewith to assail their husbands for a trip to Freiburg (in which set-to

they, of course, usually win out); while, on the other hand, there will be that other contingent who hopelessly resign themselves to forego the wondrous Twilight Sleep because of their inability to undertake the journey, forgetting that their own family physician can give them the benefits in their own homes just as well.

"Now, to both these classes our alert American physicians must address themselves, in an effort to convince these women that there is balm in Gilead and there still are physicians there; that Abana and Pharpar, rivers of Damascus, are no better than the waters of Israel. . . .

"The attention of our readers is called to the fact that a detailed account of this work done by Doctors Kroenig and Gauss at Freiburg was published by us as long ago as in our issue of May, 1907—just seven years! And we pushed home the lesson of the great importance Gauss placed on the purity of the mydriatic alkaloid and the accuracy of the mode of administration. We insisted then, and we insist now—as does Gauss—that 'scopolamine does not yet possess the purity of most of our drugs,' and that the surgeon or obstetrician should use a pure *hyoscine*, which, while chemically it may be identical with commercial scopolamine, therapeutically is not al-

ways the same, and that this alkaloid must be free from impurities.

“As to the exact manner of giving the combination, two points are to be emphasized in Gauss’ procedure: namely, first, the asphyxia is due chiefly to giving too much morphine, and not to the scopolamine or hyoscine; and, second, that the dose is to be gauged, not by the pain-cries (which continue during the sleep), but by the memory test. It is neglect of these precautions that has served to discredit the procedure wherever it is discredited, and conversely, strict attention to them has brought about brilliant results. To this we may add that the well-known tendencies of scopolamine or hyoscine to disturb the pulse certainly justifies the addition of *cactus* to the combination for the purpose of steadying the circulation.

“We trust that nothing we have said here will be construed as intended to belittle the work of Gauss and Kroenig. These men are doing splendid work, and for this we take off our hats to them. But to suggest that they have a monopoly in this painless-childbirth business by means of scopolamine (better hyoscine) and morphine—that is to laugh.”

Beyond contradiction the sleeper “Twilight”

is running in these United States. But it is not certain that in exact plan and construction the last word has been said. Just as Sir James Simpson predicted a better anesthetic, so we may predict the discovery of improvements in the Twilight Sleep. In line with this prediction comes the statement of Dr. J. Whitridge Williams, professor of obstetrics in the Johns Hopkins Medical School, that they are now carefully testing several methods side by side. One of these is the old method. One is the Twilight Sleep. The remaining two are new; their exact nature will not be divulged at present. It is Dr. Williams' desire to secure careful statistics and clinical reports for full six months, and then to give out the facts in complete form. The results of these tests will be awaited with intense interest by all who have the true welfare of woman at heart.

Need of Hospitals

Dr. Williams has ably stated the crying need for better planned and equipped lying-in hospitals, in both city and country, and has called attention to the very inadequate provisions now made in our large medical schools for the proper study of obstetrics. This exceedingly important subject has been most unaccountably neglected,

and the vital functions at their very fountain head permitted to run the most serious risks.

In every town and community there is right now a vital need for a quiet, restful home or hospital, where the mothers of the nation may find all the help that can be given them to bring forth children at their best—children of whom the race may be proud. It is almost inconceivable that we should have stumbled along for so many centuries with so little increase in the care given our women in childbirth. And it is more difficult still to see why, after so many years of aseptic teaching and surgical progress that the foundation event of birth should be so largely left to ignorant or slightly educated midwives, or even to imperfectly educated and equipped physicians.

We have heard and read so much of the “Rockefeller Foundation” and of its work for the betterment of mankind, but it is safe to say that the man who shall step forward into an entirely new field and establish lines of Twilight Sleepers through the country and the world will be more enthusiastically and more richly blessed than any other man who has lived since our first parents left the Garden of Eden.

“Votes for Women” indeed! Let us all unite in giving women their primal right—to bring

forth children with every possible safeguard and care.

The Very Latest

Since this booklet was begun the news has come to hand of still another sleeper on the Stork Railroad—another method of bringing about motherhood without pain. In brief, it is secured by the use of denatured morphine, a detoxicated morphine. In simplest English, it is morphine with an important poisonous element taken out. Injections of this are given the patient and the nerve centres affected so as to abolish pain without interfering with the rhythmical muscular contractions that are so essential to a normal birth. It is not exactly a "sleeping car," but might be called a reclining day coach. The passenger does not sleep during the trip, but only when it is concluded, but she does not suffer pain at all. She does not lose her memory, but she has no memory of pain to lose.

This new method has the advantage of very little, if any, danger, in proper hands, of course. It can be readily used at home without going to a special hospital, which will particularly recommend it to the patient of moderate circumstances, and to the wealthy patient as well during these

war times when, as we read a few days ago in the papers, Freiburg itself, the home of the Frauenklinik, was attacked by aviators, who dropped deadly bombs upon the town of the Twilight Sleep.

Singularly enough, after so much of the "made in Germany" productions, this new method bears the stamp of France. It is the work of Mons. Georges Paulin, a well-known French chemist, assisted by Dr. Laurent. Then the great French surgeon, Dr. Ribemont-Dessaignes, who stands about at the head of European gynecologists, took up the method and tested it in over one hundred cases. All were successful. No pain, no outcries, no bad results to mother or child.

Just before the declaration of this awful world-war, the report of Dr. Dessaignes was *accepted by the French Academy of Medicine*. As we have written, a new theory or method in medical matters usually has an immense amount of opposition to face before it becomes a matter of general practice. This latest "sleeper" appears to have captured the "leaders" at a bound. If correctly reported (and there is apparently no room for question) the bulk of travel by the Stork road will speedily switch off from even the Twilight Sleeper to this newest French morphine car—the most luxurious, yet the cheapest of all.

Limitation of Offspring

A few words here on a vital subject—in plain common sense and scientific carefulness. Because the Twilight Sleeper may transport a woman painlessly on the Stork Railroad, it does not follow by any means that she is to take too many trips. This is always treated as a very delicate subject, and many physicians still exist who will hold up their hands and denounce anyone immediately who suggests the idea of limitation. Yet, if such a man is an intelligent stock raiser, he will go right out to his farm and lay down rules for breeding his cattle, horses and pigs—rules based on scientific consideration of what will produce the highest class stock. He will govern his animals as to time of eating, quality and quantity of food, cleanliness and general comfort. He will not suffer them to be overtaxed, overstrained, over or under fed, or unduly worried. And he will govern the time and nature of their mating.

Think of it! Man will "limit" the lower animals and care for their health minutely, but when it comes to human beings, when it comes to his own women folk, even to his own personal family, he is apt to denounce, or frown upon or look askance at anyone who tries to inject a little common

sense into the subject of offspring and its *proper* limitations.

There is not a particle of doubt that a very large majority of the limitations men and women do attempt to bring about is due to the dread of pain. In the beginning of this little book we quoted desperate sayings of women themselves on this subject. Those women were afraid—afraid of the terrible suffering. The nervous tension of our modern life makes women break down nervously. This increases their fears, and also positively increases their pains.

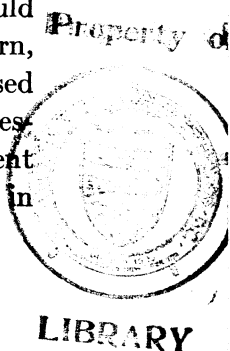
An immense amount of limitation is actually attempted continually. We all know this to be true. Unfortunately much of it is of the nature of abortion, which is bad every way, hurtful physically and mentally, and dangerous in the extreme. Certainly “prevention is better than cure,” and, if prevention is such as to work no harm to anyone, most people will agree in its favor.

Everybody agrees that certain preventive measures may be taken along the lines of self-denial that are free from blame. It is quite easy to argue that the best interests of woman demand special consideration if she is to become the mother of healthy, happy children. In this consideration times and seasons and even some

things that may be called means, play more or less important parts.

We are just beginning to wake up along these lines, and only a very little can be said here. It is, however, of weight that some of our best, biggest and most respected physicians are speaking and writing on this subject with a freedom not dreamed of a few years ago. Such a leading medical authority as Dr. William J. Robinson, of New York, editor of the magazine called *The Critic and Guide*, a man looked up to by the entire medical profession, in a powerful book recently published, speaks of the limitation of offspring as "the most important immediate step for the betterment of the human race, from an economic and eugenic standpoint." His writings on this and kindred subjects have produced a profound sensation among physicians everywhere, and convinced many that we have something to learn and something positively to do, or not to do. The old fatalistic philosophy taught us that it is a sin to interfere with nature's laws when said laws are in motion. But few stop to think of the fact—we set them in motion frequently by voluntary acts. May it not be well, may it not be best, to control those voluntary acts and not start the laws going?

Don't give a poison a chance to kill you. Avoid that which is, in itself, injurious. Be clean, aseptic, moderate in all things, calm, patient, hopeful. Mental attitude is a great thing. Self-suggestion means a deal more than most people are prepared to believe. In passing—a word about a very objectionable and dangerous custom or habit. You all know how the papers have been filled with reports of deaths from swallowing bichloride of mercury tablets which, we regret to say, are found in so many homes and used as a sort of family remedy. Don't have them in the house! Don't. They are extremely poisonous, and exceedingly dangerous except in physicians' hands. Banish them from your homes everywhere. If you must have an antiseptic, use a harmless one. Get a box of chinosol tablets (pronounced kin'-o-sol) from the drug store, and use them for any purpose for which the bichloride tablets were employed. The chinosol is even better than bichloride as an antiseptic, and is absolutely non-poisonous. If you should swallow a little, while it would smart and burn, it would not poison you. Just as we have passed on to our readers the improvements in the anesthetics, so we pass on this great improvement in antiseptics for home use, and so we will, in



future editions of this book, pass on any further improvements or important facts relative to the Twilight Sleep.

Make up your mind to be clean and healthy—as healthy as *you* can, and, as a woman, to transmit to your children the best possible inheritance, physical, mental, moral, spiritual. Use the best means to this end, get the best means, demand the best means. Demand the Twilight Sleep till something better appears, and be on the lookout for that better something. The world has not yet reached its acme of perfection. Let us hope the best is yet to come.

Why the Delay?

That the primal curse of Eden may be lifted is by far the most joyful tidings ever voiced for the mothers of the nation, and the inquiry is very pertinent—Why such a delay? Why did we not hear of this before 1914? To answer this fully and clearly requires some little space.

