

CHILD-BIRTH WITHOUT PAIN

— BY —

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BALTIMORE, MD.
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112-114 West Baltimore Street.

TO THE ONE WHO RECEIVES THIS PAMPHLET.

DEAR SIR:

The history of this pamphlet is as follows: It was written by Dr. D. M. Barr, who resides 1902 Spring Garden Street, Philadelphia, and read by him before the Obstetrical Society of the same city, and then published in the Philadelphia Medical and Surgical Reporter.

It fell into the hands of a gentleman residing in a Southern State, who used the mixture herein described on page 6 with his own wife, in child-birth, and obtained such delightful results that, with the advice and endorsement of others, who had seen the same blessing in their own families, he had it reprinted for free general distribution, to let suffering women know what a safe and blessed relief there is for them in child-birth.

Dr. Barr has nothing whatever to do with its publication or circulation, and does not even know when or to whom it is sent.

Please read it carefully, especially the remarkable cases where children were born with little or no pain to the mother (recorded on pages 6 and 7), and then if you have no one dear to you to whom it may prove a blessing, hand it to some intelligent married lady or gentleman.

A large edition has been placed in the hands of Mr. D. W. KOLBE, Surgical Instrument Manufacturer, 1205 Arch street, Philadelphia, with instructions to send a copy, post paid, to any address, on receipt of a postage stamp; therefore, if you want other copies for friends, they are within your reach, and if you wish further information on this subject, write to Dr. D. M. Barr, 1902 Spring Garden Street, Philadelphia, Pa., or Hygienic Institute, Ocean Grove, Monmouth County, New Jersey, and your communication will be answered.

A word from women who have suffered, and know the need of an Anæsthetic, will be considered and held in sacred privacy, but the facts will be used to encourage those who write for information.

Please address all matters of interest in this work to

THE OCEAN GROVE HYGIENIC INSTITUTE,

OCEAN GROVE, MONMOUTH COUNTY, N. J.

ANÆSTHESIA IN LABOR.

BY D. M. BARR, M. D., OF PHILADELPHIA.

[Read before the Obstetrical Society of Philadelphia.]

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MARCH 13TH, 1880. \

I am here to-night to plead for "Anæsthesia in Labor." Not only in troublesome instrumental labor, but in all cases where the pains of travail fall upon women.

I offer the following propositions:

1st. Anæsthetics are *not* used in a fair proportion, in the pains of labor, to their use in ordinary surgical operations.

2d. A proper anæsthesia is *as* directly indicated, and is more safe in its use, to the obstetric patient than to the surgical patient, case for case.

In addition to the arguments in support of the foregoing, I will consider the questions: 1st. What is the danger to the child. 2d. What anæsthetic should be used. 3d. What effects may be expected.

(a) Upon the general system of the mother, with cases illustrating.

(b) Upon the parts involved in parturition.

In considering the first proposition I am willing to acknowledge the terrible nature of all induced pain; having myself suffered without chloroform, I know how to appreciate it. The knife cutting into the quivering flesh involves all that is terrible, in anticipation as well as in realization, against which nature shrinks, demanding anæsthesia. So also in the presence of suffering from any character of operation, such is the terror inspired that an anæsthetic is invoked, often upon the most trivial occasion, from the pulling of a tooth to the capital operation.

But granting the horrible nature of induced pain, it is of but brief duration; from five minutes to two hours will measure the period

of almost every case in which anæsthesia is demanded; the great majority requiring the minimum of time as well as involving the minimum of suffering.

In labor cases, on the contrary, pain continues, with intermission which seem only to aggravate the coming pain, from two hours, as a minimum, to ten to fifty long, weary hours; a character of pain which Prof. Meigs well says has no other name but agony, and this pain accompanied with suffering which beggars description. In the midst of fasting and sickness, **the body must labor; weakness and exhaustion plead in vain for rest; with every muscle of the body exercised to its utmost tension, in mortal terror for very life, as in a treadmill, it must labor.** On and on, again and again, as the resistless flowing tide, comes the pain. Such is the terror of this scene that the prophet of old seizes it, there being none greater, to describe a fearful calamity. "For I heard a voice, as of a woman in travail, and the anguish of her that bringeth forth her first child; the voice of the daughter of Zion, that bewaileth herself, that spreadeth forth her hands, saying woe is me now, for my soul is wearied because of murderers."

This is a labor scene the truth of which we all know. Who among us has not heard from suffering woman the despairing cry of Saul, "Kill me, for anguish hath come upon me;" or the more familiar, "I shall die, I shall die, and not live." And yet, while our hearts have been moved with pity and sympathy, how many of us have failed to give her the

comfort of anæsthesia—this greatest gift of God, so especially adapted to her need; this power of God, which alone is able to say to this troubled sea of agony, "Peace, be still." I ask, gentlemen, *is it fair*, if anæsthetics be safe in labor, that they be denied here and offered for the pulling of a tooth?

