

**PATIENT'S ORDERS:
TWILIGHT SLEEP AND THE FEMALE MEDICAL CONSUMER
IN THE TURN-OF-THE-CENTURY UNITED STATES, 1880-1920**

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INTRODUCTION

The rumor has gone out, from mouth to mouth, among women to the ends of the earth, that here, at last, modern science has abolished that primal sentence of the Scriptures upon womankind: "In sorrow thou shalt bring forth children." - *"Painless Childbirth," McClure's Magazine, June 1914*

If the male ever had to endure this suffering, I think he would resort very precipitously to something that would relieve the unavoidable, so-called psychological pain. - *Dr. James Harrar, Transactions of the American Association of Obstetricians and Gynecologists for the Year 1914*

Women have always suffered from the pain of childbirth: first because there was no other option, and eventually because the means to do so was actively denied them under the guise of religion, propriety, or health. In the same period that American women were fighting for the right to vote, use birth control, and gain access to higher education, they were facing another battle as well: to be unconscious during childbirth under the cocktail of drugs termed "twilight sleep." The women who campaigned for twilight sleep wanted have their pain recognized, legitimized, and eliminated. In fighting for twilight sleep, they were fighting more broadly for equality in the eyes of the medical profession, and for agency as patients: the ability to partake in medical decision-making about their own bodies.

My original idea for this thesis was to study the history of anesthetics as a means of understandings conceptions of pain and suffering in late modern America. As I began to focus on obstetric anesthesia, and then twilight sleep, I realized that what I was actually studying was not only conceptions of pain but also ideas of bodily agency: who decides when pain requires alleviation, by what means and to what extent. Judith Walzer Leavitt points out that understanding how childbirth was conducted in any given society is often a microcosm of the

female experience at large.¹ The case of twilight sleep illuminates not only women's place in society, but that of doctors and consumers.

As Nancy Wolf points out, "Relatively few women experienced twilight sleep directly during its heyday, yet the treatment changed everything about how American physicians perceived and treated birth and how American women anticipated and experienced it."² Up until the twentieth century, birth was a dangerous and painful experience. The introduction of trained male practitioners in the late eighteenth century, and their use of an arsenal of analgesics and anesthetics in the mid-nineteenth century did little to change that. For nearly half a century after anesthesia was an accepted part of surgery, it was regularly denied to women in childbirth, whose pain was thought to be normal, salutary, or purely psychological. By the twentieth century, as ideas about pain, womanhood, and bodily agency shifted, women began to demand a birth experience that was both safe and painless. In 1908, twilight sleep was introduced in Germany as the first completely painless method of childbirth. Women who used the drug were anesthetized as soon as contractions began, and woke with their child already washed and swaddled. For one reason or another, doctors strongly resisted its introduction into American medical practice, but the pressure from women's groups and the media forced them to reconsider. Twilight sleep brought with it a number of major changes in the way birth was conducted, including hospitalization, use of forceps and other delivery aids, ideas about postpartum confinement, and so forth. The twilight sleep drugs, scopolamine and morphine, soon proved to be dangerous for both mother and child and were removed from use between the period of 1915 and 1920.

¹ Judith Walzer Leavitt, *Brought to Bed: Childbearing in America, 1750-1950*, (New York: Oxford University Press, 1988), 3.

² Wolf, *Deliver Me From Pain*, (Baltimore: Johns Hopkins University Press, 2009), 47.

More than just a breakthrough in obstetrics or anesthesia, twilight sleep represented a breakdown in the traditional ways that medical information was consumed and decisions were made. Twilight sleep emerged in a period where substantial numbers of American women resisted the male-dominated world of medicine and view of pain. As doctors refused to bring twilight sleep to America, women took it upon themselves to convince the doctors otherwise. As Hanna Rion Ver Beck, a twilight sleep activist and author, put it, “Fight not only for yourselves, but fight for your sister-mothers, your sex, the cradle of the human race.”³ Authors of popular literature actively rejected the idea that women should wait for physicians to approve the drugs: “Women took their doctor's word before,” wrote journalists Marguerite Tracy and Mary Boyd in 1915, “They are now beginning to believe... that the use of painlessness should be at their discretion.”⁴

This thesis will follow the fight for anesthesia in childbirth, culminating in the battle for twilight sleep in the early years of the twentieth century. It will argue that in their crusade for twilight sleep, female activists broke down the traditional relationship of authority between themselves and doctors and, in doing so, created the patient-consumer and an era of medical consumerism.

Chapter Outline

This essay is organized roughly chronologically. Chapter 1 (The “Greatest Blessing of This Age:” The Advent of Obstetric Anesthesia) opens in the 1840s with the story of the discovery of anesthesia and the original resistance to its implementation in surgery. It then begins

³ Leavitt, “Birthing and Anesthesia: The Debate over Twilight Sleep,” *Signs* 6, no. 1, (Autumn, 1980), 153.

⁴ Tracy and Boyd, *Painless childbirth; a general survey of all painless methods, with special stress on "twilight sleep" and its extension to America*, (New York, Frederick A. Stokes company, 1915), 147.

to examine the central question of this thesis, on the application of obstetric anesthesia. In doing so, it investigates the history of gender in childbirth: how male physicians entered the birthing room, how they were educated, how women and women's pains were conceived, et cetera. The chapter ends in the 1880s with the acceptance of obstetric anesthesia and the development of new ideas about consumption and medicine.

Chapter 2 (Twilight Sleep, From "Freiburg to California") begins in 1914, with the article that introduced twilight sleep to American readers. It follows how the controversy around twilight sleep and the article developed, tracing the response from the overwhelmingly excited lay community to the overwhelmingly critical medical community. The twilight sleep experience differed significantly from how birth was conducted in America, and the chapter looks at how those shifts were reflective of shifting ideas about femininity, womanhood, and consumption.

Chapter 3 ("You Will Have to Fight for It:" The Battle for Twilight Sleep) again discusses the split between the medical and public perspectives on twilight sleep, and how women's response to the medical establishment spurred a nationwide crusade to overpower doctors and bring twilight sleep to America. It looks at the formation of the National Twilight Sleep Association and explores how it galvanized supporters across classes to take action, as well as how their actions reflected a newfound "medical consumerism." It ends with the medical establishment's change of heart, which led to women and doctors jointly advocating for laws governing obstetrics and twilight sleep and the beginning of twilight sleep's use in America.

Chapter 4 ("Feminine Insistence on Scientific Research:" Twilight Sleep's Aftermath) follows how twilight sleep fell out of vogue but created lasting change in how the medical establishment and the public perceived the hospitalization and medicalization of childbirth, the

power of the patient, and the place of consumerism in medicine. It looks at how people in the age of twilight sleep looked back on it and the way it shifted views of women's place and power as medical consumers.

Historiography

At first, when writing this paper, I focused on this history of childbirth and anesthesia. As I progressed, my research expanded to include the history of patients, doctors, medical education, suffrage, consumerism, and professionalization of medicine. Literature about childbirth tends to focus on the power of medicine and medical enlightenment and the passive women who watched it happen. Judith Walzer Leavitt's book *Brought to Bed: Childbearing in America, 1750 to 1950*, contained numerous essays which saw past that simple dichotomy. She helped me see the hand of women, as well as the hand of medicine, in each major change in childbirth. I relied heavily on Jaqueline H. Wolf's *Deliver Me from Pain: Anesthesia and Birth in America*, and Richard and Dorothy Wertz's book *Lying-in: A History of Childbirth in America*.

Martin Pernick's book, *A Calculus of Suffering*, focuses on the introduction of anesthesia to medicine, but has far reaching applications. Far more than just a study of anesthesia and its applications, Pernick artfully traces ideas about bodies, statistics, medicine, fear, and most centrally, conceptions of pain. He explains the thought processes of mid-nineteenth century doctors: not only how they imagined pain and thought it should be treated, but how they thought of themselves and their jobs and responsibilities as physicians. I also focused on Donald Caton's *What a Blessing She Had Chloroform*, and Victor Robinson's *Victory Over Pain*.

Most centrally, Nancy Tomes' essay, "Merchants of Health: Medicine and Consumer Culture in the United States, 1900-1940" helped me synthesize what I wanted to write about.

While Marie Haug and Bebe Lavin's book, *Consumerism in Medicine: Challenging Physician Authority*, concerns a later era than that of twilight sleep, its definitions and examples of medical consumerism proved incredibly useful.