"Made in Germany" has of late years become so widely and popularly known as a label that its effects have, perhaps, unconsciously been permitted to sway our minds in our estimate of the practical values even in the scientific advances

made in the medical and surgical world. In this present terrible world-war Germany is about as inaccessible as the planet Mars or Venus, and therefore to suffering mothers the assurance that the *dammerschlaf*, or "Twilight Sleep," is also "made in U. S. A." and has been made in the United States for some years, will cheer many a throbbing breast that has felt the chilling shadow of the present titanic battle mania.

The fact is American women and American men as well should have heard fully of this matter long ago. Some of us whose senses are by natural temperament attuned rather acutely with the unknown and the new, wanted to tell something of this matter to the common people—the everyday people—but could not secure the proper opening.* To make this clear we submit a little simple history.

In November, 1909, we sent an article to *McClure's Magazine* on "The Wonders of the New Anesthetic," after receiving a favorable reply as to their willingness to examine such an article. This contribution contained the following special paragraphs on our present subject:

* We congratulate Miss Marguerite Tracy, on securing this opening in *McClure's* for June, 1914.

Special Advantages

In obstetrics this tablet has been employed in many thousands of cases, and the enthusiasm with which it has been received is one of the most remarkable features in the history of anesthesia. Not only is the pain relieved, but the memory of it is obliterated. This Dr. Gauss considers so exceedingly important that he pronounces it the most valuable of the benefits conferred. The dread of motherhood is taken away, and physicians have declared that the astonishing effects of this remedy in destroying the fear of childbirth are so great that its introduction will probably prevent "race suicide," and increase the fecundity of the American people.

When Sir James Simpson administered chloroform to mothers, many supposed that the desideratum was secured. As a matter of fact, the majority of physicians dread to employ that agent, knowing the disagreeable symptoms that often occur, and fearing the tendency to post-partum hemorrhage. Here the new anesthetic stands alone. The danger of hemorrhage is lessened, the whole process facilitated, and the danger to the mother, in the hands of a good physician, practically nothing. In five hundred cases reported by Dr. Gauss, there was only one death of a mother, and that was caused by the rupture of an important organ. In one thousand cases, there occurred only twenty-nine infant deaths, as against forty-nine in a previous one thousand without this anesthetic!

The publication of this in a popular magazine might easily have opened the way to a full understanding of the Twilight Sleep as then practised in Freiburg, and given many suffering women to know that relief could be had at home as well as abroad, but there was something in the way. Just as the article in question reached New York, it was met by the nine days wonder in the newspapers about Dr. Jonnesco, of Roumania, and his use of "stovaine" in the spine. The wireless telegraph, then in the wonder stage, was called into play to get a message from Jonnesco while he was still miles out at sea, and a popular article on his work was given the precedence. It is true stovaine was not new; Jonnesco only claimed discovery in the use of strychnine to render less dangerous operations above the heart; intraspinal anesthesia had been tried forty thousand times before all over the world, using cocaine, and the practice finally condemned by the overwhelming majority of surgeons; but the conditions were ripe for a sensational article in line with the popular press, and then, it must be remembered that magazine editors and publishers are merely human, and the financial argument generally rules.

The article on Jonnesco and his work appeared in *McClure's* for March, 1910, a somewhat similar

article appearing the same month in the *Cosmopolitan*, which periodical also declined to give space for the story of the "New Anesthetic." Just about one year later the author prepared another thorough article on "The Conquest of Pain" and submitted it to *McClure's* and other leading magazines. That article contained somewhat more upon the motherhood without pain question, and was brought sharply up to the date, February, 1911. Here is an extract:

Importance to Motherhood

Many old people will tell you of their recollection of the fact that Sir James Simpson, the discoverer of chloroform, was run after by wealthy, titled women from all parts of Europe on account of the widely circulated report that the volatile anesthetic would save them from the dreaded pains. But while chloroform has been occasionally used from Simpson's time to the present, medical men generally have fought shy of it, knowing the disagreeable and dangerous symptoms that sometimes occur—the nausea likely to follow its use, effect on the heart, and the increased tendency to hemorrhage. And no other pain reliever, free from objection, has arisen to gratify the million-voiced prayer for deliverance from the terrible suffering.

Now, however, all this is changed. At the Congress of Surgeons, held recently in Chicago (November, 1910), Dr. Emory Lanphear, of St. Louis, was called out before the professional audience at Dr. Robertson's clinic to give a short address on the new anesthesia. He said in part:

"Perhaps the most interesting feature of this form of anesthesia is its use in obstetrical practice. Properly used, it robs childbirth of its terrors. One full-strength tablet, when the pain becomes distressing, is generally sufficient."

After giving special directions for extreme cases, and meeting objections to this method, Dr. Lanphear said:

"Occasionally one finds a fanatic who opposes the use of such an anesthetic from so-called religious motives. An old doctor once said to me, 'For God's sake, doctor, cease advocating this measure in obstetrics. If you do not, God will condemn you to eternal punishment, for He has said in His holy Word, Henceforth thou shalt bring forth in pain.' I replied to him that I was perfectly willing to take my chances of eternal punishment if I can in future relieve suffering women from the tortures of childbirth. (Then followed statistics, as in the former article.)

In this same article occurred the following paragraph, which we will quote to show the vital interest, not confined to painless childbirth, but

applicable to nearly all who have to endure pain from surgical operations or from disease or accident:

Imagine, if you can, the priceless boon to suffering humanity—a "new anesthetic" of widest application, without the dangers and objections always existing in the use of chloroform or ether. Think of an anesthetic, you countless thousands who have choked and smothered under the "inhaling cone"; think of an anesthetic administered practically without the patient's knowledge, and with no absolute necessity for skilled assistants, in ghostly white garments, pervaded with a sickish odor. Think of an anesthetic exciting no fears, but allaying them; causing no smothering; producing no "shock"; causing no weakness; inducing no vomiting in general; an anesthetic that lessens hemorrhage instead of increasing it; that calms the mind, improves the heart's action, increases "resisting force"; an anesthetic that replaces morphine, doing its work much better without much of its danger and disadvantages, not locking up the secretions as morphine does. *Think of an anesthetic, you millions of mothers, many of whom have bitterly mourned that Sir James Simpson's original expectation of doing away with the pains of childbirth was not fulfilled, think of an anesthetic that banishes those pains so that not even a memory remains.*

Why Truth Makes Slow Progress

Why were we not informed of all this before? will be the natural inquiry of thousands and millions. Everyone is not specially interested in a cure for tuberculosis, or a preventive for typhoid fever, or a remedy for cancer, at least not to the extent of wading through a lot of scientific literature and accounts of experiments with toxins and serums and the like, because not one of these diseases touch every home or family. But in these days when every boy and girl knows as much about the vermiform appendix as their parents and grandparents knew about the stomach, one can hardly find a family that has not known several surgical operations; and when it comes to obstetrics, the great fact that we are all born of women places the subject of the abolition of the pains of motherhood in the very forefront of matters of universal interest.

It always requires time for a new discovery or invention to spread over the earth. But someone raises the point that the "leaders" in medicine and surgery, the "big men," the great "professors," will keep the laity posted and lead them into scientific truth as quickly as possible. But this impression needs some modification.

It is a fact beyond dispute that the "leaders" are not always in the lead. They were there once; so they became leaders. At one time in a man's life, when his success depends upon his energy and alertness to perceive and embrace opportunities, he is naturally found in the forefront of the battle; he belongs to the scouts; he is a lookout at the masthead; he calls on others to follow him, holding up to their admiration what he has found, or seen, or heard. And thus he becomes a leader.

It is just as natural, however, for a mortal man to relax his vigilance when success crowns his efforts; just as natural to lie back on his oars, to take longer naps in the morning, to ride in the procession instead of away ahead, to let his reputation work for him rather than to work for his reputation. So it comes about that the very men whose names stand popularly for scientific advance often clog the wheels of progress, stand in the way, prevent the spread of truth, belittle discoveries by others who have really taken their places on the scouting line, and who, all unknown as the "leaders" were unknown, are digging nuggets of truth out of the breast of Mother Earth.

It is very, very hard for a popular leader to

concede discovery and success to one who but yesterday was an unknown follower.

In the case of the physician or surgeon, added strength is given to this difficulty by the fact that they are and have been teachers. The physician is constantly called upon to teach. So is the surgeon. So is the preacher. Their followers, the "clientele," look to them for instruction, for information. The man gradually becomes accustomed to have his *ipse dixit* accepted as gospel by the many who hang on his words and strive to imitate his actions. This is peculiarly true of great surgeons. With no other class of men, not even with the priests or preachers, is this scientific adoration so marked. Step into a clinic in one of our great hospitals; note the attitude of the class in the amphitheater; see the profound respect and attention given to the great artist of the scalpel as he begins his celebrated operation. Observe the positive discipline and careful obedience to every word or request.

The popular magazines just now are exploiting life sketches of men who receive \$100,000 salaries. Possibly some one hundred thousand dollar surgeon will be included before the series is finished. There are more than two or three in the United States who "draw" as much for "professional

services" in a single year, and the number is increasing. Such men frequently live in an atmosphere heavily surcharged with hero-worship, and the tendency is to contract a case of "big-head." Human nature is human nature, even in the breast of the greatest physicians, and at times it may be that the very acquaintance with science inclines a man to hastily condemn a scientific discovery made by another. The quaint humorist, Judge Caleb Koons, says: "It's amazin' how quick a man is to set down on what he hasn't had a hand in settin' up."

Leaders Hard to Move

A pointed illustration of the slowness of popular "leaders" to take up new discoveries is furnished by the fact that when first interested in this new anesthesia, some seven or eight years ago, the writer endeavored to secure the attention of several "great" surgeons, connected with famous hospitals. Printed matter and personal letters, and even personal interviews were used, and some statistics offered. One very distinguished surgeon did not reply at all. Possibly the communication failed to reach him. At any rate he did not look

into the matter. Another leading man showed by his conversation that he had not fully grasped the facts claimed for the method; he had heard disparaging reports of the uncertainty of the drugs, but had not given it any special thought. Another very prominent operator replied courteously, but stated that in his hands the use of chloroform and ether, supplemented by cocaine as a local agent, had proved so satisfactory that he hardly cared even to try anything else. Still another famous surgeon failed to reply, but about two years after this his assistant remarked to the writer, "We were just speaking of that anesthetic in the office the other day, and talked of trying it." He was urged to do so at the first opportunity. A fifth surgeon, of another school (if surgery can properly have any "schools") received the letter and printed matter kindly, sent for the anesthetic, gave it an immediate trial, and continued its use almost daily for three or four years, until his death, with distinguished success. Of these five men the one who was least known to the general public was the only one really ready to advance. The others are slowly moving along in the matter, but the time to really "lead" in this instance has passed.