But the saddest side of this scene is yet to be considered. Upon whom does this sad visitation fall? Is it upon the stalwart man, whose heart, and nerve, and muscle and nature are strong to endure this terrible ordeal? who in long years of exposure and training has learned to labor and to suffer? I say, is it the strong and stalwart of our race who are thus called upon to suffer? Oh, no! Not so. If they must suffer, they must have gas. If a leech is to be placed they cry, "Couldn't I have a little ether?" If it were they, indeed, there were no need for this paper; public opinion, so potent in making presidents and in moving our thoughtful (?) legislators, would long ago have moved the profession to see the propriety of "Anæsthesia in labor." On the contrary, it is the weak, delicate woman; the daughter; perhaps, a young creature, whom a kind providence has shielded from sun and wind, whose delicate fingers have been taught to lift the music zephyrs from their hiding places—nothing weightier; whose sweet, peaceful life has never known a thought of pain or care. It is this gentle creature, so brave and true, that she enters willingly this dread scene of suffering, counting her life not dear for those she loves. She takes the hand of her physician; she believes that she is forewarned; she believes that she is prepared to bear; but is she? Not so. Language never yet has framed the words which could tell the tale. She is prepared to meet death, if need be; but suffering more than death, she cannot die. How often have you and I heard her call for death, pray for death, as the terrible reality forced itself upon her astonished consciousness. She is told it is all natural! God has so ordained it! She can bear it! All women bear it! And so, in her pain and in her exhaustion, as a lamb upon which the dogs are set, she suffers her time. Who says this is right? What father will condemn his child to this? What husband will stand by and see this, when the fact stands patent before us that, with added safety to mother and child, by the scientific use of the means which the God of nature has placed in our hands, she

may be led through this terrible ordeal as though but bathed in the waters of the "river of Lethe;" and though all these pains must be submitted to, and all this suffering endured, the consciousness may the while be solaced by sweet sleep, and the visions of dream-land take the place of stern reality.

And now how stands the account between the pains of labor and the induced pains of Art? But this is not all. We have but studied the scene of a natural labor. Now, let trouble come, and the aid of Art be invoked, with all the long list of procedures needful to save life. How shall the woman endure the scene? The forceps, which her imagination has pictured as a far-off horror, now looms into life; a strong man adds all the power of his might to the forces already grinding her to pieces; and the more terrible instruments which shall mutilate her child, that only source of joy which can, for a moment, cause her to forget her anguish. Consider the agony of mind and heart, and compare it with the pains, and pangs, and fears of the most terrible of operations, and how stands the account? But stop; consider; of all the people who inhabit this earth, perhaps not one in a thousand has ever known a pain requiring anæsthesia; and yet, of all creatures born, whether living or dead, whether mature or immature, I may almost say none, not one, has come forth from a living mother, but that, more or less, it was shrouded with pain which might have been relieved. Balance now the account, and will not every heart join with me in the conclusion: Let anæsthetics be administered in labor cases, and its benefit compared with its help in all other pains, and the balance in favor of pain and suffering soothed shall be, without measure, in favor of anæsthesia in labor.

In considering the second proposition we have to compare the general condition of the parturient woman with the general condition of the surgical patient, and study the effect of the anæsthetic upon each.

Contrasting these conditions we have—

1st. The surgical patient approaches the operating table in varying stages of *disease*, whereas the obstetric patient approaches her labor in varying stages of *health*. Second, the surgical patient expects to wake from his sleep with a mutilated body, perhaps with loss of members, or at least a lingering suffering. To wake, for him, is, as best, to weep

She, on the contrary, looks upon this sleep as the heaven-sent haven of rest. On the borders of this sleep she lays her burden down—she wakes to receive her reward; she seeks this sleep a suffering woman in travail—she hastens to wake a happy mother, reaping the fruits of her suffering and patience during the long past months in the fullness of joy, such as a mother only can know. To wake, for her, is to welcome her harvest home.

2d. They come subject to the shock of sudden accident, or worn by lingering disease; the nervous system all unstrung. She in the height of highest vitality; for never is a woman's life more perfect than now; her nerves and muscles all braced for the contest for which nature, foreseeing, has been preparing; not that she is thus strong enough to fight her battle alone, but that she is the *best that she CAN BE*.

3d. If they have a tendency to anæmia of the brain, 'tis greatest now, and chloroform will but intensify the risk. If she have a tendency to anæmia of the brain, 'tis least now, her blood being rich as possible for her, and surging through her brain never so high.

4th. If they have valvular disease of the heart, requiring highest vitality of system to keep in regular action, how is this vigor lessened now, how great is the tendency of chloroform still further to increase the demand. Whereas when she comes into labor with valvular disease, instead of previous exhaustion and debility, her heart is stimulated by her condition, excited by her surrounding circumstances, by every act of preparation, by very hope. Urged to its utmost power by constantly recurring pain, by the violent muscular effort, its danger is from over action, from over exertion, lest its walls or its valves give way. How appropriately here comes in the soothing, sedative influence of the anæsthetic, quieting the excitement, subduing the pain, lulling into gentle slumber; the scene of labor is gone; the woman bides her time in happy unconsciousness; the heart resumes a normal pulsation, safe, under proper care. Even in the uræmic poisonings, with the threatened convulsion, that nightmare of the obstetric condition, let the onset be anticipated, let the nervous irritability be lost in gentle slumber, and the time for spasm may pass unheeded, the signal may never be given.

I appeal to the experience of the profession: does any one know of an instance in which a

patient has passed from a state of proper anæsthesia into convulsion? For myself, I never saw it; on the contrary I have seen the threatened spasm abort and never return.

It is the habit of the profession, after the onset of convulsion, to fly to chloroform and the lancet; why should not the earlier use of the former do away with the demand for the latter.