There is a large body of twilight sleep related literature: journals, speeches from rallies, books, ads for hospitals and doctors, newspaper articles, doctor's notes and journals, hospital charts, and more. Most of my research centered on a number of articles found in women's and other popular magazines, mainly *McClure's*, *Ladies' Home Journal*, and *Good Housekeeping*. *The New York Times*, *New York Tribune*, and *Baltimore Sun* served as my other main points of focus. *The New York Times* TimesMachine archive and ProQuest newspaper archive allowed me to search through millions of newspapers and find every mention of twilight sleep.

The books published by women of the National Twilight Sleep Association proved the most helpful. Many of them contained doctor's analyses of the drug and procedure, women's personal experiences with twilight sleep, and the movement's goals.

As with any historical analysis, this paper is limited in focus. First, for reasons explained below, twilight sleep was a primarily white experience of white women in America. While the paper does briefly feature working class women, my main sources—newspapers and magazines, which required costly annual subscriptions—generally reflect the outlook of the upper-middle class. Many spellings have changed since the period which I discuss below. I have opted to maintain modern spelling except when I make use of a quotation (e.g. I use anesthesia, I quote 1840s authors as using anæsthesia). This is notable in the discussion of drugs, as the drugs known as scopolamin and morphin or morphium in the nineteenth and early twentieth century are today known as scopolamine and morphine.

CHAPTER 1: THE “GREATEST BLESSING OF THIS AGE:” THE ADVENT OF OBSTETRIC ANESTHESIA

Pain Management and Early Analgesics

Pain is the necessary starting point of this essay. The fact that all humans suffer from pain is what gives the characters in this essay the impetus to act. The practices of medicine and surgery grew out of attempts to cure pain, but brought with them new pains of their own.

Although surgery became more effective with time, it seems safe to say it was never altogether a pleasant experience for the patient. As Victor Robinson puts it in *Victory Over Pain*, “All who sought release from disease at the point of the knife were first compelled to pay homage to Pain.”⁵ Advances in surgery were accompanied by attempts to make surgery bearable, through analgesics, sedatives, hallucinogens, and amnesiacs.⁶ Early examples include use of the opium poppy, which was found in Sumerian sites from 4000 BCE; acupuncture and cupping in China around 1600 BCE; inhalation of cannabis vapors in India around 600 BCE; carotid compression used to induce unconsciousness by the Assyrians and Egyptians around 400 BCE; and more.⁷ But all these methods failed to provide a completely painless surgery. “Surgery learned many lessons through the ages,” writes Robinson, “but never was it able to banish Pain.”⁸

Development of Anesthesia

On October 16th, 1846, Dr. John Collins Warren prepared to remove a massive tumor from the face of a young printer. The surgery was scheduled to take place in the amphitheater of

⁵ Victor Robinson, *Victory Over Pain: A History of Anesthesia*. (New York: Henry Schuman, 1964) xxiii.

⁶ Manisha S. Desai, MD, and Sukumar P. Desai, MD, "Primer on Medical History for Anesthesiologists: Introduction," *Bulletin of Anesthesia History* 30, 2 (2012): 22-23.

⁷ Anonymous, "History of Anesthesia," Wood Library Museum of Anesthesiology.

⁸ Robinson, *Victory Over Pain*, xiii. Robinson finishes off this idea with some beautiful lines: “The screams of the patient which rang in the hairy ears of the Stone Age surgeon were heard in the classic period by the disciples of Hippocrates, and the undiminished cries echoed down the corridors of modern hospitals.”

Massachusetts General Hospital.⁹ Before beginning the operation, Warren, the first Dean of Harvard Medical School, turned to the students watching in the bleachers. He explained that he was to be joined by a rather unknown Boston dentist, William Thomas Green Morton.¹⁰ Morton had come to administer “Letheon Gas,” or diethyl ether, an organic compound which he believed contained anesthetic qualities. Ether had been around since its synthesis in 1540 by German chemist Valerius Cordus. It was known to induce a stupor and was used casually as a party drug when Morton encountered it (see Fig. 1).¹¹ Morton realized that it could be used to help his patients with the pain of dental surgery and, after testing it on himself, wrote to Warren asking to showcase the anesthetic in a public surgery. Warren obliged.¹² In the amphitheater, Morton administered the gas for three minutes as the patient fell asleep. To the amazement of everyone in the audience, the patient remained perfectly still and quiet for the entirety of the operation. When he finished, Warren turned towards the rapt crowd and announced, “Gentlemen—this is no humbug.”¹³ The whole of Boston celebrated the accomplishment. A monument outside the hospital was erected to “Commemorate That The Inhaling of Ether Causes Insensibilities to Pain - First Proved to the World at the - Mass General Hospital in Boston.” October 16th became known as “Ether Day” and the amphitheater was renamed the “Ether Dome.”¹⁴

⁹ Martin S Pernick, *A calculus of suffering: pain, professionalism and anesthesia in nineteenth-century America* (New York: Columbia University Press, 1988), 3.

¹⁰ J. M. Fenster, *Ether day: the strange tale of America's greatest medical discovery and the haunted men who made it* (New York, NY: Perennial, 2002), 60.

¹¹ George S. Bause, "Cordus' Synthesis of Ether." *Anesthesiology* 111, 4 (2009): 804.

¹² Testing on oneself was a staple of eighteenth and nineteenth century medicine.

¹³ This is apparently in reference to a surgery in which Dr. Horace Wells, another dentist, attempted to administer nitrous oxide in the removal of a tooth. When drawing the tooth out, the patient cried out loudly and the crowd booed and shouted “Humbug!” Victor, *Victory over Pain*, 104.

¹⁴ Fenster, *Ether Day*, 79.

Morton was not the only person who claimed to discover and use anesthetics in surgery in 1846. Two other dentists, C.T. Jackson and Horace Wells, claimed that they too had discovered the properties of ether and administered an anesthetic during surgery. Who first discovered and made use of the properties of ether remains an historical controversy, but the fact that it changed the face of surgery is incontrovertible. Within three months, leading hospitals around the world began administering ether anesthesia. Chloroform, nitrous oxide, and other compounds joined the ranks within two years. In reviewing the controversy fourteen years later, the *New York Times* declared:

It shall remain, and always will, that the man who convinced the world that by the simple inhalation of agreeable vapor, surgery could be divested of its terrors, half the primal curse that was laid on woman be removed, and innumerable lives saved to the world; was the noblest benefactor of the human race that the nineteenth century has yet produced.¹⁵

Surgical Anesthesia: General Use and Acceptance, 1846-1880

The knowledge of anesthetics and their power spread like wildfire. On November 3rd, 1846, Henry Jacob Bigelow read an abstract to the American Academy of Arts and Sciences about the successful surgery and the power of ether. The abstract became a paper published in the *Boston Medical and Surgical Journal* less than two weeks later.¹⁶ News quickly traveled to London to the surgeon Robert Liston, whose wound dresser, James Young Simpson, had an interest in anesthetics himself. Just three months after Morton and Warren performed their surgery, Simpson administered an anesthetic to his own patient—but this time, in childbirth.

¹⁵ Anonymous, “Who Invented Anesthesia?,” *The New-York Daily Times*, November 15, 1858. TimesMachine.

¹⁶ Henry Jacob Bigelow, M.D., “Insensibility During Surgical Operations Produced by Inhalation,” *The Boston Medical and Surgical Journal* 35, 16 (November 16, 1846).

The move from surgical anesthesia to obstetric anesthesia was not obvious nor simple, and it was certainly not without controversy. Many saw anesthesia in surgery as unsafe: the *Philadelphia Medical Examiner* declared it to be “fraught with danger”; Pennsylvania Hospital called it “a remedy of doubtful safety”; and the *American Journal of the Medical Sciences* published an article saying that “Anæsthetics poison the blood and depress the nervous system.”¹⁷ Throughout the 1840s and 50s, anesthesia was accused of causing bronchitis, asphyxia, tuberculosis, depression, insanity, pneumonia, convulsions, dissolving of red blood cells, and death. These objections came from doctors and were internalized by patients. As late as 1869, there is record of patients refusing anesthetics in surgery for fear of harm to their person.¹⁸ While these fears may appear to be exaggerated, Martin Pernick points out in *A Calculus of Suffering* that “some of the charges against anesthesia seem more valid than is generally realized.”¹⁹ While the modern thinker may be uncomfortable with the idea of surgery without anesthesia, “in mid-nineteenth century America, humane, conscientious, highly reputable practitioners and ordinary lay people held many misgivings about the new discovery.”²⁰ When anesthetics were used in surgery (as well as childbirth), physicians often left the administration of anesthesia to whomever was around: “ignorant nurses, husbands, bystanders and even... the patients themselves.”²¹ Considering the lack of standard methods of administration and proper

¹⁷ Pernick, *Calculus of Suffering*, 38.

¹⁸ Pernick, *Calculus of Suffering*, 38.