The "Leaders" Differ

Let no careful reader of these pages be prejudiced or alarmed because some very prominent physicians emphatically pronounce against this "sleeping car," and say it should be switched from the track. Of course there is a difference of opinion, just as there is between a bird with one wing and a bird with two. This is to be expected always. There are "schools" of medicine, and these often differ radically, and, more's the pity! one "school" would dearly like to shut the other up. Here is a practical instance:

The writer once went through a severe attack of typhoid-malaria. The treatment was generally homeopathic, but the attending physician—a convert from the old school—gave, for a week, about six grains of quinine a day. A year or so afterwards, a leading physician and surgeon in another state, a special personal friend, was striving to account for some uncomfortable symptoms and declared that: "You took enough quinine into your system to produce and sustain evil effects for two or three years." Of course he believed this to be true. Yet there are many scientists who will tell you the quinine is wholly eliminated from the system in a few hours. But

this is a question of fact which the analytic chemist should be able to settle positively.

So absurd did this appear to me at the time that I gave the physician the following:

“When I was keeping sheep in the mountains of California, the rams often got to fighting, and one could hear the reports like small cannon as their great horns came together in the corral. I sometimes went into the corral and tried to stop the rascals, but when they backed off clear across the enclosure, and with lowered heads and horns came across the pen at top speed, I prudently stepped to one side and let them fight it out. So it seems to me with regard to these medical differences. You fellows are so dead opposed to one another as to fact as well as to theory, that I think it often safer to step aside and let you fight it out while I use a little common sense for myself.” Of course my friend received this in perfect good nature.

In this book, and in other writings on this subject, there is no thought of posing as any “authority” in the matter, but only of getting before as many persons as possible in language they all can readily understand, the real truth about the Twilight Sleep, and beyond that, as to the whole mighty subject of “The Conquest of Pain.”

Child-bearing without the knowledge of pain is still classed among the impossibles by many distinguished physicians and surgeons. Many others class it with the impracticables, because of numerous objections or alleged dangers. But the great luminous facts on which this book is based are, first, many able physicians pronounce it both possible and practical; and, second, multitudes of women declare it by experience.

Part V

THE SLEEPING CAR

“TWILIGHT”

THE CONQUEST OF PAIN

A CHAPTER FOR ALL MEN AND WOMEN

THE CONQUEST OF PAIN

“The ideal anesthetic, hereafter undoubtedly to be discovered by experimental research, will abolish pain by the abolition of consciousness, but with no danger to the patient.”—Dr. W. W. Keen, in Harper’s, September, 1910.

A MARVELOUS discovery; a priceless boon to suffering humanity. A new anesthetic, of wide application, without the dangers and objections existing in the use of ether and chloroform. Think of an anesthetic administered practically without the patient’s knowledge, and with no positive necessity for skilled assistants; an anesthetic exciting no fears, causing no smothering, producing no “shock,” no weakness, no nausea, no vomiting; an anesthetic that gives profound sleep for many hours, that lessens hemorrhage, that calms the mind, that improves the heart’s action, that increases the resisting force, that replaces morphine, doing its work much better without its dangers and disadvantages; an anesthetic that avoids the pangs of motherhood, destroying even the recollection of the pain, and that “promises to increase the fecundity of the

race''; the best, the safest, the most powerful enemy of the monster—pain. This anesthetic, originated in Europe, tried and perfected in America, overcomes all oppositions and reaches out in six or eight years to a total estimated sale from its several manufacturers of at least thirty million doses.

Never in the history of medicine has such a triumphal march occurred. Exact figures are impossible for, be it known, even the manufacturing chemists stand in awe of that old "advertising bugaboo" to which we have already referred, and decline to give out many facts for "popular" information. It happens, however, that the writer has been familiar with the progress of the new anesthetics from the very beginning, and all the facts given out to the medical profession have naturally come to him. He does not believe in wrapping a veil of secrecy about such important matters, but holds that the thinking public should be informed, taught, educated scientifically as well as otherwise. Hence he submits historical facts in this connection without fear or favor.

Just as these lines were written, the American Association for Clinical Research met in Baltimore, and the honored President, Dr. Leonard

Keene Hirshberg, sounded a remarkable note of warning to the profession against too much secrecy, maintaining that a reasonable degree of publicity in medical matters is better than the old mystery and concealment.* His remarks created a sensation, and the *Baltimore American* said editorially next day: "Public opinion will highly commend the stand taken by Dr. Hirshberg for publicity in medical matters. Publicity is the keynote of the age, and through it almost every agency of advancement and progress now appeals to mankind, except the medical profession which continues to follow hidebound traditions in enwrapping itself in a mystic veil of useless secrecy. Why publicity, which has done so much for all other branches of knowledge and civilization, should be pernicious to medical science is a mystery which science itself would be unable to penetrate. . . . In this age of the world secrecy does not impress so much as it excites suspicion, and that physicians should be denied what is the breath of life to other professions, and should be led to regard the press, the greatest modern instrument of progress, as their professed enemy, are matters for whose excuse worn-out traditions are thoroughly inadequate. It is time the medical

* November 6, 1914.

profession were taking a broader and more enlightened view of publicity and availing itself of its practically limitless resources."

The early experiments with scopolamine may be regarded as of a track-laying nature, but by 1906 some difficulties had been overcome, the value of pure drugs demonstrated, the Twilight Sleep established, and the field of general anesthesia widely invaded. Then, just an even sixty years after the first demonstration of ether, the H-M-C (Abbott) was placed before the profession in the United States, and this American-made product at once assumed the lead. Something like two million and a half tablets or doses were furnished the profession the first year, and this production has increased ever since, until now there is no doubt some twenty millions or more have been used. We are not "advertising" any man here. We are advertising the thing, the facts, as of great importance to humanity, whether a disturbance in the "ethical" atmosphere follow or not. It is precisely as absurd to object to the statement that Dr. Wallace A. Abbott of Chicago, and Dr. Emory Lanphear of St. Louis practically perfected and demonstrated the H-M-C anesthetic eight years ago, on the ground that such statement is advertising matter, as it would be to

object to the statement that sixty-eight years ago Dr. Morton and Sir James Simpson demonstrated ether and chloroform.

Query: At what precise age does an advertisement become historical information?

Why the Importance

The hyoscine-morphine-cactin anesthetic and its history are important to everyone because of the fact that almost everyone is liable to have need of its services before death removes us from this present sphere. Operations are now so numerous and the call for a pain-reliever are so countless that it behooves us all to know what is best, and where it may be obtained, as also to be somewhat acquainted with the effects of the agent or remedy. Nobody wants to suffer pain. All shrink from it. Reading today of the terrible lack of anesthetics in Russia, and of the thousands of surgical operations performed on the battle-fields in this great world-war, one feels impressed anew with the importance of any agent for the banishment of pain. The old anesthetics were and are dangerous, no matter what may be said of the improvements in administration and

management. A few illustrative cases may be given with profit:

Case 1. Jefferson Hospital, Philadelphia, twenty-five or more years ago. The patient was brought in to show the class what progress had been made since the operation a week previous. He was a big man with a horror of anesthesia, but his nerves were acutely sensitive. When the surgeon—Dr. Pancoast—attempted to touch the wound a series of appalling roars emanated from the patient, roars something like the cry of an African lion mixed with the howls of a lunatic in a straight jacket. The man lay on his face clutching the operating table with both hands, and did not attempt to move. But the memory of those bestial roars has never quite faded away. The surgeon tried to joke a little about it, and there was some laughter from the large class, but this was evidently an attempt to cover real feeling, for no one could listen to such cries from a mortal man and not be deeply moved. *Here was the terrible fear of the anesthetic.*

Case 2. A young girl of twenty was led forward in the same clinic, and the surgeon took her hand and exhibited a small tumor about the size of an egg. Taking a keen knife, the operator deftly ran it into the skin, severing the cuticle

for about an inch and a half. The exquisite pain of this was manifested by one long, piercing, thrilling scream that rang in one's ears for days afterwards. The assistants held her firmly, and she sobbed and cried piteously during the few minutes the work lasted. She was carried away in a fainting condition. This was before the general use of cocaine, and such cases were deemed too small for chloroform.

Case 3. A man suffering from a terrible cancerous affection, requiring heroic treatment, was wheeled into the amphitheater. He was one of those cases that almost refuse to yield to the volatile anesthetics. Becoming wildly excited, he raved and fought like a madman, striking furiously at the assistants, shrieking and howling inarticulately like a wild beast. The united strength of half a dozen assistants was required to hold him down and keep the inhaler over his face, but at length he was conquered, his cries died away and he relaxed upon the table. With some appropriate remarks to the class, the surgeon proceeded to perform a difficult operation, confessing that it was only temporary, as the patient was beyond final hope.

Case 4. A young man engaged in firing a salute, had his arms blown off by the premature

discharge of the cannon. He was soon put under the influence of ether, and the arms amputated. But, during the operation, he twice sank very low from "shock," and strong measures had to be taken to revive him.

The last two cases show the need of an anesthetic that will not excite the patient, and the danger of "shock," which, many believe, is largely caused by the anesthetic itself, as is often the case with pneumonia occurring some days after an operation. This "ether-pneumonia" is quite common.

Case 5. Five years ago a woman was brought to St. Luke's Hospital, Baltimore, in a desperate condition. The late Dr. E. Z. Cole was speaking with the writer of this case. He said:

"A terrible case! I wish I had backed out. One of the worst abdominal masses I ever saw. I don't know which way she's going. Can't stop the wretched vomiting. Yes, there was a mistake, and she got too much chloroform. An awfully sick woman."

This unusually strong language naturally interested us in the case, and two days later we inquired about it. The reply came, bright and cheery:

"Doing fine. Not a symptom. Hasn't felt so well in years."

“How about that vomiting, Doctor?”

“Oh, that’s all right. Gave her an injection of the H-M-C, when all else failed. Let her stomach have a rest. Slept six hours, you see. She’s all right now.”

Imagine giving chloroform or ether to *stop* vomiting!

Case 6. A woman was brought to the same hospital suffering from gallstone colic. Morphine had failed to relieve, but a single injection of H-M-C put her to sleep till next morning. Then she waked and suffered a little, but another injection sent her off again, and before she roused, Dr. Cole had removed one hundred and seventy-three gallstones. Hours later she awakened and made a good recovery.