We may deduce from the foregoing that in the ordinary surgical operation the death tendencies are from shock, from anæmia of the brain, and from general and special debility, while we know that the death tendencies of chloroform are exactly upon these same lines. On the contrary, the death tendencies of the parturient condition are from over exertion or consequent reaction, from plethora, from congestion of the brain, from convulsion; the tendencies of chloroform being all antagonized to these same; and as two waves meeting produce a calm, as oil upon troubled waters give peace, so is it with anæsthesia in labor. Nor is this all: while the pains, *per se*, in each case may be equally unbearable, and equally require anæsthesia, the cause and condition of the pain vary absolutely. In the surgical operation we have the flesh incised, the nerves divided; it is a concentrated, localized pain of great intensity. To subdue the knowledge of this pain requires absolute snoring anæsthesia. On the contrary, in labor there is no sudden division of the continuity of any tissue. This is the pain of horrible cramp. It is the pain of the muscular contraction, the resistance of muscular tissue against inordinate distention. It is the torture of the rack, and such is its fearful power, that in the tearing asunder of the distended parts, as of the perineum, the very laceration brings relief, as though the gates of Paradise had opened to give the weary one rest. And yet under a very light anæsthetic effect, long before the snoring sleep announces profound anæsthesia, the muscles relax, resistance ceases, the parts distend to their utmost capacity, while the consciousness is lost in a dream. It will be remembered by all who administer anæsthetics that the test as to condition for operation is not that the muscles be perfectly relaxed, not that the eyelid may be stretched without making resistance, but that the delicate and sensitive cornea may be touched with the rough finger end without

causing a sensation. Such a condition should be unknown in the obstetric chamber.

And further still, as a measure of safety in favor of the obstetric use, let it be remembered, the ordinary surgical patient, under this profound anæsthesia, is always bordering on the verge of death; he has within himself nothing but his own weakened life force to support him; sinking must be met by flagellations, by shock from the battery, by ammonia, by inverting the body that blood may gravitate to the brain; whereas in the parturient patient we have all these substitutes within the citadel, the natural forces then in fullest exercise, acting as a guard against possible accident. The constantly recurring pain serves for the battery, the ammonia, the flagellation, while the muscular exertion, compressing the lungs, forcing the blood into the brain and holding it there with vigorous effort during the pain, answers in advance for the tilting of the body, so often tardy, in all cases where the anæsthetic is administered with only an approach to proper care.

Certain it is that any woman may be chloroformed to death, as she may be smothered to death by placing a pillow over her mouth and holding it there; but I am thoroughly convinced, and I trust I have shown some good reasons for believing, that far beyond the average of ordinary surgical cases in which they are usually administered, the necessary and proper anæsthetic effect is safe in labor cases. But the question as to the safety of anæsthesia in labor involves, beside the foregoing, the question as to its effect upon the child. If its delicate life be endangered, then falls the entire argument; but gentlemen I have no hesitation in asserting the contrary, for the following reasons:

It stands upon record, that in one case, before instruments were applied, a woman had inhaled three pints of chloroform, and as a consequence, not only was the babe still-born, but it was so saturated with chloroform that its body was preserved in color, form and feature, during three days, in hot weather, without ice. I mention this case, gentlemen, simply to show you that a woman in the obstetric condition could scarcely be chloroformed to death. If the mother's blood may be so saturated with chloroform that after passing through the placental vessels it shall retain sufficient chloroform so to inject the tissues of the child, and yet the mother live, all argu-

ment against its safety to the mother must fall. I only mention this to condemn. I look upon such a practice simply as an experiment as to how much chloroform would be required to kill a child and save ice to its burial, expecting the mother's death as a matter of course. Pure chloroform is always dangerous; three pints at one labor must be deadly. I think the profession will bear me out in the assertion—the babe will be influenced only in a small proportion to the anæsthetic effect upon the mother.

If I may offer my own experience during the last twelve years of almost constant using in my labor cases, I will say I never saw a babe exhibit any marked influence of the anæsthetic, nor have I ever heard an intimation to the contrary by any one present at the birth, although, as a rule, I always call the attention of the friends to the condition of the babe immediately upon its birth, for my own protection against gossiping report. If a mother be smothered to death, I am ready to admit that the babe would suffer; but such is not good practice.

Let us consider the other side: How much chloroform can a babe bear? We have numberless instances of young babies inhaling chloroform. This is acknowledged to be the anæsthetic for babes, and reaction is prompt after having been kept hours under its influence. Among others, Professor Simpson mentions a case in which a babe not one month old was kept continuously under the influence of chloroform during twenty-four hours, with no bad symptoms and absolute control of convulsions, which had resisted all other means. In 1866 I administered to a patient of mine, only ten days old, for an operation by the late Dr. F. F. Maury, without trouble; and prompt recovery. And in 1870 I administered to my own child, a babe of two days old, pure chloroform to perfect anæsthesia, unbroken for forty-eight hours, except to feed with a spoon what nourishment could be drawn from the mother's breast. My nurse sat for thirty-six hours without moving from the chair, or, I believe, her eyes from the face of the child which lay upon her lap. The trouble was a horrible convulsion, resisting all efforts to soothe and relieve. Babe was threatened with immediate death; chloroform was resorted to as a forlorn hope. During this entire period, any attempt to allow an approach to consciousness was followed by a

renewed onset of convulsion. Recovery followed without an untoward symptom; and I offer, as my answer to this query, a babe in utero can bear all the influence of chloroform which a mother can impart, herself not being in unwarrantable jeopardy. And I will say further, if a mother can, to a limited extent, impart the anæsthetic effect to her child, in mercy's name, let it be so, and let the child be spared the pain which, unless anesthetized by the hand of God, it must suffer in coming into this world.