¹⁹ Pernick, *Calculus of Suffering*, 38.

²⁰ Pernick, *Calculus of Suffering*, 35.

²¹ Pernick, *Calculus of Suffering*, 38. Today, anesthesia is thought to be the most dangerous part of a minor surgery—and that is with a professionally trained anesthesiologist. This was the administration of potent chemicals without any type of training, regulation, rules about dosage or means of inhalation, etc. It is no surprise that anesthesia was legitimately very dangerous and a cause of death in surgery.

dosage, it is unsurprising that many doctors found that the first time they attempted to administer anesthesia, they over-dosed and the patient died.²²

Religion played another role in the distaste for anesthesia. Pain, sickness, and bodily discomfort were ways that God punished man for sin. To avert pain was to subvert the will of God. Other doctors had a very different explanation for why surgical anesthesia was a bad idea: pain itself was useful. Doctors could agree that pain was unpleasant, but painlessness entailed something far worse: it disabled both the doctor and the patient in their ability to communicate purposefully about the surgery. Without feeling pain, patients couldn't inform a doctor if he was operating in the correct place.²³ ("Feeling" the operation was an accepted part of nineteenth century surgery—some patients even refused anesthesia because they wanted to be able to "feel" the surgery working.)²⁴ Painlessness has historically had negative connotations in medicine: pathological numbness is dangerous, and can be caused by nerve damage and gangrene. Considering the costs and benefits of anesthesia, it made sense that it began as unpopular in all but the most painful and complicated surgeries, where a chance of death during the procedure was already high. But it spread and became normalized fairly quickly. By 1853, two thirds of surgeries made use of a type of anesthesia, and a majority of doctors believed in the safety and effectiveness of chloroform and ether. Ideas that pain itself was bad for the patient appeared in the 1840s but weren't accepted by the general public till the 1880s, when new ideas about medical intervention were circulating, and improved technique encouraged doctors to regularly

²² Pernick, *Calculus of Suffering*, 143.

²³ Leavitt, *Obstetrics*, 288. As forceps use became more popular in labor, doctors often misapplied them and caused perineal tears. While these misapplications were mainly because of poor training on the part of the doctors and lack of knowledge about where and how exactly they should use the forceps, it was no doubt compounded that women could not feel enough to call out if the doctor did indeed use them in the wrong area. More on forceps below.

²⁴ Pernick, *Calculus of Suffering*, 42.

use anesthetics in their practices.²⁵ By the 1880s and 90s, use of anesthesia was so common that it no longer warranted excitement or debate.²⁶

Gender, Childbirth, and New Medical Practices in the 1800s

Childbirth, however, was different from surgery. The first and most important reason that anesthesia could not be applied as easily to obstetrics as it was to surgery was because birth was a primarily female affair, and anesthesia necessitated a male doctor. During the early nineteenth century, childbirth was considered a woman-only activity. Men waited patiently outside while the woman in question “called her women together” to come be with her in labor.²⁷ Aunts, sisters, cousins, and friends would come to her house, where they would sit and talk, give encouragement and advice, and wait for the labor to begin.²⁸ “Social childbirth,” as Richard and Dorothy Wertz have termed it, served as an important foundation for women’s culture during the period.²⁹ Birth gave women an opportunity to spend time together, in a sphere of their own separate from men.³⁰ For centuries, male doctors had been invited into the female birthing room only to help with problematic labors: ones that necessitated forceps, for example, or for a cesarean section. Male physicians began entering the birthing room for non-emergencies in the mid-eighteenth century, when wealthy, urban families felt that a physician, with medical and anatomical training, could offer their daughters or wives better chances in surviving the still-dangerous activity of childbirth. Doctors in the eighteenth and early nineteenth century had a

²⁵ Pernick, *Calculus of Suffering*, 7.

²⁶ Wolf, *Deliver Me From Pain*, 37.

²⁷ Leavitt, *Obstetrics in America*, 281.

²⁸ Epstein comments that the women who came by to talk were called “god siblings” which was eventually shortened to “godsibs” and then “gossips.” I checked the etymology and it is true that gossip comes from godsib. It changed from meaning a close friend to idle chatter in the later nineteenth century.

²⁹ Wertz, *Lyng-In: A History of Childbirth*, 1-26.

³⁰ Jane Sharp, *The Midwives Book*, (Oxford, New York): 1999, 12.

greater supply of pain relievers such as opium or laudanum; and they were theoretically better trained to understand female and neonatal anatomy and were better able to handle complications than the average midwife. Midwives had no technical training and could only offer alcohol as a form of pain relief.³¹ While midwives functioned as “patient watchers” of childbirth, doctors separated themselves by being much more than just watchers: they argued that “parturition was a dangerous, pathological process that required medical intervention.”^{32,33} Joseph DeLee, father of modern obstetrics, wrote in *Transactions of the American Gynecological Society* that labor is a “decidedly pathologic process.”³⁴ Women were influenced by this ideology: “According to popular sources and women’s personal accounts, most middle-class women were convinced that pregnancy and birth were disease-like processes.”³⁵ A popular book of the 1880s, titled “Healthy Mothers and Healthy Children,” proposes to teach women how to manage “the Pains and Perils, the Difficulties and Dangers” of childbirth.³⁶ The ideology taught that childbirth was fraught with risk, from the perspective of the doctor and mother alike. Much has been written on the actual effect of doctors in the birthing room on maternal mortality, but in the later half of the

³¹ Nancy M. Theriot, *Mothers and Daughters in 19th Century US: the biosocial construction of femininity*, (Lexington, Kentucky: University Press of Kentucky, 1996), 52.

³² On “patient watchers,” and other terminologies we no longer use: there is a very interesting linguistic evolution of parturition as midwives went from “catching” babies to doctors “delivering” babies, discussed by Charlotte Borst in her (aptly named) book, *Catching babies: the professionalization of childbirth, 1870- 1920*.

³³ Nancy Schom Dye, “History of Childbirth in America,” *Signs* 6, 1 (1980), 101.

³⁴ Joseph B. DeLee, MD, “The Prophylactic Forceps Operation,” *Transactions of the American Gynecological Society*, 67. This follows from a discussion of whether vaginal lacerations post-childbirth are normal and should be “restored to virginal conditions” or left as is. The discussion is, frankly, horrifying. After discussing the adverse effects of labor, DeLee writes: “So frequent are these bad effects that I have often wondered if nature did not deliberately intend women should be used up in the process of reproduction in a manner analogous to that of the salmon, which dies after spawning?”

³⁵ Theriot, *Mothers and Daughters in 19th-Century America*, 97. While childbirth as a dangerous, medicalized process may seem familiar to the American reader, America is one of few countries in the world that has medicalized childbirth to the extent that it has. Many other countries see it as a natural function that by and large happens by itself, without the checkups, medicines, supplements, sonograms, etc. that take place in America.

³⁶ John H. Dye, *Painless Childbirth; or Healthy Mothers and Healthy Children* (Silver Creek: The Local Printing House, 1882), 3.

eighteenth century, having a doctor in the birthing room was considered the safest, most secure way to participate in a perilous act.³⁷ Ironically, as Nancy Theriot and other historians point out, the women who first chose male doctors were exposed to many more dangers than those who stayed with female practitioners.³⁸

Medical Training of Male Practitioners

Women assumed that the doctors they hired to help them in birth had training in obstetrics or at least female anatomy, but very few medical schools had obstetric education programs in place, and those that did practiced it with much hesitation. In fact, medical schools in the eighteenth and nineteenth century had no standardized exams, boards, or even education requirements. Medical schools abounded, each free to teach and test however they felt best. National licensing laws and medical boards were only introduced in 1891.³⁹ Before this, doctors could have been trained anywhere, in any fashion, without ever having had to prove their knowledge of the human body or their effectiveness in treating it.⁴⁰ Even in schools where an education that included female anatomy and obstetrics could have been received, many

³⁷ Leavitt, *Obstetrics in America*, 280.

³⁸ Theriot, *Mothers and Daughters in 19th-Century America*, 52-59. Theriot points out that women in the nineteenth century reported more birth pain than their predecessors. She links this directly to the male presence in the room—that the male attendant’s point of view was (and will remain) ever different from the female attendant, who can have the somatic experience of birth in a way males cannot. Theriot believes that having a male presence at the birth led to a dominantly male point of view, which furthered the physiological divide between “self” and “body,” heightening the mother’s pain. Considering the language and culture surrounding the female body and its processes at the time (for example, doctors describing examining the vagina as “painful” or the placenta as a “foul excretion”) it is hard to imagine that they empathized with the birthing woman or helped her embody her pain.