Case 7. An old soldier had been compelled to use six grains of morphine a day to quiet the pain of an old wound. A single tablet of H-M-C took the place of this immediately, and in a week’s time this was reduced one-half.

The last three cases are exceedingly significant. The terrors of protracted vomiting are no slight danger. Patients have often vomited themselves to death. The woman who had been given too much chloroform was saved by the injection of H-M-C, which put her to sleep and stopped

the awful nausea. The power of this drug combination to do the work of morphine *much better than that drug alone* is herein seen. This answers overpoweringly the objection made by very prominent physicians to the Twilight Sleep. They say

Not Enough Morphine Used

That is, the small quantity of morphine in the H-M-C, or the scopolamine-morphine combination, is not sufficient to allay the pain in the case of labor. The amount of morphine in a full-strength tablet is only one-quarter of a grain. Dr. Hirst, of Pennsylvania University, says the "scopolamine does not diminish pain, but simply quiets restlessness."

Our point is clearly maintained—the combination of the morphine with hyoscine (or scopolamine) does act as an anesthetic, or as a pain reliever, far beyond the action of either drug taken alone. How else account for the old soldier, substituting a single tablet containing one-quarter of a grain of morphine, for his regular dosage of six whole grains a day? So the woman with the gallstones had been taking morphine to quiet her pains, but it was found insufficient after a

few doses. At midnight she was given one of the H-M-C tablets, with its quarter-grain of morphine and one one-hundredth of a grain of hyoscine, and, behold, she falls asleep and rests for six or eight hours, then sleeps from another tablet, and with a trifle of ether added, undergoes the operation successfully.

It is evidently a mistake to consider only the morphine in the use of this anesthetic, either for the Twilight Sleep or for surgical work. The statements of the opening paragraph of this chapter seem unduly strong to many, but the facts certainly appear to bear them out. The H-M-C does the work of morphine, only it does it much better, more completely, and without after effects. To give patients much morphine after operations in order to quiet their severe suffering is always objectionable. The secretions are locked up, and the progress of recovery retarded to say the least. Using the H-M-C instead of the morphine alone gives more release from the pain, and does not lock the secretions. Further, it does not tend to hemorrhage, and does not depress the heart, but helps it. Here the C, the cactin, comes in. And, not the least of the benefits, the spirits of the patient are rather lifted than clouded, cheered rather than cast down.

That we have here an anesthetic and a pain reliever approaching the ideal seems quite well established. It fills Dr. Keen's description very closely, "*the abolition of consciousness with no danger to the patient.*" Certainly consciousness is abolished in a very soothing and comfortable way. As to the danger to the patient, we have already written, but more will be given further on. A few words as to local anesthetics.

Another American Product

It is about thirty years since cocaine was first used in local work. For a time great things were predicted for it, and even to this day some able surgeons venture to use cocaine for extensive operations. But this requires a great deal of the drug, and cocaine certainly has, at times, very serious bad effects. About five years ago Dr. Jonnesco appeared in this country and made a brief sensation by using stovaine injected in the spine. Dr. Corning, of New York, had long ago used cocaine in this way, and many experimented with the method, until some forty thousand cases were recorded. It was finally "abandoned as impracticable and dangerous."*

* Dr. Tully Vaughan.

was credited with one death in about five hundred, whereas ether, in the hands of the experienced anesthetist with the Doctors Mayo, is given only one death in about fifteen thousand cases, and the H-M-C can only be doubtfully charged with one in millions.

The patient being awake is not an advantage, but an objection, as Dr. Keen intimates. The sight of the operating table, the bottles, instruments and paraphernalia is calculated to alarm the patient at best. But were a safer anesthetic needed to employ locally with less danger than cocaine, we have it to hand in a discovery by an Arkansas doctor, Henry Thibault, which for several years has been employed by surgeons with marked success. It consists in hypodermic injections of a combination of quinine and urea, and, in some cases the anesthesia persists for hours, or even for many days.

At the Chicago Surgical Congress Dr. Laphear outlined this method of anesthesia, showing how "anesthaine," a preparation of stovaine, can be employed for the skin, and the quinine compound for the deeper tissues, with positive freedom from pain, even in large operations, and the desirable freedom from after suffering in addition. Both these agents can be sterilized before

using, and there are no deleterious effects as sometimes with cocaine.

Bearing directly on all this is a remarkable clinical report given by a careful surgeon, who has used the new anesthetics for a number of years. It will be well to give the larger part of it here in his own language:

"HYPODERMIC AIDS TO ANESTHESIA

"By DR. F. E. WALKER

"HOT SPRINGS, SOUTH DAKOTA

"(Surgeon to Our Lady of Lourdes Hospital and to the Braum Sanitarium)

"Five years ago I presented an article before the Missouri Valley Medical Society on the subject of anesthesia by the combined method of chloroform and hyoscine and morphine, reporting seventy-five cases. Since that time more than three thousand patients have been anesthetized in my clinic at the Sisters Hospital, and additional information has accumulated that has a bearing of more or less general benefit.

"In the earlier period of the use of hyoscine, morphine and cactin we were admonished concerning its administration to the very young as well as the very old, that from five to fifteen

minutes before the operation was the correct time for the injection. We were told to watch it closely and cautioned that a large number of patients would be unable to bear this drug combination. I exercised great caution and had the anesthetist take careful notes.

“The result on the *first thousand cases* showed no ill effect except in two patients, and in only one of these was any alarm expressed. Our next patient was given the injection one hour before operation, and results were absolutely good in every instance. About this time we allowed fifteen minutes more, making the time before operating for the injection seventy-five minutes. From that time till now we have followed this carefully and *have never observed anything even bordering on danger.*” (Italics ours.)

Dr. Walker says that to wake a patient in the first fifteen minutes of this anesthesia is to run the risk of making him violent or hysterical—like “waking up a drunken man at the wrong time.” This may give a point to the management of the Twilight Sleep. Occasionally a patient becomes somewhat hysterical. Perhaps they were wakened when they needed further quiet. Dr. Walker continues:

“The first year in which this method was fol-

lowed we gave chloroform almost exclusively, after that turning to ether, and we have adhered to the latter ever since. The same splendid results followed the hyoscine-morphine-cactin that were obtained with chloroform. Our present method of administering the anesthetic has not changed, and because of the perfect satisfaction experienced both by patients and the surgeon we know of no reason for modifying it.

"Another matter which formerly gave us considerable anxiety was a certain class of heart lesions, by virtue of which a large proportion of patients with leakage or other defect were unable to undergo an operation requiring the use of the general anesthetic. And it was not so much because the anesthetic itself was feared, but rather the high tension of the nerves, the excitation of every sense while taking ether, and the universal horror of being "put to sleep." Such individuals invariably have a bounding pulse of such rapidity that a sudden collapse would not be unexpected, and neither surgeon nor patient were inclined to take the risk. No fear whatever of this nature need be entertained when proceeding as here outlined. We paid no attention to the kidneys, except when the phenolsulphonephthalein test contra-indicated operation.

"The Proof of Safety"

"That we were able to anesthetize with safety nearly every patient requiring a surgical operation is due, above all else, to the hyoscine-morphine-cactin, and for the following reasons:

"1. A perfectly placid and pacific mental state is insured.

"2. The patient is always in a receptive mood.

"3. No fear or horror of the anesthetic is entertained.

"4. No fighting, struggling or excitement occurs.

"5. No choking, no secretion of mucus, no coughing, no vomiting and no pain are present.

"6. The full realization on the part of the patient of the small amount of ether required.

"7. The realization, furthermore, that no pain after the operation will be felt, and that vomiting occurs in only two per cent of all subjects.

"8. Absolute confidence in everyone connected with the hospital.

"9. Greatly reduced time occupied in producing anesthesia.

"10. Very little variation in the pulse-rate; this not exceeding ten beats in the majority of patients, even in prolonged operations.

"11. Great reduction of time spent in operating room.

"12. An anesthetic sleep as near the normal slumber of the child as can be obtained.

"13. A method safe, conservative, and eminently satisfactory."

Surely here are weighty reasons for choosing this new method of anesthesia, not only for women in the sleeper "Twilight," but for all undergoing a surgical operation. Dr. Walker certainly writes as if he knows what he is saying. But hear him farther. He says:

"The average patient, especially the class who know nothing about hospitals, surgeons, and anesthetics, is prone to regard the ether or chloroform inhaled as the real danger. It used to be hard to gain the confidence of patients under the old system, as the surgeon could not deliberately lie to them, for only too often the whole period of anesthesia was one long-drawn-out struggle.

"Now we see the frightened patient become calm, hopeful, trustful, and willing to undergo the operation, because the old-time horror of the anesthetic is a thing of the past. Patients who have been operated upon under the old system, still in vogue in so many hospitals, have taken the anesthetic under the system here described,

and have told me many a time that they would never fear undergoing another anesthesia. Our own patients never entertain any fear of a second operation."

Dr. Walker then gives exceedingly valuable directions for the preparation of the patient and for the exact technic in administering the very small amount of ether just before beginning the actual work. Instead of several ounces of ether, he finds it necessary only to give a teaspoonful or two, sometimes none whatever. If the operation has been very severe, he gives another injection of the H-M-C after the work is done, but always of half strength. This ensures a long, restful sleep. If a patient does vomit a little, he empties the stomach with a proper tube. Only twenty-six cases in three thousand called for this measure, so we can see how seldom any vomiting occurs.

An important point in Dr. Walker's experience is shown in the fact that he performs such operations as severe rectal work, or prostate and bladder operations using only a tablet containing three-eighths of a grain of morphine. This, with a teaspoonful of ether does the whole thing. Now, if so much severe pain is positively annihilated in these cases, we can all see the lack of force in

the objection made by some prominent physicians that the amount of morphine given the Twilight Sleepers is not enough to prevent their suffering. Evidently this combination of hyoscine with morphine and cactin does what the morphine alone cannot nearly accomplish. We recommend a study of this point to the medical practitioner and surgeon who may be inclined to object to the new method.

Dr. Walker closes his immensely valuable paper with directions and advice as to the management of convalescence. He believes in getting the patient up as soon as possible, and urges the advisability of having "homes" to which hospital patients may be removed in a few days, where there will not be so many things to suggest pain and sickness, and where the patients will not hear so much "hospital talk."