We have now to consider what anæsthetic should be used. And in this study we shall see, from the side of supply, as we have already seen from the side of demand, how wonderfully the indications of the obstetric condition are met by the anæsthetics.

I am accustomed for a number of years past to use a combination of chloroform, ether and alcohol. The peculiarities of chloroform are: 1. It has the power to subdue pain by its effect upon the nervous system, independent of its influence upon the blood, acting as a narcotic. 2. It is by far the most prompt and powerful in its effect. 3. It is the most dangerous after a slight stimulation, often wanting, and a slight nausea, very often absent. The tendency to paralyze the nervous system at once is manifest. First the sensory, then the motor nerves, then the functions of life succumb; with it immunity from pain precedes the stertorous sleep; a tendency to induce anæmia of the brain distinguishes it from ether or alcohol, as well as the fact, well established, that it may, without warning, paralyze and arrest the action of heart and lungs. With it the stage of inebriation is slight or wanting. In ether we have almost the opposite of chloroform. In its approach to anæsthesia we have, first, a long stage of inebriation, with nausea and vomiting, and with excited spasmodic—I should say, drunken—efforts, often requiring strong hands to restrain second, perfect immunity from pain, with ether, exists only in the stertorous sleep, often only after a long and tedious administration; third, the heart and lungs are stimulated, the brain and general system congested; the anæsthetic influence is induced only through the blood, and in the following stages: 1, Inebriation; 2, Stupor; 3, Muscular relaxation; 4, Stertor; and 5, Coma, if pushed too far.

In alcohol we have only two stages, intoxication and reaction—the drunkard's sleep. Now what are the indications of the obstetric condition? First, we have a sudden on-setting pain of great violence; accompanied with this pain, we have a muscular effort involving all the muscles of the body, a straining effort threatening injury to the valves of a diseased heart, or the rupture of the vessels of a delicate lung; we have this effort forcing blood into the brain and holding it there, maintaining a temporary mechanical congestion of the brain; we may, at the same time, have rigid spasms of the os uteri or perineum, cramps of the voluntary muscles or general convulsions. Now, how shall these indications be met? Without controversy, chloroform stands forth as the remedy, its very points of danger being antagonized, to a certain extent, by the obstetric conditions. Does chloroform promptly subdue pain? Here is a sudden on-setting pain! Does it induce anæmia of the brain? Here is an abnormally, though mechanically congested brain. Does it relieve muscular tension and spasm, and cramp and convulsion? Here are muscular spasm and tension perfected, with the most terrible of cramps, and convulsion always possible. Does it tend to depress the action of heart and lung? Here is the action of heart and lung stimulated to highest effort by pain, by excitement, by muscular exertion, by nervous irritability. But you say it is dangerous? and I say it is dangerous. Its effects may be in excess of the demand. It may paralyze and arrest the labor. In the absence of pain we want no chloroform; how shall we obtain its benefit without its risk? Now comes ether; evaporating three times more rapidly than chloroform, it brings its first stimulating effect to antagonize the ever possible depressing or enervating effect of chloroform, without in the least retarding the anæsthesia, and its own anæsthetic effect is developed after the force of the chloroform is spent. Its own stage of excitement and nausea is lost in the early anæsthesia of its rival, and its dangerous sequences forestalled; thus we have, if properly combined, a perfect anæsthetic against a labor pain. But in the absence of pain we need no anæsthetic, and should allow only the lightest possible influence; indeed, a pure stimulant is to be desired. Now comes alcohol; less volatile than its fellows, if administered with them it must mainly act after they are gone. Mixing

freely with them, it serves to dilute and make more manageable these powerful agents.

I am accustomed to use the following combination, the proportions graded according to the relative strength and nature of the ingredients and the demands of the case, increasing or lessening either ingredient if the peculiarities of any case seem to indicate it, which I find very rare. Combine—

R Ether.....3 parts.
Chloroform.....1 part.
Alcohol.....2 parts.

and we have an anæsthetic admirably calculated to meet the obstetric condition. Of this mixture three drachms is a quantity easily handled. It may be sprinkled at one time on the inhaler, and just as the patient exclaims, "quick, quick, Doctor, here comes a pain," let the inhaler be placed near the mouth, but not against it, so as to at all exclude the air; after two or three rapid inhalations the pain may play itself; our patient is in comfort. The rapidly evaporating ether and chloroform, antagonized upon the dangerous or troublesome points, and at one as to the anæsthesia, have done their work, and are away almost as soon as the pain, leaving the slower alcohol to foster the influence and to guard against injury, as a watchman to look up after the firm has departed. This effect may be thus intermitted or made continuous, may be lightened or deepened, as indicated.

I have thus far considered anæsthesia in its brute force, as demanded in ordinary operations; but there is another stage of anæsthesia peculiarly adapted to labor cases, in which the lion becomes a lamb. Writers have written about a stage of anæsthesia, most desirable and safe, in which pain is absent and yet consciousness is not lost, as a condition perfectly adapted to minor operations in surgery, very difficult to obtain as well as maintain. But to most surgeons this stage is a "myth," a "will-o-the-wisp." So far as I have used anæsthetics in ordinary surgery, or seen them used by other surgeons, there are but two stages of anæsthesia, one of inebriation and one of profound sleep, ready for the operation; but in the anæsthesia of labor cases, this rare and beautiful condition referred to not only may be, but should always be looked for. Profound anæsthesia is seldom required, even to subdue the worst pains of labor, and in the absence of pain but the slightest effect is re-

quired to continue the dreamy sleep, in which the patient follows in her imagination the direction of the physician; her brain crystallizes every idea into a scene of reality, and thus, in vision clear and vivid, she visits the scenes of her childhood, and lives again the pleasures of a long ago, or sings and revels in the pleasures of to-day, all unconscious of the pain which will at regular intervals break in as a cloud, perhaps changing her tone, arresting her voice, maybe forcing a long, low moan, or a complaint, and then the face is lit again with smiles, the song finished or the journey renewed, all unconscious of the interruption, and she wakes when all is over, remembering every scene of her dream life as a vivid reality, and the pains of her labor, if at all, only as a dream.