Whether this was honest or just a representation of the strict gender separation of the time, I cannot say. But even those who were most involved in women-centered medicine spoke in distasteful terms about the female body. For example, J. Marion Sims, inventor of the speculum, pioneer of the vesicovaginal fistula repair, and founder of the Women’s Hospital in New York—a man whose career and life rested on women’s bodies—said that looking at a woman’s vagina was “hateful.”

³⁹ Certain states, however, enacted their own laws earlier.

⁴⁰ Ronald Hamowy, “The Early Development of Medical Licensing Laws in the United States, 1875-1900,” *Journal of Libertarian Studies*, (Princeton: 1978), 78.

instructors felt embarrassed to speak of female anatomy, and even the most progressive teachers who “did not hesitate to call things by their proper names” without a blush, “remained as horrified by the idea of ocular inspection as his most modest patients.”⁴¹ They were taught to do vaginal inspections manually, with a blanket over the legs of the patient to preserve modesty (see Fig. 2). Because of this, and the absence of actual live birth training, most “trained” doctors knew very little about what a birth entailed. Wolf quotes the story of a licensed doctor who, at his first birth, was convinced that his patient had a large tumor blocking the entry to her vagina, before he discovered that it was the baby, who soon arrived smoothly (no thanks to the petrified doctor). She also cites the story of a professor of obstetrics who confessed to never having seen a live birth.⁴² “Demonstrative midwifery,” that is, watching laboring women, was introduced to the classroom in the mid-nineteenth century, but was ignored at most medical educational facilities until well into the twentieth century. When, in 1850, the first professor allowed his students to come and watch live births as part of their training, the country went berserk with criticism. The Committee on Education of the Medical Association wrote that “No practitioner ever had any desire to see the presenting part emerge under the arch of the pubis for any additional knowledge that might be gained by such an exposure.”⁴³ Doctors found demonstrative midwifery to be a particularly gruesome aspect of their practice and stayed away from it as much as possible, often asking for the lights to be dimmed in a room where the woman was birthing so they did not have to see anything too clearly.⁴⁴

⁴¹ Leavitt, *Obstetrics in America*, 285.

⁴² Wolf, *Deliver Me from Pain*, 21. Doctors were also reminded that Dr. Degorges, one of the best obstetricians of his time, was blind.

⁴³ Wolf, *Deliver Me from Pain*, 21. Had they known the stories above, perhaps they would have reconsidered.

⁴⁴ Theriot, *Mothers and Daughters in 19th-Century America*, 59.

These doctors, however, were notably not obstetricians. They would have delivered babies, but the majority of their practice consisted of other activities, which might explain why they cared so little for learning more about obstetrics.⁴⁵

Midwives and Male Practitioners

In the 1840s, when doctors participated alongside women in the birth, they welcomed the added advice and knowledge of women who had been through that process themselves. But as more doctors entered the birthing room, women left—and so did the advice they brought from their own labor experiences. In the Philadelphia City directory in 1815, there are twenty-one women listed as midwives and twenty-three men as “practitioners of midwifery.” By 1819, those numbers had shifted to thirteen women and forty-two men; by 1824, there were six women left. While midwives kept a strong hold over more rural areas, those numbers are reflected in other large, urban centers.⁴⁶ By the 1840s, doctors were altogether more accepted in the birthing room in place of or alongside midwives. Still, these births were mostly happening within the home. (The only women who gave birth outside the home were those who did not have a home to go to, either from poverty, estrangement, or in an attempt to keep a birth out of wedlock quiet.) Victorian era decorum dictated that even if the males had technically entered the room, the divide between male and female remained strong. Women’s bodies and births were considered shameful, not to be discussed in polite company.⁴⁷

The entry of male midwives also changed the basic functions of who and what was allowed in the birthing room. Male physicians especially disapproved of the presence of

⁴⁵ Leavitt, *Obstetrics in America*, 296.

⁴⁶ Catherine M. Scholten, “On the Importance of the Obstetric Art”: Changing Customs of Childbirth in America, 1760 to 1825,” *The William and Mary Quarterly* 34, 3 (1977), 426.

⁴⁷ Scholten, *Changing Customs*, 427.

unmarried women, and while women initially resisted, they eventually succumbed to the pressures of their doctors.⁴⁸ As men became more exposed to birth, they deemed it too horrifying or inappropriate for women to remain exposed to it. Tired of being told what to do, which drugs to administer, and whether or not to use other tools, physicians banned friends and relatives from the birthing room.⁴⁹ The shift to a “private” birthing room, with only the doctor and mother inside, was major. It ended the tradition of social birth, and helped make birth seem like a quiet, embarrassing event not to be discussed with others.

Historical Opinions on the Shift to Male Practitioners

Judith Waltzer Leavitt emphasizes that the change from midwife to male physician was made, in large part, by women. Switching from female attendees to male overturned no small tradition, and the women did it in the hopes that it would give them more security in the birthing room. Whether through the administration of light painkillers, use of forceps or the crochet (an instrument for fetal dismemberment), surgical separation of the pubic bones, or simply by their gender, education, and status, male doctors managed to make themselves a presence in the birthing room.⁵⁰

Doctor-attended births were limited to moneyed, urban women. It would not be until the beginning of the twentieth century that doctor-attended births became a reality for even half of Americans.⁵¹ But for women across America, regardless of whether their births were attended to by midwives or doctors, conceptions about birth were changing. By introducing and normalizing surgical tools and drugs, doctors allowed for the idea of birth to be expanded from a natural,

⁴⁸ Theriot, *Mothers and Daughters in 19th Century America*, 56.

⁴⁹ Dye, *History of Childbirth*, 103.

⁵⁰ Leavitt, *Obstetrics in America*, 283.

⁵¹ Leavit, *Obstetrics in America*, 295.

unchangeable procedure to one that could be molded somewhat to the particular bodies and desires of the women who participated in them. It allowed the women to be active characters within their own births, and this “mental perception of the ability to shape the birth experience” became ever more important when more options for shaping births—like anesthesia—would come into play.⁵²

Obstetric Anesthesia: General Use and Acceptance, 1846-1880

All of these changes made it possible for male doctors to be in the birthing room; and yet, many people stood firmly against obstetric anesthesia. The idea that pain in childbirth was natural and even necessary was long ingrained in the European consciousness. In 1591, a Scottish noblewoman named Lady Eufame Macalyene requested pain relief from her midwife, Agnes Sampson. Sampson promptly reported her to the authorities and Lady Eufame was burned alive as punishment.⁵³ Popular ideas in the mid-1800s were based on ideologically similar grounds. Even if anesthetics were acceptable for painful surgery, they were certainly not acceptable for childbirth. Reasons for this were manifold: propriety—or rather, the impropriety of a woman going under anesthesia in front of a man—played a role for both early feminist and conservative thinkers. Feminists like Elizabeth Cady Stanton saw it as anti-feminist to surrender oneself unconscious in front of a man, while conservatives worried what would happen to an unconscious young woman alone with a male doctor.^{54,55} Fears that anesthesia would be used to rape or otherwise “pollute” women appeared immediately after the discover of anesthetics.⁵⁶

⁵² Leavitt, *Obstetrics in America*, 289.

⁵³ Randi Hutter Epstein, *Get me out: a history of childbirth from the Garden of Eden to the sperm bank*. (New York: W.W. Norton, 2011) 3. Epstein’s book is very funny. She begins: “Eve, the first woman to become pregnant, suffer excruciating pain during delivery because she cheated on her diet.”

⁵⁴ Pernick, *Calculus of Suffering*, 50.

⁵⁵ Nancy Theriot, *Mothers and Daughters in Nineteenth-Century America*, 59.

⁵⁶ Pernick, *Calculus of Suffering*, 62.

These fears would soon be substantiated. After a number of publicized incidents of anesthetic rape or voyeurism in early 1854, women throughout the country began to vehemently refuse the treatment.⁵⁷ Years later, in the early 1890s, notorious American serial killer Dr. H. H. Holmes would use chloroform to subdue and murder at least twenty-seven victims, mainly young women.⁵⁸ It is no surprise that when the modern reader sees the word “chloroform,” it rings of danger.

Religious reasons to stay away from obstetric anesthesia abounded. In May of 1847, Dr. Protheroe Smith wrote in *The Lancet*: “Can this [painless childbirth] be accomplished by ether – and if so, is it justifiable on Christian principles?”⁵⁹ People held on to the belief that birthing pain was biblically mandated; a universal punishment for womankind in which a doctor or surgeon had no place intervening. Labor pains were natural or even holy for women—one of the features that separated humans from “beasts.”⁶⁰ Pain during childbirth was a heavenly duty, a kind of preparation for the pain of motherhood as a whole.⁶¹ Others saw birth pain as less universal, but

⁵⁷ Pernick, *Calculus of Suffering*, 62.