Dr. John Dill Robertson, president of Bennett Medical College, Chicago, has used this anesthetic in more than three thousand cases of surgical work. In all that number he had only one death which might be attributed to the anesthetic, at least in part. The patient's physical construction was exceedingly peculiar. Dr. Robertson says:

"I am not an obstetrician, confining my work

almost entirely to surgery. A number of doctors for whom I do surgical work have told me that they regard the Twilight Sleep as dangerous to the baby. I have looked upon a number of these cases as over-dosage, and I think the mistake is made in obstetrics in using too much of it. Like every other analgesia or hypnotic, judgment must be used in the quantity given to the individual case. . . I am sure it has been a great remedy in my hands, and has done in an easier, and I think quite as effective a way what Dr. Crile (of Cincinnati) is doing with psychology and local anesthesia. H-M-C makes the patient so that he does not care whether school keeps or not, in that way preventing the mental shock which Crile obviates by his method."

Dr. Emory Lanphear, of St. Louis, whose clear directions for use in obstetrics we have already given, speaks as decidedly for the H-M-C in all kinds of surgery. After a practical experience with over six thousand cases of his own, and the advisory supervision of many more, Dr. Lanphear says:

"The technic which has been finally adopted for surgical work is as follows:

"(a) One full-strength tablet H-M-C two and one-half hours before operating.

"(b) One full-strength tablet one hour before operation.

"(c) A small quantity of chloroform (or ether) for skin incision and skin-closure; generally with none, or trifling amounts during most of the operative work. Or I use a one per cent solution of hydrochloride of quinine and urea (boiled twenty minutes to prevent possible tetanus) for the deep areas, and either cocaine or novacaine for skin. Two H-M-C injections with the local anesthetic make the *ideal anesthetic* for such cases as removal of breast, or of prostate, gall-bladder operations, extirpation of goitre, resection of bowel, operations on the stomach, and even excision of the chest wall. More and more surgeons will make use of this method until it will become as common as ether anesthesia is today."

Dr. Lanphear, speaking at the Chicago Congress said:

"Principally the attacks upon this method of anesthesia have been made by those inexperienced in its use, and therefore opposed to it upon theoretic rather than practical grounds. The men who have defended it, on the other hand, have been those who have used it extensively, including perhaps most prominently, Professor Robertson and myself."

Alluding to the reports of some five thousand cases without a single casualty, he said: "These two reports, it would seem, ought to be sufficient to assure even the bitterest enemy of hypodermic anesthesia of the safety of the H-M-C as an anesthetic agent."

We have heard Dr. Lanphear alluded to as "the leading surgeon of the Middle West," and we repeat this here, not to "advertise" him—he does not need that—but to advertise the facts to you who read concerning this wonderful boon to man in his war with the demon—pain. Many great surgeons in Europe and America are now employing this new anesthetic, either alone, or in combination with a small quantity of ether or chloroform, and their number is increasing every day. It is to be desired that scientific men should not deride new discoveries, remembering how their ancestors did so before them. The quaint humorist, "Judge Koons," remarks: "You needn't be so mighty conceited; your Daddy wasn't so much bigger fool than you, when you get down to brass tacks."

Why You Want It?

You want this new anesthetic whenever you are in pain that is really severe. You want it for

any kind of surgery. You want it for every case of childbirth. But, *mark this well*, you must not fool with this powerful agent yourself; you *must use it only as directed by an intelligent physician*. If you should recklessly give yourself an injection of the H-M-C or of scopolamine-morphine, you would soon become unconscious, and while in that condition might easily get in a position where the tongue would drop back in the throat, and then you might as easily drop out of life altogether. Sometimes on the operating table a patient "swallows his tongue," as doctors say, and prompt measures must be taken, or he will choke to death. If you could manage to tie a weight to your tongue, and go into unconsciousness with your face down and the weight pulling your tongue out, you might be safe, provided you did not turn over after a while, and also if the tongue was not so slippery a customer to deal with. And then, come to think of it, you might bite on the said tongue, and being unconscious of pain, bite it off before you felt it. Now this may appear foolish, but it is not foolish at all. You must not risk too much with the anesthetics, and patients must not be left alone when under their influence.

We know great risks have been taken, and

very ignorant people have sometimes given anesthetics without killing anyone, but ignorance is not a practical excuse.

Three Personal Experiences

A. Falling asleep in a Chicago sanitarium, under the influence of the anesthetic. In spite of scientific education, there was some dread; now and then the inhaler felt smothery; queer thoughts chased one another through the brain. The wonder rose—will I ever lose myself? And then—a slow, painful struggling back to consciousness. Dull pain, rising constantly to a higher pitch. Broken sobs. A far-away voice saying, “There, now, it won’t hurt so.” The prick of a hypodermic needle (morphine). Soon, full consciousness, much pain, great weakness, and for hours the sense of shock, desperate, dragging shock, with depression beyond words. *That was ether.*

B. A very much longer time in “going under.” Much choking and smothering. Very unpleasant thoughts. Then, the waking, hours after, from a morphine sleep. Not much shock, but, in another hour, nausea—deep, bitter, deadly. On and on it went, in spite of every expedient, almost

wrenching the life from the body in exhausting vomiting. Temporarily allayed by a little water, only to begin again, desperate, useless, paroxysmal vomiting; resistance failing and the end bound to come soon. At last a large dose of castor oil turned the abdominal muscles and strength came slowly back. *That was chloroform.*

C. Lying quietly in a cool little room, a white-capped nurse said gently, "It is time you went to sleep." The deft fingers turned back the sleeve, and the deliciously cool breath of alcohol on the arm made the prick of the tiny syringe almost imperceptible. The nurse drew the blinds and went away. A sensation of quiet peace floated about me. Then sleep—natural, sound, sensationless sleep. It was nine in the morning when the nurse left the room. It was five in the afternoon when consciousness returned in a perfectly natural awakening. A little trace of burning reminded me of the situation, or I should have wanted to get up. There was no shock, not a trace of nausea, and so little weakness that next morning I told the nurse I wanted to rise as usual. *That was the H-M-C.*

Half the horrors of the old operating table have never been told. War, with its nature born

of hell, has furnished nothing more truly awful than the field hospital surgery of the past ages. Whole libraries could not contain the records of pain. Himalayan mountain ranges sink into insignificance beside the monstrousness of human suffering. Mississippi and Amazons, at their highest flood, cannot equal the tears of anguish from mortal eyes. Sirocco and Simoon and Euroclydon, shrieking in unison, fade before the awful chorus of human groans. If there is one thing in the world that stands for all the concentrated hate of hell's myrmidons, that thing is pain-burning, aching, agonizing pain. To relieve it is to shoot a ray of heaven's own light athwart the gloom of an eternal night; it is to pour coolest water upon parched and cracking lips; to breathe peace across the troubled waters; to bring the touch of the Divine hand to helpless creatures. And some day, when the records for the true "Hall of Fame" are written in fadeless light, surely there will be seen the names of Morton, Simpson, Schneiderlin, Kroenig, Gauss, Abbott, Lanphear, Thibault, Paulin, Ribemont-Dessaigues, and the rest who most practically loved their fellow-men.

Does it not appear that mankind, at this beginning of the twentieth century, has been vouch-

safed a wonderful blessing, a true gift of Providence, the handmaid of the healing art—a maid well worthy of her mistress, a white angel of peace sweeping her wings over a throbbing world of pain, a true servant of Him who “went about doing good.”



(Future editions of this little book will be published as called for, with additional information and matter of importance that may develop. Ask for the last edition.)

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Appendix

THE SLEEPING CAR

“TWILIGHT”

APPENDIX

Rude attempts at anesthesia existed among the ancients, although the heroic endurance of pain was always held by them as a first-class virtue. Even the vinegar given to Christ on a sponge was supposed to slightly mitigate the fearful agony of crucifixion. The relics unearthed at various times and places in the East show beyond a doubt that the ancients had acquired considerable skill in surgery and invented many instruments. Quite a collection of these were dug up in the ruins of Pompeii, and may now be seen in the government museum at Naples. Since "A little nonsense now and then is relished by the best of men," the following humorous account of an early anesthetic may not be amiss. It is supposed to be given to a delegation of M. D.'s on their way to a meeting of the "A. M. A.":

THE FIRST ANESTHETIC

(As narrated by "Judge Koons.")

The Humorist sat in the parlor car
Amid the Doctors, who came from afar.
He blew smoke rings from the window near,

Then turned and said, in a voice clear:
 "Morton and Simpson didn't give birth
 To the first anesthetic on this round earth.
 That goes way back for two thousand years,
 Unless my recollection queers.
 There are seven 'sleepers' upon this train
 Of thirteen cars, and 'tis not in vain,
 For that makes me think of an ancient fuss
 With the Seven Sleepers of Ephesus.
 Didst never the mossy yarn review?
 Then listen! I'll tell it again to you:

"Old Maximilian was the king
 In the palmy days of which I sing.
 He got so mad at something or other
 These men had done, that he bade them smother
 The whole of the crowd with bowstring deft;
 But they skedaddled, and he got left.

"They gat them up to a cave nearby;
 Like Hamlet, they didn't propose to die.
 They said, 'To be! ah, there's the rub.'
 So they skyugled a lot of grub;
 And one, who as Alderman richly dined,
 Saw that the 'boodles' was properly 'wined.'
 Then they shut up the cave and drank so deep
 That one by one they all fell asleep.

"'Twas awful long, 'neath that potent cup,
 Before the 'boodlers' at last woke up.

They stared at each other, face to face,
With many a start and amazed grimace;
And all agreed, on top of the ground,
Such seven scarecrows had ne'er been found.
Their hair was matted, their beards were white,
Their bodies bent, their *figures* light,
Their faces were pale, and faint their looks,
For there wasn't a cent in their pocketbooks.
'Just clean ramfeezled!'^{*} they cried aloud,
'We're euchred—a naturally busted crowd!'

"A council of war was held that day;
They voted unanimous not to stay
Any longer there in such a muss,
But seek their 'constityents' in Ephesus,
And see if they'd tell them whence they came,
Who they were, and what each name,
Where they'd been, and what they had done,
How long they slept, how under the sun
They had changed, in the Tombs' dismal damp
To such a scallawag crowd of tramps.

"Here one of them just began to cuss,
But they hushed him up, and to Ephesus
They straggled down, and to ask began
For Maximilian; but each man
Just stood and gazed, like a simple clown,
As if a circus had come to town;
And children would run and scream and pant,
As though each one was an elephant.

^{*} See Webster.

"At last they found an ancient crone
 Who listened awhile, then in a tone
 Of wondering awe, she told them all
 How ages ago, in the early *fall*,
 Seven men were doomed one day to death
 By the cruel King; 'but,' the old crone saith,
 'They vanished from sight and sense that day,
 And the spirits carried them all away.
 'Twas hundreds of years ago,' she said.
 They looked at each other, and her, and fled.