She has fulfilled the prophecy which stands to-day, though written centuries ago: "Before she travailed she brought forth, before her pains came she was delivered of a man child."

In illustration of this beautiful effect I will select some examples, which I trust will interest you, and which with one or two exceptions are residents of this city to-day.

Mrs. F., 1871. Taken in labor two weeks premature, in consequence of alarm at the sudden death of an aunt; was so very nervous that I feared for her safety; she had settled in her mind that she would certainly die in this her second confinement. Immediately after the first few inhalations she became tranquil, no sickness, no suffering; she lay upon her bed as though simply resting; no one in the room except myself supposed she was unconscious of her pain, which regularly recurred, and was regularly responded to by the straining effort, dozing slightly in the interval of pain; she replied to every question intelligibly, and appeared in perfect comfort. Labor completed itself naturally; anæsthesia was continued slightly until the close of the third stage, on account of her nervousness, and contrary to my custom; after bandaging, I said aloud: Mrs. F., your babe is born; she replied, in perfect wakefulness, my babe isn't born; how could my babe be born and I have no pain? and then remembering her fears, she exclaimed, How could my babe be born and I not die? She was soon convinced, and rejoiced in her happy relief.

Without material difference in the scenes of labor was Mrs. M., 1876. When I said, Mad-

am, your babe is born, she replied, now Doctor, you're fooling me. No, Madam, there's your babe at the foot of the bed, covered up. Touching it with her foot, she exclaimed, pshaw, that's Julia.

Also, Mrs. F., 1879; hearing her babe cry she exclaimed, petulantly, Now, Viola, you always wake me just as I get into a nice sleep.

Also Mrs. R., September, 1872 Tedious first labor; mother weeping all night over the apparent sufferings of her child. Mrs. B., your babe is born. She replied promptly, Is my babe born? Well, Mother, I never felt one pain.

In all these cases labor progressed and terminated naturally; no vomiting, no drunkenness, no cessation of pains, no stertorous sleep, no instrumental interference, no hemorrhage, indeed, nothing but the regular inhalations, the regular pains, the natural delivery, and the perfect, prompt waking. Mrs. L., 1873, by advice of husband and friends, refused the anæsthetic. I sat by her bedside offering her what comfort I could, while she labored as hard as I ever saw any one labor, from 9 P. M. until 3 A. M., when she became perfectly exhausted, and I said, "Now, Mrs. L., you are very foolish to suffer so when I have perfect comfort for you in my vest pocket." "Well, Doctor, if you're sure it won't hurt me I'll take it." Within five minutes she was at peace; no more pulling, no more treadmill arrangements, no more suffering. Labor advanced rapidly; in an hour her babe was born, and she rejoicing. Three children have since been born to her, all in dreamland. These cases represent the ordinary effect of the anæsthetic; but there is a much finer effect possible with the very dry ether and chloroform of Squibb's manufacture, and I believe only with his can it be perfectly maintained. The condition requires careful administration of the anæsthetic, but will well reward the effort. As examples, I mention Mrs. B., 1872. First labor. Early upon its onset, I administered the anæsthetic. Then I invited her to visit her old home. I described the scenes; she conversed freely, with apparently perfect confidence, interrupted only with each pain and her straining effort. When all was over, she told, with great delight, of her visit home, describing the scenes upon which we had conversed; she had been with the Doctor to the garden, to pluck roses; she saw the old willow tree at home, waving and waving, and

that's the last; her babe was born entirely without a sense of pain or knowledge of the birth.

Mrs. C., 1874, almost immediately after the first inhalation burst out into a beautiful song, and continued singing one after another until her babe, a large boy, first child, was born. Her singing was interrupted only by the onset of each pain, when she would descend rapidly from her high, clear soprano to a low, moaning sound, until the pain had passed, when at once she is off again into an airy glee, all unconscious of the pain. This scene was repeated some two years later, upon the birth of a pair of fine boys, and I expect soon to see it encored, I hope, with a set of triplets.

Also of this character was Mrs. H., 1872, who spent the time singing and conversing, utterly unconscious of pain; her first child. So delightful was the scene that her sister-in-law, who resided in Baltimore, determined to come to Philadelphia for care in her approaching confinement. She came, but circumstances prevented my being present, and to her great disgust she was obliged to suffer all night under care of a gentleman who thought the pains all natural, and that a woman ought to bear them. Her next child was born under my care, in dreamland.