⁵⁸ Erik Larson, *Devil in the White City: murder, magic, and madness at the fair that changed America*, (New York: Crown Publishers, 2003), 72. He confessed to 27 murders; estimates of his actual toll come closer to one to two hundred. When the case came to light, it gripped the nation and undoubtedly changed the way Americans conceived of chloroform’s perceived dangers. Dr. Holmes’ druggist, apparently, was surprised by the amount of chloroform that the doctor bought (multiple cases per week) but couldn’t imagine anything too terrible and believed Holmes when he said he was using the chloroform for “experiments.”

⁵⁹ A.G. McKenzie, “Another look at religious objections to obstetric anaesthesia.” *International Journal of Obstetric Anesthesia* 27 (2016): 62-65. MacKenzie goes on to question whether religious opposition to childbirth in fact took place or was, according to one of his sources, something Simpson wrote about after he “was surprised that the anticipated torrent of (religious) opposition to chloroform in obstetrics did not arrive.” According to Donald Caton and other medical historians, while Simpson’s portrayal of religious objections to obstetric anesthesia has all the trappings of an excellent story, it is more apocryphal than historical. It is possible that there were those who objected on religious grounds to the use of obstetric anesthesia, but they certainly didn’t argue as loudly as Simpson made it seem. “Presumably,” Caton writes, “people believed and repeated the story because it fit their preconceptions of the religious and moral climate of the time.”

⁶⁰ Helen King, *Midwifery, Obstetrics and the Rise of Gynaecology* (Hants: Ashgate Publishing Limited, 2007) 183. They were also one of the features that separated upper class, white women from slaves or working women, who were thought to give birth much more easily and with nearly no recovery time needed. More in Chapter 2, below.

⁶¹ Epstein, *Get Me Out*, 3.

rather as an individual punishment from God: evidence of their moral guilt.⁶² Dr. Samuel Gridley Howe, a nineteenth-century physician, wrote about childbirth that, “where there was so much suffering, there must have been sin.”⁶³ Elizabeth Cady Stanton, interestingly, was one of the people who believed birth pain was warranted. She told mothers that if they suffered during birth, “it is not because you are cursed of God, but because you violate his laws.” Unsurprisingly, she herself did not suffer once second during her labor.⁶⁴

James Young Simpson became the first doctor to administer obstetric anesthesia in 1847, a little more than a year after its debut. He wrote about his success in the *Edinburgh Monthly Journal of Medical Science*, expecting to be hailed as the harbinger of a new era in obstetrics. Instead, the article was received with a mix of surprise, horror, and anger and Simpson found himself under attack. Simpson was well accomplished: he had just been appointed as the Royal Physician to the Queen in Scotland, was elected president of the Royal Medical Society in 1835, and honored with the Chair in the Department of Midwifery at the University of Edinburgh in 1839.⁶⁵ These positions offered him a bully pulpit to press for the use of obstetric anesthesia, but to little avail. Even considering obstetric anesthesia was radical: in his 1847 piece “On the Inhalation of the Vapour of Ether in Surgical Operations,” John Snow, the epidemiologist who discovered the source of the cholera outbreak in London, stayed far away from obstetrics, writing

⁶² Pernick, *Calculus of Suffering*, 52.

⁶³ Pernick, *Calculus of Suffering*, 52.

⁶⁴ Pernick, *Calculus of Suffering*, 61. Upon refusing her anesthesia she said, “Dear me, how much cruel bondage of mind and suffering of body poor woman will escape when she takes the liberty of being her own physician...”

⁶⁵ Caton writes that Simpson found that he was appointed to this post on the same day that he first used obstetric anesthesia. In a letter to his brother, he wrote that he was complimented by the flattery but “far less interested in it than in having delivered a woman this week without any pain while inhaling sulphuric ether.” Caton, *What a blessing she had chloroform : the medical and social response to the pain of childbirth from 1800 to the present* (New Haven: Yale University Press, 1999), 3.

that he had “not even alluded to the use of vapour of ether for medicine or midwifery...”⁶⁶

Obstetric anesthesia was without the seal of approval from the medical community, and duly off limits.

Simpson’s detractors—doctors and patients alike—regularly reminded him of the biblical verse that God shall make “most severe [women’s] pangs in childbearing.”⁶⁷ In 1848, Simpson responded with a pamphlet titled, “Answer to the Religious Objections Against the Employment of Anæsthetic Agents in Midwifery and Surgery.” He began by arguing that none of those who object to the employment of anesthesia in childbirth have “made themselves at all intimate with the words and tenor or the [Biblical] curse itself.”⁶⁸ Simpson then reminded his detractors that the same chapter of the Bible which includes a curse for women also includes one for men —“thorns and thistles shall it bring forth to thee”—and so, “man must be equally erring and sinning, when, as now, instead of his own sweat and personal exertions, he employs the horse and the ox... to do this work for him.”⁶⁹ Simpson’s equation of the long-discussed women’s curse with the long-ignored men’s curse struck at the heart of his protestors’ religious arguments. Simpson then offered a reading of the creation of Woman, when God places Adam into a “*tardehma*... the deepest form of induced slumber,” in order to remove his rib, interpreting that to mean that God would not want people to be awake and suffering during surgery.^{70,71} To

⁶⁶ John Snow, M.D., *On the Inhalation of the Vapour of Ether in Surgical Operations* (London: John Churchill, 1847), v.

⁶⁷ *Genesis* 3:16.

⁶⁸ James Young Simpson, *Answer to the Religious Objections Advanced Against Employment of Anaesthetic Agents in Midwifery and Surgery* (Edinburgh: Sutherland and Knox, 1848), 36.

⁶⁹ Simpson, *Answer to the Religious Objections*, 37.

⁷⁰ Hebrew: תרדמה

⁷¹ Simpson, *Answer to the Religious Objections*, 42.

Simpson, anesthesia was sanctioned by God Himself. Through his pamphlet, Simpson “systematically refuted every conceivable religious, moral and ethical objection.”⁷²

Religious arguments aside, the main disagreement Simpson had with his detractors was over the purpose of pain. Simpson thought pain was unnecessary if not downright harmful, pointing to pain as a direct contributor to the high maternal mortality rate. This view of pain was not common. In letters published between Simpson and Charles Meigs, one of the foremost opponents of anesthesia, Meigs wrote that he “has always regarded labor pain as a most desirable, salutary, and conservative manifestation of life-force,” echoing the contemporary belief that pain was helpful and necessary.⁷³ Other male-midwives of the period agreed, and even tried “to encourage Pain,”—e.g., peeling skin off the birthing woman’s feet—in the hopes that it would encourage a quicker labor.⁷⁴ The *Edinburgh Medical Journal* wrote that “Pain is the mother's safety, its absence her destruction.”⁷⁵ Meigs campaigned against the use of anesthesia in the birthing room and denied it even when his patients begged for it. He claimed that it would diminish the force of the contractions, which he relied on to determine the progress of the labor.⁷⁶ According to a theory propagated by Robert Barnes, uterine contractions were triggered by pain. Without pain, the baby could get stuck inside the uterus or vaginal canal and not come out at all. (While it was true that anesthesia diminished the force of contractions, studies did not substantiate this until a few years later.)⁷⁷

⁷² Donald Caton, MD, “The Influence of Feminists on the Early Development of Obstetric Anesthesia,” *Bulletin of Anesthesia History*, (1997) 4.

⁷³ James Young Simpson and Charles Meigs, “Chloroform in Labor.” *North-Western Medical and Surgical Journal* 1, 1 (April & May 1848).

⁷⁴ Quote from *A Treatise on the Improvement of Midwifery* quoted in King, *Midwifery, Obstetrics*, 184.

⁷⁵ Wolf, *Deliver Me from Pain*, 46.

⁷⁶ Judith Walzer Leavitt, “Science” Enters the Birthing Room: Obstetrics in America since the Eighteenth Century,” *The Journal of American History* 70, 2 (September 1983), 290.

⁷⁷ Donald Caton, *What a blessing she had chloroform*, 30.