"Again to the cavern's mouth they gat,
 And in solemn conclave down they sat.
 'To be, is no earthly kind of use,'
 One said; 'we would look like any goose
 That wandered out of its own barnyard
 Into another. It's very hard!
 Now "not to be" is the thing.' Then deep
 They drank again, and all went to sleep.

"'Twas long ago, in the days of yore,
 But the Seven Sleepers woke up no more.
 The peasants, walking the mountain round,
 Have heard a weird and witching sound.
 'Twas like when a glass on the table drops,
 Or when a cork from a bottle pops.
 And the legend is that when such is heard
 The *spirits* that carried them off are *stirred*,
 And *foam at the mouth* in fiendish glee.
 So there's your Anesthetic!" said he.

THE FRENCH PARLOR CAR

This is the MOST WONDERFUL YET. *It seems that the women of today are to be favored above all the women who have lived heretofore on the earth.* On a previous page the mere outline was given of "The Very Latest," that is, the discovery in 1914 of a new drug whose use in childbirth secures still more and better advantages than the H-M-C itself. This discovery has come suddenly upon the world, the first official, professional report of its working having been given to the French Academy of Medicine just about two weeks before the beginning of the world-war.

The man who made this report to the Academy stands at the very top of the professional ladder, and his elaborate clinical document demands the same respect and consideration as it would if offered to the American Medical Association at its official convention, by such a man as Dr. Howard Kelly of the Johns Hopkins, or Dr. William Mayo of Rochester, Minnesota. The report is an unusually long one, occupying some eighteen pages of the Bulletin of the Academy, and is upheld not only by Dr. Ribemont-Dessaignes' own testimony, but by the work of six or eight of his colleagues and assistants.

It is well to reflect that there can be no difference of opinion as to the facts reported by Dr. Dessaignes. There may be some question and discussion concerning the drug and its preparation, at least until the promised complete study of its properties and use is published, but the facts as stated by the great physician admit of no sort of doubt or denial. And these facts certainly prove to a demonstration that all we have claimed for the Twilight Sleep from the use of scopolamine-morphine, or the H-M-C, is fulfilled and more than fulfilled by this new drug, discovered by a French chemist, George Paulin, and his associate, Dr. Pierre Laurent. *These undeniable facts render this report of Dr. Dessaignes so extraordinary, and its tidings so priceless to the human race, that there is no language capable of doing it justice, and the more difficult does it become to understand why such a report was not immediately sent all over the world and its information at once seized upon by leading physicians everywhere.** Without expending more time I will give my readers practically the whole of this tremendous document. Imagine, if you please, the official meeting of the great medical society of France—the

* It forcibly illustrates what we have written about the slowness of the "leaders" to adopt new discoveries.

Academie de Medecine. Many of France's most distinguished physicians and surgeons read special papers on important subjects, and at times, some voluntary discussion follows the reading. The best work of the most successful men is thus quickly put before the profession. On this occasion the reader was the man said to be the first *accoucheur* in all Europe, and his subject was

OBSTETRICAL ANESTHESIA

Dr. Dessaignes began as follows—I give his exact language: “Since the use of anesthetics has been general in medicine and surgery, there are few obstetricians who do not desire to have at their disposition a sure as well as inoffensive means to annihilate, or at least to attenuate the too often cruel pain which accompanies the muscular contractions in the parturient woman, preserving at the same time the rhythm and energy of the contractions, which is an essential factor in delivery.

“In France, as far back as 1878, our eminent colleague, Professor Pinard, in his thesis on “Comparative Action of Chloral, Chloroform, Opium and Morphine,” arrived at the conclusion that if morphine calms the pains, it diminishes

the intensity of the contractions, which may even entirely cease, and that chloroform used as an inhalant, interferes with the retractility of the uterus, as well as the contractility of the uterine muscle." Here we have Dessaignes' endorsement of what we have written concerning the dangers of chloroform. Of this he speaks more fully in his paper. He goes on to tell how Dr. Doleris, in 1900, tried cocaine, but found it unsatisfactory. Then he says:

"Steinbuchel, and after him numerous German obstetricians, Kroenig and Gauss (Freiburg) especially, have originated a method called 'Twilight Sleep,' based on the use of scopolamine with morphine. The dangers of this method, recognized by a great number of writers, dangers which I witnessed myself during the researches made in 1905 by my then clinical master, Dr. Lorier, and the difficulties of its application as Gauss demands, justify the lack of success of scopolamine-morphine outside the women's clinic of Freiburg."

We have seen another reason for this "lack of success outside Freiburg"—the imperfect derivation and preparation of the drugs, and the failure to employ all the technic. The skeptic should, however, observe that Dr. Dessaignes positively

recognizes the Twilight Sleep as being effective when properly conducted. Our leading obstetricians may well take note of this. After alluding to the possibility of employing these other well-known agents to suppress some of the pain of childbirth, while confessing their insufficiency as a whole, he proceeds thus:

“The problem, long considered as insoluble—suppression of pain, integral conservation of contraction—seems to me now happily solved.”

Women everywhere! Read and ponder these weighty words of Dr. Ribemont-Dessaignes. Tell your friends. Write the news to those who have not yet heard it. Tell your physician you have seen these facts. It is very likely that many physicians have not yet read Dessaignes’ report themselves. But, hold! Get all the facts in line. Here they are:

“About the first of April, 1913, a chemist, Mr. George Paulin, and his collaborator, Dr. Pierre Laurent, came to me and begged me to try a new medicine, which from their personal experience, was *very little toxic* (poisonous), and possessed the precious property of *rendering labor painless, or at least easily bearable, without lengthening labor and without endangering the life of the child.*

After mentioning experiments on animals and also the fact of many trials of the drug made by the discoverers, Dr. Dessaignes says he tried it in the presence of Paulin and Laurent on three women in the Maternity Hospital of Beaujon. He says:

"All three showed by their agitation and by their energetic outcries the intensity of their pain. I offered to the first to ease her pain, but was badly received. 'I do not want to die,' she said. The second refused brusquely. The third (who had borne children before) accepted at once, and I made the injection at once with a Pravaz syringe, using 1 cc. of the solution. Then I watched the organs.

"Labor had so far been regular, the painful contractions recurring every five minutes. Exactly five minutes after the injection the contraction recurred, accompanied by less pain than before. Five more minutes passed and a new contraction came on, this time clearly less painful. Five minutes later there was another contraction, but *without any pain.*"

The great surgeon frankly and simply says: "*I was very much impressed.*" Was there not full reason? Think of all pain disappearing in just fifteen minutes after taking a single hypodermic injection and no loss of consciousness.

“The other women, who did not lose a word of my talk on the case of No. 3, now completely without pain, were not less impressed than myself, and after a few moments, woman No. 2 asked me to do the same thing for her, as had succeeded so well with her neighbor. I consented, and with her, too, the pains diminished in duration and intensity, ceasing after fifteen minutes.

“No. 1, now convinced, demanded with loud cries the benefit of the painless treatment with such a wonderful preparation. I forgot her first brusque refusal, and soon, *she, too, did not suffer any more.*”

Can that narrative be surpassed for simplicity, pathos, and vital importance to the race? The doctor continues:

“In the room which had been filled with outcries, there was now an impressive silence. I went from one to another and watched the organs carefully. I found that the rhythm of the contractions did not seem to be sensibly interfered with. Labor continued regularly and without pain with all three women. No. 1 was delivered a few hours afterwards *without suffering*. No. 2, whose pelvis was very narrow, and whose child made a wrong presentation, required the forceps in the evening. No. 3, whose child was very

large (4,500 gr.), and which had been dead four hours (this not from the drug at all), had to be assisted in the same way."

There you have the account of the first day's work with this new drug—a day to be remembered by every woman, a great day of deliverance from the curse of labor. Then follows Dr. Dessaignes' full report:

The 112 Painless Births

"I now present to the Academy the results of the analgesic injections in one hundred and twelve parturient women, either in my service at the hospital, or in the city made by my clinical assistants, Willette, Le Cointe, Martingay, by my colleague Le Lorier, and by myself. One hundred and fifteen children were born, for three women had twins. I could, indeed, have collected a larger number, but I preferred to use the preparation *only with women whose labor was really very painful or seemed to last very long.*" In other words, the doctor selected the hardest cases, those among which should have occurred the greatest number of bad or fatal results. He then discusses these five leading questions:

1. How does the drug act?
2. At what time does the pain disappear?

3. How long does analgesia last? (Unconsciousness of pain.)

4. What are the effects on labor? on delivery? on the puerperal state? (After the birth.)

5. What are the effects on the child?

The drug does not act locally, like cocaine. It is carried to the nerve centers by the blood current. While it is becoming effective, there may be some slight nausea, or dizziness, and stinging sensations at the extremities. During the first fifteen minutes after the injection, the intensity of the pain is either diminished gradually or its duration is shorter and shorter.

As soon as analgesia is obtained (absence of pain) most women fall asleep, or shut their eyes and doze. They are easily roused by questions. Some few chatter gaily with the nurses and attendants, noticing the contractions, but without any consciousness of pain.

Of the one hundred and twelve women, eighty-four experienced no pain at all; twenty-four had some pain, not sufficient to cause an outcry, and a few even declined a second injection as not being worth while. Only four of the entire number seemed to resist the drug's action. They declared that their pains were of the same character, but their cries were less violent and less prolonged.

Sixty-three women required only a single injection; thirty-nine were given two injections, and nine received three. A single patient, of an obstinate type, was given five injections, the delivery lasting forty-eight hours. Dr. Dessaignes says positively:

"Clinically these injections did not seem to affect in any manner either the intensity or the frequency of the contractions."

As this kind of childbirth was new to all, it was somewhat difficult to disassociate the element of contraction and the element of pain in their minds; hence he employed the hystereograph of Professor Fabre of Lyons, to accurately register the contractions. He displayed to the audience a number of diagrams showing beyond question the truth of his description. He further stated exact statistics as to time of labor and summed it up thus:

"I therefore have the right to affirm that labor is not slowed in such patients; I even think, under certain conditions, it may be accelerated."

Excessive Pain

"There is no obstetrician who has not observed the exasperating slowness of dilatation in certain

women in spite of, or perhaps because of the excessive violence of their pains. As soon as these women are analgesized, their cervix is dilated with remarkable rapidity. The muscular spasm, which seems to maintain the pain, gives way as soon as the pain disappears." And so it is with those suffering from the terrible lumbar pains (lower portion of the back) so greatly feared by women.