I will conclude these cases by the relation of two instances in which almost the entire brain was perfectly awake, so as not only to answer my questions, but to propound others; so as not only to grasp my imaginings, but to suggest other new ideas, and by word and gesture illustrate them, indicating by smile and play of features a perfect conception of the ideal, yet utterly unconscious of the real. I attended Mrs. M., the wife of a prominent minister in Philadelphia, in six labors; with five I had the ordinary effects of the mixture, as detailed. How well I remember my first attendance, her second child; when I said Mrs. M. your babe is born, her delighted cry, "Oh! Doctor, bless you for giving me that." In her last I determined to give her all the pleasure I could, and with Squibb's preparations I administered carefully. Soon she awoke in dreamland. I invited her to go with me to a Sunday-school anniversary; she consented with pleasure. We went; I described the scenes; she enjoyed it perfectly; interested herself in the speaking, and joined in singing one tune after another as I suggested them. Noticing her look intently,

I asked why; she replied, "I can't see them exactly." Why, don't you see that little girl with blue eyes and black curly hair? don't you see her white dress? "Oh, yes," she replied, smiling, "now I see them," and her babe is born.

The other case went to bed at 10 P. M., second confinement, 1877; had been having pain for some time before my arrival; she was delivered at 6 A. M. During this entire interval she spoke as though perfectly awake. I invited her to take a ride in the Park. She said "Thank you Doctor, I would like to." John bring the horses. Here they are, Mrs. C., aren't they beautiful, see that gray, how proud he looks, and that bay, how high he holds his head. "They are beautiful." Step in Mrs. C. "Thank you, doctor," and with a movement she is in, and we are off. I described the scenes as we passed, and she certainly saw them all. Upon entering the Park a beautiful "team" attempted to pass us, and we drive, all regardless of park regulations; we keep ahead, of course, much to her delight. We drive by the river and see a boat race; boys in red, boys in blue; and we are off to the "Wissahickon." A catfish supper is ordered for two. Mrs. C. will you take a boat ride while supper is preparing? "Thank you, Doctor." Here is the boat, Mrs. C., step in. "Isn't it dangerous, Doctor?" Oh, no; see, the man will row us; and with a motion she is in, and we boat along, delighted. I remarked how beautifully the branches interlace above us from the trees on either side; she replied, "and how sweet they look, reflected from the water." Soon, with a waving motion of the hand, she said "how nice to bathe the hand in the water as we float along." "Mrs. C., I hear the bell, supper must be ready, let us go in." She assents, and we return to find the supper nicely laid, and we proceed to discuss the dainties; Mrs. C. was helped to catfish, to waffles, to chicken, and the etceteras. Mrs. C., wouldn't you be helped to something more?" "No, thank you, Doctor, I have eaten heartily." "Try some of this honey, it is very nice with waffles." "Well, thank you, Doctor, I will try a little." "Can I help you to anything else?" "No, indeed, not anything more." "Shall we drive home?" "I am ready." And we drive home in time to meet the babe, whereupon Mrs. C. is immediately awake to real life, and cannot be convinced that her

trip is not real. To-day she assures me that but for the fact of the impossibility, she could not be convinced that she had not taken that ride, so real it seems. This is the proper anæsthesia of labor, and should always be looked for. This effect and this constant use, more perfect as experience developed its possibilities, I taught my student, Dr. P., who graduated at Bellevue Hospital about 1877, and is now a successful practitioner in New Jersey; also Dr. H., his chum and fellow graduate, a successful practitioner in this city, whose wife, I have had the pleasure of taking care of during the birth of two children, under the influence of this mixture also to my student, Dr. G., a graduate of Jefferson Medical College, Philadelphia, now a successful practitioner in this city. The prejudice of public and professional opinion may have more or less deterred them from using anæsthetics as freely as I do. The pioneer is ever the martyr, and the tendency is very great to attribute every accident to the anæsthetic. I am satisfied this is unfair; but for twelve years I have never refused a single patient this comfort, more or less perfect; except where absolute counter-indications existed on the part of the patient, or surrounding circumstances, without having seen a single misadventure; on the contrary, I have seen patients in the midst of labor, one, at present, comes to my mind, with expression in face and gesture of perfect peace and happiness, turn to her nurse, who was fearful of it, having never seen it given, moving towards her the "smoke-pipe," as she termed the inhaler, "Oh, nurse, this is happiness; oh, this is comfort; what would I do without this? And I'm not asleep, Nursie; I know all I'm saying." This was her second confinement under my care, and she, though a poor woman, had returned to Philadelphia to be under the same comfort she had with her first babe. This, in greater or less degree, should be the pleasant course of all labors except where the individual case absolutely contra-indicates. *To this every woman is entitled, and for this she may and of right ought to hold her physician responsible; she may with every propriety claim that if she be able to bear the perils of child-birth alone, in its fury, she is equally able to bear the effects of this light stage of anæsthesia. The time is past when her suffering may be ignored by the learned physician, and every woman should perfectly understand that the old fashioned assur-*

ances, your pains are natural! you will not die! this is God's order for you! are simply and absurdly cruel, and should not be submitted to. If God allowed the pains, God sent the anæsthetic. Under the influence of this mixture I have applied forceps, made version, performed craniotomy and controlled threatened convulsions, without ever having seen a single untoward or dangerous symptom.

The influence of this mixture upon the parts directly involved in labor, when parts are normal and labor natural, is simply to accelerate parturition; all the parts yield more readily, and being non-resistant the influence of each pain holds until its successor comes on. The danger of the head being forced through a resistant perineum by the frenzied exertion of the mother in that terrible moment of agony, does not obtain, since the frenzy is not present, neither the agony of the moment; on the contrary, a steady, painless pressure upon the non-resistant tissues induces relaxation and distention by natural law, with a minimum risk of laceration.