Meigs and Simpson both understood that anesthesia had its dangers, and what they disagreed about was not how dangerous it was, but rather what responsibilities a doctor had to his patients. People who resorted to surgery in the nineteenth century were most likely near death; women in childbirth were not. This meant that using anesthesia on a surgical patient was merely increasing an already likely chance of fatality, while using anesthesia on a mother could have needlessly endangered her life. Meigs berated Simpson for considering putting his patients' lives at risk "merely to prevent the psychological pain" that women suffered during childbirth.⁷⁸ For Simpson, psychological pain was not the only concern—the high maternal mortality rate pointed to the horrible and real effects of pain. It would seem that Meigs' way of thinking was more popular: through the 1840s, "Virtually every leading obstetrician in Western Europe and the United States argued that anesthesia was dangerous and unnecessary for normal deliveries."⁷⁹

Simpson was confident that, despite his detractors, anesthesia was bound to prevail. In 1848, he wrote:

I have no doubt that those who bitterly oppose it now will by yet, in ten or twenty years hence, be amazed at their own professional cruelty. They allow their medical prejudices to smother and overrule the common dictates of their profession and of humanity.⁸⁰

Simpson continued to publish in hopes of swaying public opinion. In his book *A New Anesthetic Agent*, Simpson waxed prophetic: "patients themselves will force the use of [chloroform] on the profession."⁸¹

⁷⁸ Doctors of the period seemed to believe that women suffered pain during childbirth because of their weak femininity, and were men to have gone through the same procedure, it would not have been as difficult for them.

⁷⁹ Donald Caton, MD., "John Snow's Practice of Obstetric Anesthesia," *Anesthesiology* 92 (2000): 247. UCLA.

⁸⁰ Simpson and Meigs, "*Chloroform in Labor*."

⁸¹ King, *Midwifery, Obstetrics*, 189.

Obstetric Anesthesia, Female Response

There is very little writing from this period that clearly lets us know what women were thinking about obstetric anesthesia in the years that Meigs and Simpson were discussing it. It was obvious that many women who used anesthesia were excited about the prospect. Fanny Appleton Longfellow, the first woman to use anesthesia for childbirth in the United States (her husband ran around town to find a doctor who would administer it to her) wrote of her happiness with anesthesia and her hopes of it spreading: “I feel proud to be the pioneer for less suffering for poor, weak womankind. This is certainly the greatest blessing of this age.”⁸² On the other hand, many women refused obstetric anesthesia for similar reasons that men and women refused surgical anesthesia: fear of complications with a potent drug. Other women objected for fear that anesthesia was “unseemly,” nervous that male doctors would take advantage of them while unconscious, or that the technology simply was too new.⁸³ The literature points to enthusiasm on the part of women, for example, Meigs’ citation that women regularly begged for anesthesia in the birthing room; but the fact that there is no evidence of pushback after the request was denied can either be taken as a function of feminine propriety, or as acceptance that obstetric anesthesia was unnecessary.

Change came slowly. In May of 1850, Queen Victoria gave birth to her seventh child, Prince Arthur. While no anesthesia was used during the labor, the Queen’s accoucheur consulted with John Snow on its proper use. When Queen Victoria gave birth to Prince Leopold in April of

⁸² Judith Walzer Leavitt, *Brought to Bed: Childbearing in America 1750–1950* (New York: Oxford University Press, 1986).

⁸³ Caton, *John Snow’s Practice*, 247.

1853 she asked Snow, then her royal anesthetist, for “a whiff of chloroform” to ease the pain.^{84,85}

In honor of this, chloroform use in labor was renamed *anesthesia á la reine*. The report of her anesthetization reached the press and the medical journal the *Lancet* wrote an editorial detailing their “intense astonishment” at the Queen’s “unnecessary inhalation.”⁸⁶ In the very same paragraph, they champion the use of *surgical* anesthesia:

Let it not be supposed that we would undervalue the immense importance of chloroform in surgical operations. We know that an incalculable amount of agony is averted by its employment.⁸⁷

In 1857, Queen Victoria gave birth and again made use of chloroform to aid her delivery. This time, there was no controversy or fanfare.⁸⁸ The Queen’s anesthetization is often hailed as a turning point towards acceptance of obstetric anesthesia.⁸⁹ Whether due to her or not, it is clear that this short period reflects a major ideological shift on the part of physicians and laypeople alike, and that by 1857, even obstetric anesthesia was accepted by the public.⁹⁰

While there may have been strong resistance, the benefits of certain types of anesthesia were clearly believed to outweigh the disadvantages. In 1866, James Young Simpson was

⁸⁴ Epstein, *Get Me Out*, 4.

⁸⁵ Michael A.E. Ramsay, MD, FRCA, "John Snow, MD: anaesthetist to the Queen of England and pioneer epidemiologist." *Proceedings* 19, 1 (January 2006): 24-28. NCBI.

⁸⁶ Thomas Wakley, "Administration of Chloroform to the Queen," *The Lancet* 1, 1550 (May 14, 1853): 452-55. The Lancet Archive.

⁸⁷ Wakley, "Administration of Chloroform to the Queen"

⁸⁸ Caton, *John Snow's Practice*, 251.

⁸⁹ Caton, *John Snow's Practice*, 247.

⁹⁰ As surgeon and medical writer Atul Gawande points out, the transition of anesthesia in common medical practice was uncommonly fast and smooth. Within seven years of its debut, it was being used in every major medical hospital; obstetric anesthesia took just a few more years to become normalized. Adoption of Joseph Lister’s antiseptic method in surgery—which premiered roughly around the same time (1867) and which was far more important than anesthesia in lowering the high surgical and maternal mortality rate of the nineteenth century—took more than three times as long catch on. Atul Gawande, “Slow Ideas,” *The New Yorker*, July 29, 2013.

rewarded for his accomplishments with anesthesia, made a baronet, and created a coat-of-arms with the rod of Aesculapius and the words “Victo dolore”—victory over pain.⁹¹

Process of Birthing

Even if doctors were ready to administer obstetric anesthesia, they still needed to offset some of the possible dangers; mainly, that the anesthesia could diminish the force of the contractions, stop the baby from readily descending into the birth canal, lead to fetal asphyxia, or worse. To prevent this, doctors administered ether or chloroform exclusively during the second stage of labor. The second stage of labor is the final of three stages of active labor. Active labor begins its first stage when the baby starts to descend down the birth canal. Contractions begin to become painful, occurring around every five minutes for an hour. During transition (the second stage) the cervix dilates and effaces to approximately ten centimeters and the contractions increase to every two to three minutes. Transition is widely considered to be the most painful part of labor. Second stage labor (the third and final stage) is when the cervix is fully dilated, contractions decrease, and the urge to push begins.⁹² The feeling of second stage labor differs for women: some people experience a burning, stinging sensation during crowning; others feel a warm, soothing sensation. It seems agreed upon that second stage labor is significantly less painful than first stage or transition.⁹³ However, second stage labor is accompanied by the strong urge to push, which is joined by screaming and grunting. Most male doctors, who, presumably, had never asked women directly about labor pain, thought that the second stage was the most

⁹¹ Robinson, *Victory over Pain*, xiii.

⁹² BabyCenter Medical Advisory Board, "The stages of labor." BabyCenter. (November 01, 2015.)

⁹³ Other than reading this in Epstein, I read a number of mommy blogs which discussed the most and least painful parts of labor. The reviews I read included things like: “Transition was the worst for me. I screamed during pushing but that was more getting my energy out. It really felt good to scream.” “Pushing was a relief for me.” “Pushing was AWESOME.” That being said, the group on the website (BabyCenter’s community page under the question “What was your most painful part of Labor?”) is self selecting.

painful part of labor. Dr. Joseph DeLee, father of modern obstetrics, said that when the baby's head crowned it must be the moment of "greatest anguish" for women.⁹⁴ In fact, most of the sounds which accompany second stage labor are involuntary, and, as noted above, not necessarily a response to pain. However, because of the doctors' beliefs, from the advent of obstetric anesthesia through the early twentieth century, anesthesia was exclusively administered during second stage labor. Even doctors who thought that anesthesia would not significantly diminish the force of contractions wanted to watch first stage and transition to ensure the baby was descending adequately.⁹⁵ This meant that even women who were being anesthetized still experienced a significant amount of pain during labor. By the time that doctors were regularly and comfortably administering anesthesia, social birth had come to an end, and no one—not the doctors, who never felt labor themselves, nor the women, who had no one else in the room to tell them—knew that second stage labor was not significantly painful for most women. As a result, birth remained painful and scary, which fit into the surrounding ideas of what womanhood, and thereby pregnancy, should look like.

Womanhood in the 1800s

In the early nineteenth century through the 1870s, womanhood was defined by reproduction. This was a major shift from the womanhood ideal in the Colonial Era, which was found in household production and resourcefulness—likening women to the Biblical image of Eve as "helpmeet." In the early nineteenth century, with new wealth, products, and fewer household responsibilities, a woman's main job became mothering. In fact, the words "mother"

⁹⁴ Wolf, *Deliver Me From Pain*, 39.