Dr. Dessaignes thinks the period of expulsion is abbreviated, and offers as a reason that the woman, not having suffered during the period of dilatation, is "full of confidence and courage; she presses silently, but with all her strength, happy to feel the progression of her child, which each effort brings nearer to the end."

Compared with Chloroform Again

"One of the points directed against chloroform by my friend Pinard, was that it paralyzed more or less the retractibility of the uterus, and there was a tendency to hemorrhage in the moment of delivery, a tendency the more marked as the inhalations had lasted a long time.

"There is nothing of the kind in the new drug."

Only one woman lost more than the usual amount of blood.

Passing to the sequelæ of labor, Dr. Dessaignes says: "It is well known what importance the American surgeons, especially the Mayo brothers, attach to the suppression of all that which, either before or during the operation, could in any degree provoke even a slight traumatic shock. Our parturient women *have no shock, no fatigue; they suffer no moral anxiety, no physical torture.* They do not show the depression nor the nervous excitation so well known. If delivered in the evening, they fall asleep and sleep till morning, instead of the insomnia which is the rule. Thus beginning the post-partum period calm and reposed, it is not surprising that the sequelæ of labor are normal. Pulse and temperature are not elevated above the normal except with some women with breast inflammation. Post-partum colic, if it appears, is easily controlled by a small injection."

Dr. Dessaignes then discusses the cases in which forceps and other helpful agencies had to be employed. He had wondered, in the beginning, whether a woman would not require deep anesthesia in order to endure these ordeals, but he found that the forceps could be employed and the patient not feel any pain, although fully

awake. He describes the extraction of the child as being somewhat similar to the extraction of a tooth from the gums after cocaine had been employed to eliminate the pain. As to the occasional tearing of the perineum muscles, he states that the needed stitches were promptly put in place and the mother did not even know what was done. Even cases of albuminaria and of eclampsia were readily controlled and greatly helped. And now we come to that important point,

The Effects on the Babies

“In spite of the remarkable properties of this drug, in spite of the innocuousness of its use with regard to the mother, we should not recommend its use if its effects should be a danger to the child, or if there should result from it any decrease of its vital power of resistance, or some trouble in its further development.

“During labor I have carefully watched the heart of the child and have never found it affected by the drug. Where the heart sounds showed disturbance, I have always found the cause in a prolapse of the cord, in a deformed pelvis, premature rupture of the membranes, etc.”

At birth seventy-seven children cried lustily; twenty-eight were slightly asphyxic, but the regularity and strength of their heart contractions, their pink color, the tonicity of their muscles gave assurance of recovery. Only three babies were "blue," and they were revived by ordinary means. A single child died during labor, but Dr. Dessaigues says naively: "If I had only statistics in view, I ought not to have analgesized its mother, for at the time of her entering the hospital, the fetal heart sounds were already abnormal, slow, very irregular and blowing."

RECAPITULATION: "With the exception of this last child, condemned to death before its mother entered the hospital, I have not lost a single child; all came living, crying, or were speedily revived. What was the fate of these children? Two had convulsions a short time after birth. The autopsy showed that both had succumbed to meningeal hemorrhage. Three premature children (very small) died at the end of one, two, and eleven days. All the others left the hospital in perfect condition.

"If, therefore, in some cases the drug showed a manifest action on the child, we can say that *it was temporary, and that it has not been injurious in any case.*"

The doctor then gives some directions for the use of the drug. He thinks it should not be employed till labor has positively commenced and there is some dilatation. It is not necessary to give the injection right in the seat of pain. A deep injection in the thigh is sufficient. He prefers a dosage of one and one-half cubic centimeters, and if a second or third is called for, one half a centimeter is enough to secure painlessness to the end of labor. Occasionally, in women who resist the drug, or when the patient is brought in already suffering terribly, the injection may be made intravenously and a quicker action be secured.

Use in Surgery and Medicine

Dr. Dessaignes refers to his employment of the drug to repair muscular tears in the perineum, and to Dr. Willette's using it in curetting after a birth; also its use by Dr. Bazy in cases where the patient had a fear of chloroform. He has employed it with success in those painful troubles, colic of liver or kidneys, in allaying the pains suffered by women at their monthly periods, and even in the agony caused by cancer. He closes with this declaration:

"Its weak toxicity (poisoning power), which I believe to be fifteen times less than that of morphine, permits us to use it as often as it is necessary."

Dr. Dessaignes then gives as full an account as was then possible of the drug itself. This is most interesting to the physician, but rather too technical for this little book. The doctor says that his colleague, Dr. Pouchet, undertook a complete analysis, but had not finished the work, which he found to be very delicate. Pouchet, however, sent a note giving some information, from which we extract a few statements. The drug is much like that known as the "oxydimorphine of Marne." It seems to be a product of "hydration and hydrogenation of morphine." It does not possess any of the alleged characteristic reactions of morphine. "It puts the animal body in a state of exquisite receptivity with regard to certain medicaments, as strychnine and digitalin, of which it considerably attenuates the toxic manifestations, and this quite different from that realized with morphine." Like morphine, it shows "marked vaso-motor influences, and it exerts on the respiratory organs a remarkable action. . . . It acts in a special manner on the brain and the great sympathetic nerve."

After stating that further research and experi-

ments were being prosecuted, Dr. Dessaignes says:

“This preparation was obtained by Mr. Paulin, after years of researches, by the action of living ferments, like that of beer, on a solution of chlorohydrate of morphine. The morphine is almost entirely transformed into a body which crystallizes in a very regular manner.”

Before giving Dessaignes' closing conclusions it is well to speak of the “discussion” which followed the reading of this wonderful paper. Not a hint of a shadow of a doubt or question was thrown upon it; not a single point of fact was disputed; not one of Dessaignes' conclusions was objected to. Dr. Bazy spoke briefly of certain surgical operations in which he had employed the drug with marked success. Dr. Bourquelot remarked on the chemist's note that he thought this drug must be “oxydimorphine.” He added, “If this is the case, the preparation of oxydimorphine, also called dehydrodimorphine, was prepared with a ferment in my laboratory nearly twenty years ago.” He then gave in detail the exact method of preparation of this oxydimorphine, and says it recalls the preparation called laudanum Rousseau, and concluded, “If the yeast of beer with morphine produces what we have

heard today, we must admit that Rousseau's laudanum possesses properties which neither Sydenham's laudanum nor the other preparations of opium possess."

That was all. Nobody had a word to say against this marvelous paper. It was "accepted" as much as any such leading professional paper is "accepted" by the great medical societies. As it is nearly all a succession of positive facts, supported by the professional word and honor of such leading men, what could be done with it but to "accept" it? And why should it not be "accepted"?

Dr. Dessaignes' own conclusions and closing paragraphs were as follows:

"From this exposition, whose length I ask the Academy to excuse, I believe I can draw the following conclusions:

"1. *It is now possible, without danger to the woman, to procure for her a sufficient anesthesia, so that labor is entirely painless, or almost entirely painless.*

"2. *Labor is not affected or rendered slower; it rather seems that in very many cases it is accelerated.*

"3. *The children are born in the proportion of one in three in a condition of slight asphyxia, which*

is easily done away with, and which is besides sometimes advantageous.

“4. The sequelæ of labor are favorably influenced, as the more rapid involution shows.”

The great surgeon alluded to a subject very close to the heart of France’s well wishers when he said finally:

“MAY THE CERTAINTY TO GIVE BIRTH TO CHILDREN WITHOUT PAIN ENCOURAGE FROM NOW ON THE FRENCH WOMEN TO GIVE MORE CHILDREN TO THEIR COUNTRY. MY WISHES WOULD BE FULFILLED, AS WELL AS THOSE OF THE DISCOVERERS, IF BY GIVING THEM THIS ASSURANCE I HAVE BEEN ABLE, EVEN IN A LIMITED MEASURE, TO CONTRIBUTE TO THE NATALITY OF OUR BELOVED COUNTRY.”

Advantages of Oxydimorphine

Someone has suggested the name of “detoxicated morphine” because the ordinary morphine is so greatly diluted and reduced in poisonous strength. Dr. Dessaignes says it is only one-fifteenth as toxic as ordinary morphine. This at once answers the fear of some patients lest morphine affect them too much, or even that

they may become morphine fiends if they submit to this treatment. But nobody becomes a morphine fiend from taking two doses of the drug, even in the ordinary strong form; and in this treatment the woman only takes one or two injections. Women may dismiss this ignorant fear at once.

It is evident that the patient is in no special danger from the drug, even in ordinary hands. Of course, no woman should go through the ordeal of childbirth without the attention of a good practitioner, but it often happens that no doctor can be secured, and some midwife is relied on for the entire experience. In such a case, if limited to one or two injections of this drug, as described above, there could be no special danger to the patient. Certainly such deliveries would be vastly better with than without it.

The whole difficulty of taking such elaborate pains with each case, as treated at Freiburg by Drs. Kroenig and Gauss, disappears immediately with this new discovery. The attending physician need not watch the patient so unremittingly; he can come and go, very much as he now does in the vast majority of labor cases. He does not have to test the memory every fifteen or twenty minutes, nor perform any other exacting test.

The principal objection to the Twilight Sleep a la Freiburg—"Americans have not the time"—vanishes in a moment. Quiet in the room, though always a desirable thing, is not imperatively necessary. The patient dozes in a soothed condition, or in a few cases, is lively and talkative, but unafraid and without pain.

The sleeping car "Twilight" is not put out of commission by this new discovery; it is simply greatly improved. A few years ago the reclining chair car was the best the railroads afforded the traveling public. Soon the improved Pullmans were invented with all their elegant conveniences. The chair cars disappeared, not because they were unsafe or because they did not supply something much better than ordinary coaches, but because the Pullman is so much better. So the Twilight Sleep, as used in Germany and by physicians in the United States who are familiar with the H-M-C and its benefits, is still a good car in which to travel on the Stork Railroad, but the new French coach is so much better—it runs anywhere, not requiring a special hospital; its crew does not have to be so exactly trained, and the cost of a ticket upon it, unlike the case of the Pullmans, is very much less.

In simple words, as soon as the proper tests

as to the character and preparation of the medicine are concluded, and the French scientists engaged in this work publish their results, it will become immediately possible for a physician anywhere to secure a supply of the new drug and at once give his patients a through ticket on this matchless car.

Let us hope and devoutly pray that Mr. Paulin, Dr. Pouchet, and others engaged in this research work, may not be seriously interfered with by the appalling war now sweeping away many of the best and most gifted of our fellow-men; and that we shall very soon be given the fullest information as to the preparation and employment of this wonderful new drug.