I never saw the arrest of labor pain; I believe such never occurs in the proper effect of anæsthesia, the law of which is never to allow a stertorous sleep; the accidental occurrence of a snore being the prompt, urgent signal for withdrawing the anæsthetic. *Arrest of labor means excess of anæsthesia.*

It is further to be especially noted, this stage of anæsthesia offers no obstacle to the use of any medication useful in its absence. Is the labor slow, the os rigid, the perineum resistant, a stimulant, a warm bath, or any other medicament indicated? let one or all be administered. Ask your patient to take a glass of lemonade, and she will swallow any draught with pleasure. I am satisfied every artifice possible will acquire additional force through the anæsthetic influence, and should worse come, and instrumental interference be required, with how much greater safety may such be used for the calm, quiet non-resistant woman, than for the frightened, pained, shrieking creature, who believes herself dying, and who is suffering more than death.

The depressing or sickening effect of ether or chloroform upon patient or child after labor, is, so far as I have been able to observe, not present, while the exhaustion, the weariness, the soreness resulting usually from a hard labor, is markedly absent.

Summing up, I think I have shown: 1.

The claim of the parturient woman for anæsthesia is unequaled by any claim in the wide world.

2. These claims will not have received a fair response until the anæsthetic is as common in the lying-in chamber as upon the operating table.

3. A proper anæsthesia is more directly indicated and more safe in the ordinary obstetric patient than in the surgical patient, case for case.

4. We have an anæsthetic mixture capable of producing perfect immunity from suffering, without intoxication, without vomiting, without reaction or dangerous sequences.

5. The babe offers no contra-indication, since its safety is not jeopardized.

6. Labor is not hindered, but rather hastened by the anæsthetic.

7. Anæsthesia offers no contra-indication for the use of any medication which would be indicated in its absence.

If all these or a majority of these be true, then I believe I have shown a strong moral demand on the part of suffering woman, upon the profession, not only to administer the anæsthetic, but to educate the people up to its sufferance, as in the case of vaccination against smallpox, or quarantine against epidemics.

1902 Spring Garden Street.

OBSTETRICAL SOCIETY OF PHILA.

At the regular meeting of the Society, February, 1880, Dr. D. M. Barr read an article on

Anæsthesia in Labor.

After its reading

Dr. De F. Willard said that the secret of Dr. Barr's success in escaping the unfortunate results which so frequently occur was undoubtedly due to the fact that he had acquired a facility in administration which enabled him to keep his patients just at that blissful point which exists in the early stage of anæsthesia, in which pain is obtunded and yet consciousness is exalted.

He had frequently seen this condition of joyous hallucination in chloroform anæsthesia for surgical purposes, and it was a stage in which many minor operations could be performed without pain to the patient. The alcoholic fumes from Dr Barr's mixture would assist the chloroform in producing such a condition, and the dangers would certainly be far less than if profound sleep were induced.

Remarks and criticisms upon the paper were also made by Drs. Goodell, O'Hara, Prall, Bernardy and others.

Dr. Barr, in closing the discussion, said: I have some words I wish to say, in reply to the comments just made; but first I will state I have attended two ladies since writing this paper; both are in bed. One of the ladies, after the birth of the child, assured me—"Doctor, I never felt a pain, but I knew what you were doing all the time, and all that was going on around me; I fought against the influence, for fear you would use instruments." The other was the most perfect effect of anæsthesia I ever saw. Previous to her confinement, upon making my engagement, I explained the effect I expected; both herself and mother-in-law were much surprised, having never heard of it. They told some neighbors, who laughed at "such an idea;" "either the pains would go on, or the labor would stop." "Well," said the mother-in-law, "in a few weeks I shall have an opportunity to test it." This lady, upon pains becoming very hard, by advice of the nurse, sent for me, at one A.M. I arrived at two. She took the anæsthetic, and after a few inhalations she passed into sleep, in which she followed my leadings perfectly; passed through all the experience of a boat race, drive to Wissahickon, catfish supper, etc., and so perfectly clear was she, that when I asked her to ride she hesitated to accept, I saw at once, from a moral sense of propriety, I being a stranger. I told her, your mother, Mrs. Mason, goes with us, whereupon she consented; when boating, she assured me she was never in a boat before; "isn't it delightful." When I asked them to supper, "What time is it, Doctor?" "Five o'clock." "Oh! I must go home; husband will be home to supper; he is tired; he has a sore hand." "Oh no," said I, "your mother has arranged to have him here to supper; see! there he is now." "Why yes, there he is; I'm so glad." At supper she took the catfish, but declined the chicken, and also ice cream, which, her mother said, was her custom in ordinary. After coming home I gave her a peach, which she enjoyed greatly. I said, "these peaches are from that basket." "Oh, aren't they beautiful." Letting, now, the effect become light as possible, and seeing a pain come, I said "Mrs M., please help me move this basket over?" "Certainly; oh, it's heavy." "Yes, pull." "Oh! it's very heavy." "Yes, pull

hard." Pain subsides. "Now it's over, isn't it?" "Yes, now it's over, didn't I help you nice?" "You didn't do much of the lifting, you left all the weight on me, I notice that: with next pain and next basket, "Oh! I can't; oh! it's too heavy; I must go home, my husband wouldn't approve of my staying here, lifting these heavy baskets." It was now 12 M.; labor had been hard all the time, and head detained above the brim. My anæsthetic was becoming scarce; had used nine ounces of the mixture; had but two on hand. The narrow rim and small pelvis obliged me to place the forceps and deliver; had rupture of perineum, which I was obliged to stitch; all this with about two ounces of the mixture. In consequence, she suffered some. Had I been better supplied, she would never have known aught but her dreamings, which to day are perfect in her mind, while even the memory of the forceps and operation are blurred and dim.