⁹⁵ Epstein, *Get Me Out*

and “woman” are used synonymously in this period.⁹⁶ Children were seen as the ultimate reflection of the mother, and mothering was seen as essential to female happiness. Their personal desires—including the sexual—were nonexistent. William Acton’s statement about women from 1857 rang true:

Love of home, children, and domestic duties are the only passions they feel... As a general rule, a modest woman seldom desires any sexual gratification for herself. She submits to her husband, but only to please him and, but for the desire of maternity, would far rather be relieved from his attention.⁹⁷

Nancy Theriot points out that this type of womanhood, termed “Imperial Motherhood,” is different from the helpmeet ideal in that it

organized gender literally on the basis of the body; an idealized notion of the maternal role was taken as a measure of female nature. Thus, body and role were blurred, so that the moral mother ideal and femininity in general seemed to spring from female biology, and “masculine” and “feminine” seemed as irreconcilably different as day and night.⁹⁸

Ideal mothers were supposed to be completely passive and quiet in the face of their trials and hardships. Silence, selflessness, suffering, and self-sacrifice were essential to womanhood.

Nineteenth century poet Elizabeth Oakes Smith wrote “suffering to a woman occupies the place of labor to a man, giving breadth, depth, and fullness, not otherwise attained.”⁹⁹ Her

contemporary, feminist Eliza Farnham, put it even more succinctly: “to be woman is to suffer.”¹⁰⁰

⁹⁶ Theriot, *Mothers and Daughters in 19th-Century America*, 26.

⁹⁷ Sally Ledger, *The new woman: fiction and feminism at the fin de siècle*. (Manchester: Manchester Univ. Press, 1997): 101.

⁹⁸ Theriot, *Mothers and Daughters in 19th-Century America*, 18.

⁹⁹ Theriot, *Mothers and Daughters in 19th-Century America*, 27.

¹⁰⁰ Theriot, *Mothers and Daughters in 19th-Century America*, 23.

Consumerism & Women

In the late nineteenth century, consumerism had come into its own. The range of goods available within the United States had increased, opening consumer interest to areas of life other than clothing and household goods. Consumption changed from being about necessities to being about luxury and daily activity, involving “not only the purchase of goods but an entire way of life.”¹⁰¹ Fashion grew with the rise of the department store and window-shopping in the 1830s, but consumption for middle- and upper-class families grew to include pianos, oriental carpets, and other luxury goods. By the 1880s, consumerism had expanded even more. There was a “shift from an ascetic Protestant work ethic to a hedonistic consumption ethic, in the 1880s and 1890s, shaped by postbellum overproduction and the rise of a national market and promoted by therapeutic ideologues' endorsements of earthly self-fulfillment.”¹⁰² Novel items like the bicycle came into fashion, and people began to purchase them for work and for pleasure. Historian Peter Stearns writes that, “not only dress and family environment but now also sources of information, travel and uses of time were open to the opportunities and manipulations of a consumerist society.”¹⁰³ From the colonial era onward, American women had been the main consumers for their families, bartering and buying all goods necessary for household management. During the Revolution, American women were particularly active in their choices about what to consume and not to consume, spearheading the consumer boycotts on British goods. New malls opened up, and mass-circulated magazines like *Ladies' Home Journal* and *Good Housekeeping* touted

¹⁰¹ Kathy L. Peiss, *American Women and the Making of Consumer Culture*,” *Journal of MultiMedia History* (1998), 2.

¹⁰² Lori Merish, “Gender, Domesticity, and Consumption in the 1830s: Caroline Kirkland, Catharine Sedgwick, and the Feminization of American Consumerism,” 89.

¹⁰³ Peter N. Stearns, “Stages of Consumerism: Recent Work on the Issues of Periodization,” *The Journal of Modern History* 69, 1 (1997): 102-17.

new goods and styles. The proliferation of these material products, as well as the immaterial information they brought with them, primed women for more consumerist developments.

Medical Consumerism

“Shopping around” and looking into a variety of options before buying was another facet of consumerism, and in the late nineteenth century, as ideas about consumerism permeated more and more of American culture, they came into contact with medicine. Patent medicines—many of them pure quackery—had flourished since the mid-eighteenth century. But from 1860 to 1880, “an unprecedented assortment of mass-produced and mass-marketed patent medicines flooded the market.”¹⁰⁴ Indeed, the eighteenth century in England may be termed “the golden age of the psychic” due to the enormous quantities with which medicines were produced and consumed during the period.¹⁰⁵ With all these medicines and cures, a “medical marketplace” was created, where everyone who could afford it had access to (ostensible) cures to whatever ailed them. And for those who wished for more than just pills, options were developing as well. Cosmetic surgery—notable in the sense that it was an elective procedure—began in 1887, with an essay titled “The Deformity Termed the Pug Nose, and its Correction by a Simple Operation.”¹⁰⁶ People began shopping for specific doctors and specific cures, not just for what was at hand. However, by and large, when a serious illness hit, people did not have the luxury of time. They went to see

¹⁰⁴ Loeb, *Doctors and Patent Medicines*, 409. Loeb points out the popularity of patent medicines by citing a statistic that by 1880 medical products ads made up a quarter of all advertisements!

¹⁰⁵ James Kelly, “Health for Sale: Mountebanks, Doctors, Printers and the Supply of Medication in Eighteenth-century Ireland.” *Proceedings of the Royal Irish Academy. Section C: Archaeology, Celtic Studies, History, Linguistics, Literature* 108C (2008): 75-113.

¹⁰⁶ As a final note on the power of anesthesia, I’d like to say the the correction of the pug nose—as well as every other cosmetic surgery, and a great, great number of non-cosmetic surgeries—would not have been possible without anesthesia. It seems unlikely that people would have been willing to undergo elective rhinoplasty or breast enlargements or any other fairly painful procedure with only a cosmetic benefit without intense pain relief. Anesthesia also opened up the field of general surgery to advance and more technical, as well as more ‘professional.’ With the patient subdued and still, doctors could operate much more smoothly for much longer periods of time.

whatever doctor was best within the accessible vicinity. Pregnant women were the first class of people who could decide relatively far in advance the care they wanted and could choose which doctor they would like to care for them and to which procedures they would to submit.¹⁰⁷ With new ideas about their rights to their own bodies, and the cures they could pay for, women could shop around to find a doctor they trusted. Using a specific anesthetic or procedure was still left to the discretion of the doctor, but the shifting times heralded a change in ideas of what belonged to the domain of doctor, and what to that of the patient.

¹⁰⁷ Tomes, *Merchants of Health*, 521.

CHAPTER 2: TWILIGHT SLEEP, “FROM FREIBURG TO CALIFORNIA”

McClure’s Article

In June of 1914, McClure’s Magazine published an article entitled “Painless Childbirth.” The article began with a young, pregnant American woman traveling to Germany, where she did not have friends or family, familiar doctors or a grasp over the language, to have her baby. Nonetheless, Germany appealed more than the United States, England, or any other traditional place for an upper class woman to give birth, for it “was the place where one went to a certain clinic, and had one’s baby safely and absolutely without pain”—an idea that, while much discussed in the previous decades, had never before been a reality.¹⁰⁸ The Freiburg Frauenklinik, run by Drs. Gauss and Krönig, a gynecologist and an anesthesiologist, had perfected what they termed *Dämmerschlaf* (lit., twilight sleep), a scopolamine-morphine mix that could keep women from remembering any pain at all during their labor.¹⁰⁹ Twilight sleep at the Freiburg clinic had begun a few years earlier, and had been quietly popularized by the very upper classes of American society. This article was the first to introduce it to the American public. The authors of the McClure’s article, Marguerite Tracy and Constance Leupp, wrote enthusiastically, eager to spread the word, that at Freiburg, “at last, modern science has abolished that primal sentence of

¹⁰⁸ Tracy and Leupp, “Painless Childbirth,” *McClure’s Magazine*, June 1914. 37.

¹⁰⁹ Tracy and Leupp’s article uses the words Twilight Sleep and *Dämmerschlaf* nearly interchangeably. However, as the months progressed, this changed dramatically. July 1914 (a month after this article was published) marked the beginning of the Great War. The New York Times featured no fewer than forty articles regarding twilight sleep between 1914 and 1915. The German term for twilight sleep is mentioned in very few of them. More than once, the NYT featured articles regarding twilight sleep next to an article about the sinking of the USS *Lusitania*, the Anglo-Japanese alliance, or other war-related articles. It is not to be missed, therefore, that the number of articles calling Twilight Sleep by its German name decrease significantly. However, it does not stop them from continuing to use twilight sleep. There is the off mention that using twilight sleep puts money into the hands of German doctors, but by and large the German origin of twilight sleep was left quietly to the side.