Truly, for all this, shall we not give thanks to God?

Our Duty

Manifestly our plain duty is to spread the tidings of this great discovery as rapidly as we can. Any reasonable means that will secure alleviation of the pangs of labor should be welcomed by all women and all men as the most priceless gift to the race. If chloroform à la Reine is the best means available, then use that. If the Twilight Sleep is possible in the premises,

then employ that. If the new drug, oxydimorphine, can be obtained, then use it by all means.

It is our duty to insist on the immediate employment of the best of these agencies, the best within reach, of course, and keep on insisting till lack of information, wilful ignorance, or prejudice gives way before our insistence.

Tell everybody about this wonderful anesthesia, anyone whom we can get to listen. Tell it intelligently. Be equipped with the real facts, the real reasons, the real answers to objections.

Cultivate in all women the spirit of positive rebellion against pain. Help them to throw off the yoke. Point out to them the way and the means. Cheer them with the promise of speedy relief, if, as yet, help has not actually arrived. Encourage in each woman the resolve that never again will she suffer as her mother has suffered, and she herself has suffered.

Educate your family, your friends, your acquaintances, if need be, a little at a time. But spread the information. To this end circulate, as far as you possibly can, this book, *and anything else that tells the truth on this vital subject*. Send out all the copies you can readily afford to pay for; send them out as missionaries of a wonderful new movement—the emancipation of women from

the domination of pain. As still further discoveries are made, learn about them quickly, and spread the additional truth in the same way.

Take up your burden. What is it? Whatever you know of truth that your neighbor does not know—that is your burden.

MY BROTHER MAN

The mass are in the dust, the few mount high.
Crowns for the winner! Hear the victor's cry!
The gold, the power, the pelf,
Spoils of war,
Ne'er to restore.
The rich man's burden is—To help himself?

Not mine to seek favor with all the gods,
When, toiling at my side among the clods,
The multi-millioned clan,
Your family—mine;
The two entwined
Inseparably; I see My Brother Man.

Not mine to choose, nor mine to set the task.
Did the Great Teacher stoop to me to ask
What should the lesson be? or how? or why?
Out of the dusk the memories troop by;
Lessons of life, learned in the school of time,
When, unexpectedly, I found the rhyme
And reason for a thousand things;

Lessons of charity, lessons with wings!

Why is it hard to see?

So hard to learn

Those words that burn—

“I am a debtor to both bond and free?”

Some gift, some power, some influence, some pelf;

Whate'er I have is not alone for self.

E'er since the word began,

Talents—to use

Not to abuse.

The rich man's burden is—My Brother Man.

THE NATIONAL TWILIGHT SLEEP
ASSOCIATION

This association of leading women in New York and elsewhere has been formed, and is already at work, touring the principal cities, lecturing and giving "Twilight Sleep Talks." The president of this association, who is a granddaughter of the Astors, Mrs. C. Temple Emmet, has the distinction of being the first American mother to bear a child at Freiburg. She now has three little "sleepers," and is naturally an earnest champion of the new movement for the emancipation of women from the bondage of pain. The Secretary of the Association is Mrs. Cecil Stewart, another society woman and a Freiburg mother. Her sister, Miss Marguerite Tracy, is the one who wrote the article in *McClure's* last June. Other leading women who have taken up the cause, are Mrs. Mary Boyd, Mrs. Francis Carmody, Mrs. Mary Ware Dennet, for years secretary of the National Suffrage Association; Mrs. Julian Heath, president of the National Housewife's League; Rheta Childe Dorr, author; Mary Shaw, actress and president of the Gamut Club of New York; Mrs. Hamilton Ormsby, society woman; Mrs. Mary Jenny Howe, wife of the

Commissioner of Immigration, and many others. The New York Federation of Women's Clubs has endorsed the new movement. It is claimed that a number of thousands of American women have used the Twilight Sleep. This is in accord with what has been already written in this book.

Evidently the Twilight Sleep and all it represents has taken firm hold on our best women. It has come to stay. It bears the stamp and approval of the most intelligent and respectable leaders of society, and their ranks are rapidly swelling every day. Unquestionably this movement has already become a force to be reckoned with. Surely this is a great day for Woman.

FROM THE FIRING LINE

As this goes to press, the latest reports are most interesting and encouraging. Here are some of the more important:

A considerable number of American doctors have been to Freiburg and are now trying the Twilight Sleep with generally encouraging results.

Many New York hospitals are using the method, although somewhat handicapped by the lack of trained assistants. This difficulty, of course, lessens as the days go by and the workers gather experience. Hospitals like the Jewish Maternity,

Gouverneur, Long Island College, Lying-In, Lebanon, etc., are in the full sweep of the experiment, besides many others.

In most important cities, and in many of the higher class hospitals the "Twilight" is making its trips successfully. In Chicago, Washington, St. Paul, Baltimore (Johns Hopkins), San Francisco, Boston (Massachusetts Homeopathic), Georgetown, Buffalo, St. Louis, etc., the good work is going on.

The subject of Twilight Sleep has been more or less discussed by the large majority of the medical associations in the country. Considerable opposition, shown at first, is rapidly giving way.

The insistence of the American women that they shall have the benefits of the new method is bringing results. *Keep on, ladies! Hammer away with all your might. Emancipation day has come.*

Drs. Knipe and Polack are making splendid history in New York. Dr. Polack spoke in Philadelphia at the College of Physicians and Surgeons, a short time ago, and hundreds of doctors came to hear him explain the Twilight Sleep.

Dr. Newell, of Harvard, has used scopolamine-morphine in some two hundred and fifty cases

with great success. He wants three things: *hospitals, a staple drug, and skilled assistants.*

Dr. Bertha Van Hoosen, of Chicago, who has had much experience with the method, says that the Twilight Sleep "lessens hemorrhage, decreases lacerations, gives rapid convalescence, and increases the milk secretion, all of which make for infant welfare." She adds the query, "What greater boon could the twentieth century give to women?"

Leading medical men are acknowledging that "this is a distinct step in advance." Others declare that under the method there is "less hemorrhage, lower mortality for both mother and child, less asphyxia, less laceration, much less likelihood of injurious after effects, and less repairs for the obstetricians to make."

It is estimated that from five thousand to nine thousand American mothers have traveled on the Sleeper "Twilight" in the last eight months. The number is rapidly increasing.

Dr. Knipe, in a recent issue of the *Medical Times*, says: "That there is a prolongation of the second stage of labor, must be admitted; this is, however, slight if a proper technic has been followed; if too large doses have been given we may expect some trouble. . . . When the

drugs are properly used, and when the patient is treated from the obstetrical point of view, there is no danger to the child in the use of the Twilight Sleep."

Everyone in the least qualified to speak maintains that small doses should be the rule. The less morphine the better, consistent with the end in view. A widely experienced physician says that the only real objection to the general use of the Sleep in America is the necessity for qualified and equipped hospitals, the presence of physicians, nurses, internes, memory tests, and anywhere from five to twenty hypodermic injections (scopolamine). It is hard to see how all these can be introduced into the homes of the people.

On this point the latest use of the H-M-C tablet is decidedly encouraging. Dr. Abbott says:

"The advantage of the H-M-C in obstetrical cases is that it is admirably adapted to the use of the physician in the home. When used in proper dosage, any physician can employ it with safety to both mother and child. The essential thing to keep in mind is that danger lies in overdosage with morphine. Always keep the quantity of morphine below the danger point. For this reason we recommend the use of the half-strength

tablet only. In other words, in any ordinary case, the patient receives only 1-8 grain of morphine, as compared with the 1-6 grain ordinarily given in the *Dammerschlaf*, and 1-200 grain of hyoscine, as compared with the 1-160 grain of scopolamine, ordinarily given in the *Dammerschlaf*. In the *Dammerschlaf* this scopolamine dose is often repeated many times, whereas H-M-C is given in a single, or at most in two small injections. . . In severe cases, in both forms of painless labor, the quantities may exceed the above, but always the amount of narcotic required in the H-M-C is less than when the full Twilight Sleep technic is employed."

In substantiation of what has been said about American doctors practically using this "Sleep" for some years past, read extracts from two physicians far removed from the centers of learning. Dr. F. A. Churchill, of Seattle, Wash., writing of the Twilight Sleep in the *Town Crier*, says:

"Here we have something better, we consider a good deal better and safer, in hyoscine hydrobromide, with cactin and morphine. We secure the same results described in *McClure's*, but with a lot less fuss.

"Use the memory test? Certainly. That is the only way.

"Why don't American doctors use scopolamine? Because scopolamine can be made two ways; one kind is honest enough, but the other has a very low rotary power, and by reason of its impurities is apt to be dangerous."

Another letter from a physician in Oklahoma, Dr. William Daniels, says: "It is amusing to read some of the articles on Twilight Sleep, when I have been using your H-M-C tablets in my confinement cases for *more than eight years*. With H-M-C I have always obtained every result claimed for the German method. . . . With ten years work I have had only two instrumental deliveries; never lost a case from hemorrhage; never had a case of placenta previa, nor of puerperal fever. . . . Several years ago, when much was said about comatose conditions, I felt a bit shaky, especially when I delivered three 'blue babies' in succession, but I went right on, giving the H-M-C in the second stage, and in the next dozen cases had not the slightest difficulty. I am now convinced that the alleged danger to the child is greatly exaggerated, and my uninterrupted series of successes seems to me testimony enough as to safety."

About six months ago a leading medical editor wrote: "The time may come when a harmless agent

with which to lessen or abolish labor pains will be discovered, but that time has not yet arrived."

The man who wrote that is a good man, an able man, and a valuable man in the profession; but, honestly now, in the light of the facts submitted in this book, was he not honestly mistaken?

Ask the women themselves. Ask the members of the National Twilight Sleep Association who have been going about from city to city, giving "Twilight Sleep Talks" in big department stores, like Gimbel's in Philadelphia, or in leading theatres, like Ford's Opera House, Baltimore, where, a few days ago, Mrs. Anna Steese Richardson and Mrs. Francis X. Carmody told their thrilling story to hundreds of interested Baltimore women.

Those of us who know the facts cannot help telling them with pen or with voice, as the opportunities open. The news is too wonderful, and the relief from pain too marvelous to be kept secret any longer. Tell it, publish it, write of it, speak of it, help others to read about it. If you are rich in truth, the measure of your knowledge is the measure of your debt to others.

The author, if health permits, may be engaged for a few special lectures, or "Talks" on Twilight Sleep, under the auspices of Women's Clubs, or other organizations. Address him at Blue Ridge Summit, Pa.

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