There are certainly cases when anæsthetics are contra-indicated, and must not be given, but those cases are the exception, not the rule. The question, Must I give it? should give place to, Must I refuse it? * * * * *

Anæsthetic Inhalation in Parturition.

ED. MED. AND SURG. REPORTER:

Since my article on "Anæsthesia in Labor" appeared in your journal I have received numerous letters expressive of gratitude, both from the profession and others, and also several inquiries as to the best mode of administration. While an inhaler may be extemporized from a napkin or anything else that may be at hand, I have found the following apparatus, devised by myself, to be the most convenient. The apparatus, in its foundation, consists of a hollow tube and a wire framework, forming a hollow cone, similar to the shape of the napkin and paper cone referred to, which opens and closes like an inverted umbrella. It is really a cone within a cone, the apices connected by the tube, the smaller some six inches below the larger, the circumference of each base uniting. The larger cone, or outer, is covered with gum cloth; the smaller, or inner, consists of Canton flannel, furled side out, forming a hollow base to the larger, and between the two cones is an air chamber. The hollow tube, as it passes through to this chamber, is perforated, and above the outer

cone it spreads out in the form of a funnel. Now, into this funnel is poured the anæsthetic; through the small perforations it is sprinkled upon the Canton flannel, and is evaporated into the air chamber above, or between the cones, perfectly saturating the air; and when the united base of the two cones, about six inches long and four wide, is placed so as to cover the patient's nose and mouth, we see, first, all inspiration must be through the tube, and all expiration must be through the same, except that which may be passed beside the chinks, to draw through being more easy than to blow through against the woolled side of the Canton flannel. Hence, while inhalation is entirely through the tube and saturated air chamber, the air brought into the lungs must necessarily be saturated with the anæsthetic; yet the air returned from the lungs may be passed out without blowing the anæsthetic into the room. We have no loss of anæsthetic; thus it is economical.

Second. The Canton flannel cone, or base, as it may be termed, of the larger cone, may be removed at pleasure, in a moment, and another substituted, without the least incon-

venience, if soiled, while the fact of its being in the form of a cone and entirely elevated from the nose lessens the probability of its being soiled. Thus it is cleanly, while it offers the additional advantage, in being elevated, of holding the liquid mixture sprinkled upon it far away from the face, even while perfectly excluding the outside air, sparing the patient the burning of the face so often seen.

Third. The funnel shaped end of the tube projecting above the outer cone serves as a handle, or the instrument may be held by the wires of its framework by the obstetric patient, inhaling at her pleasure, as I usually allow. It is light, weighing only about from three to five ounces when ready for inhaling. It is small, less than twelve inches long, and when closed is as a child's closed parasol of that length, without a handle, and may be placed in the coat pocket. Thus it is convenient. This instrument is made and for sale by Mr. Kolbe, of this city, 1205 Arch street, at very moderate cost. Hoping I have fully answered all queries, I am truly yours,

D. M. BARR, M. D.

1902 Spring Garden Street, Phila.

PRIVATE AND VERY IMPORTANT.

DEAR SIR :

We wish it distinctly understood that this pamphlet is not an advertisement of something to sell. Neither has Dr. Barr anything whatever to do with its publication in its present form, or its circulation, but it is reprinted for free distribution from the Medical Journal in which it first appeared by those who have seen the blessing of Anæsthesia in Labor in their own families, and sent out from pure christian sympathy for suffering women whose sufferings are too often ignored by those who ought to relieve them. We respectfully suggest the following, all of which we have observed ourselves and always intend to.

When a child is to be born in your house, if your wife wishes this comfort and relief: First. Get a twelve ounce bottle of the mixture described on page 6, from any good druggist, namely, six ounces of ether, two ounces of chloroform, and four ounces of alcohol. This amount is more than will be needed, but be sure to have enough. Keep it tightly corked with glass stopper, if possible, so it will not lose any of its strength. Second. Consult with your physician to ascertain if he will use it, and if he says No, get another physician who will use it, for while you have no right to interfere with a physician in the sick room, nor direct him in the treatment of his patient, you have a perfect right to say who shall go into that sick room and take charge of your wife, and you have the same right to choose between a physician who uses an anæsthetic and one who will not; that you have to choose between a Homœopathic and an Allopathic, or between a dentist who uses gas in the extraction of teeth and one who will not use anything of the kind. Some physicians offer it to their patients in every case unless the patient has known organic disease of the heart, or is very far gone in consumption, because they know that with an ordinarily healthy woman it is as safe as cold water. Others do not use it because they do not know how, and others refuse it on the heartless ground that the woman "Don't need it," "A little pain wont hurt her." The perfect heartlessness of such expressions can only be fully known to the sufferer herself, for if she don't need it, no one on earth ever needs it. As this anæsthetic properly used is perfectly safe, and this practice is followed by very many of the best physicians in the largest cities of this country, can you place your wife in the hands of a man who will regard her sufferings as too insignificant to be relieved when it can be done without endangering her safety. Will you not insist upon her having nothing more than her rights in the hour of her greatest trial?

Finally, be sure to have a very clear and distinct understanding with your physician before he is engaged to attend the case that he will use an anæsthetic, because if you wait until he is called in you will then have no right to require any such thing of him nor time to get another physician if he refuses to use it.