If anything, the enthusiasm and persistence shown by the women to continue discussing twilight sleep notwithstanding its connection with Germany highlights their dedication to it. Margarete Sandelowski points out in *Pain, Pleasure, and American Childbirth* that some women returned to Freiburg to have their baby painlessly in the middle of the war! Sandelowski, *Pain, Pleasure*, 13.

the Scriptures upon womankind.”¹¹⁰ Tracy and Leupp no doubt had high aims for their article, but the response to it was unprecedented. As Tracy asserted just a few months later, the Frauenklinik and its treatments were about to become “the centre of a great controversy comparable only to that which had raged round the work of Sir James Young Simpson in England in 1848.”¹¹¹

When considering why twilight sleep became such a raging success and selling point in the United States, it is important to consider a few different aspects of the treatment. First, it differed radically in its view of postpartum activity, use of forceps, understanding of pain, as well as the physical experience of birth. Wolf notes that some medical techniques are interesting to the public either because of the number of people it could help, or because “their effect is particularly interesting and easily understood.”¹¹² Twilight sleep managed to fulfill *all* of these categories. It was interesting, understandable, and relatable, and, along with the the Frauenklinik’s ideas about postpartum management and forceps, it was safe and modern. All of these qualities help to build a buzz around twilight sleep that made many American mothers feel that this was a drug they needed to try.

Scopolamine-Morphine Administration & Effect

Tracy and Leupp described twilight sleep as

a light sleep induced by an injection or two of a combination of two drugs—scopolamin and morphium—and continued under scopolamin. It is a sleep so light and so susceptible to outside impressions that the semi-darkness and quiet are required to make it entirely successful.¹¹³

¹¹⁰ Tracy and Leupp, “Painless Childbirth,” 38.

¹¹¹ Marguerite Tracy and Mary Boyd, *Painless Childbirth: a general survey of all painless methods with special stress on "twilight sleep" and its extension to America* (Fredrick A. Stokes Company) 1915, 2.

¹¹² Wolf, *Deliver Me from Pain*, 51.

¹¹³ Tracy and Leupp, “Painless Childbirth,” 39.

In reality, twilight sleep was more complicated. Morphine acted as a pain reliever, while scopolamine worked as an amnesiac, helping the women forget that there ever was pain. As soon as the woman reached active labor, the initial doses of morphine and scopolamine were administered. An hour after the first injection, the patient is given another dose of just scopolamine. At this time, the doctors begin to conduct a series of tests to see how much more scopolamine the patient will need. As Krönig describes,

An object is shown to the patient. Half an hour later she is shown it again, and asked if she has seen it before. If she remembers it, we consider it an indication that we should give another dose of the same strength... Half an hour after the second injection, the patient may be asked if she has had one. If she has no recollection of it, we consider the amnesia sufficient. No repetition of dose should be given until memory exists.¹¹⁴

The treatment is specific and also individualized, requiring a nurse or doctor to be on hand with every patient. These specifications were only the tip of the iceberg: the Freiburg method included many more steps and specifications, including lighting requirement, noise requirements, constant supervision of the patient and the taking of their pulse, etc. Tracy and Leupp suggest that were a small hospital to try the Freiburg method, they would need to triple their obstetrical staff.

Consciousness, Delirium, etc. in Twilight Sleep

Many people wondered how women could have their babies if they were unconscious during labor. Tracy and Leupp emphasized that even when the woman was fully unconscious, she was still “in full possession of muscular powers.”¹¹⁵ Gauss illustrated it simply for the *McClure's* article: “In the spine are telephone girls. I am asleep and a fly bites my foot; I brush it off. If I am awake, she calls my brain also. If I am asleep, she does not. But the action is the

¹¹⁴ Tracy and Leupp, “Painless Childbirth,” 43.

¹¹⁵ Tracy and Leupp, “Painless Childbirth,” 39.

same, either way.”¹¹⁶ In fact, most of the women were more active on the twilight sleep drugs than not. Scopolamine was known to induce delirium and women under the influence of twilight sleep would often scream in pain and thrash wildly during the birth, so much so that when twilight sleep came to the United States, Dr. Bertha Van Hoosen designed a special “crib” with “bed screens” (see Fig. 3). This prevented the woman from throwing herself on the floor or otherwise hurting herself during labor.¹¹⁷ Van Hoosen also designed a special gown with a continuous sleeve that tied in the back to further keep the patient from hurting herself, or more importantly, interfering while the doctors and nurses assisted the birth (see Fig. 4).¹¹⁸ By the time the patient awoke, the scopolamine amnesia ensured that the pain, screaming, kicking, and hysteria they experienced during birth was less than a distant memory. Whether the women were aware of this or not, it did not dampen their enthusiasm for twilight sleep. Ether and chloroform both had unpleasant side effects: strange odors, suffocating feelings, uncomfortable masks, and being left in a foggy state for hours afterwards.¹¹⁹ Twilight sleep had nothing but emptiness. And for women who, like Lady Eufame, had been asking for painlessness since before the sixteenth century, this was a welcome change.

Experience at the Frauenklinik

The Frauenklinik had been visited by women from India, Russia, Africa, and the Americas, and its popularity was only growing. The article quoted the experience of the mothers as such:

¹¹⁶ Tracy and Leupp, “Painless Childbirth,” 43.

¹¹⁷ Leavitt, *Twilight Sleep*, 150.

¹¹⁸ Leavitt, *Twilight Sleep*, 150.

¹¹⁹ Wolf, *Deliver Me from Pain*, 51.

When their pains began, they went to sleep. Of their part in the events that followed they retain no more memory than a somnambulist might have of the roof he walked upon at night. They woke up happy and animated, and well in body and soul; and found, with incredulous delight, their babies, all dressed, lying before them upon a pillow in the arms of a nurse.¹²⁰

The women who experienced twilight sleep in Germany were exceptionally enthusiastic. “I’d rather have a baby than a bad cold,” said one mother.¹²¹ “If I had another baby,” said another, “I would have it in Freiburg, if I had to walk all the way from California!”¹²²

Having a baby in Freiburg was no doubt an experience. The women were taken care of at every point of the pregnancy, labor, and recovery. Mrs. Cecil Stewart, one of the first Americans to give birth with twilight sleep (and notably Marguerite Tracy’s sister), described the room she was given as “big and high-ceilinged, with beautiful white tiles,” complete with a view of the mountains (Freiburg is next to the Black Forest), and generally looked like a “beautiful room in a big hotel.”¹²³ And the experience included complete care for the baby: As soon as it was born, and while the mother was still asleep, it was whisked out of the room, its mother still sleeping, and cleaned, dressed, and put to sleep in the nursery. If the baby needed to be fed in the middle of the night it was tended to by a wet-nurse. “And then,” Stewart described,

at ten in the morning, the baby would be brought to you all nicely dressed and washed and cleaned; but if it cried or annoyed you, it was taken out in the daytime too, so that you always had your nerves at rest, and were never disturbed by the baby’s crying.¹²⁴

¹²⁰ Tracy and Leupp, “Painless Childbirth,” 38.

¹²¹ Hanna Rion ver Beck, “The Painless Childbirth: Testimony of American Mothers Who Have Tried ‘Twilight Sleep,’” *Ladies’ Home Journal*, 31 no. 9, September 1914, 9.

¹²² Tracy and Leupp, “Painless Childbirth,” 39.

¹²³ Tracy and Boyd, *Painless Childbirth: A General Survey*, 190.

¹²⁴ Tracy and Boyd, *Painless Childbirth: A General Survey*, 191.

As an added bonus, any other children were thousands of miles away, being cared for in another country. The mothers lounged in luxury and complete contentment. This, no doubt, made twilight sleep a desirable trip for upper class women all around the world.

Conspicuous Consumption at the Frauenklinik

As early as 1908, the wealthiest American women were making the trip to Germany to have their babies in the most fashionable way possible. Safety, health, and painlessness aside, it is interesting to add another aspect as to why American women were so ready to buy into twilight sleep: conspicuous consumption. The term was coined by economist and sociologist Theodore Veblen in his book “The Theory of the Leisure Class,” just a few years earlier, described the behavior of consumers who bought expensive goods and engaged in expensive activities in order to maintain or gain higher social status. The trip to Germany, followed by a multi-month stay in hotels and a beautiful, large clinic overlooking the Black forest, complete with health and childcare, was in some ways the ultimate show of wealth, or conspicuous leisure. Bringing twilight sleep to America was, in a sense, bringing the latest clothing or technology for other, less wealthy people to enjoy as well.

Classist Conceptions of Pain at the Frauenklinik

Twilight sleep’s ties to the upper class went far deeper than the luxurious accommodations: Tracy and Leupp believed that pain during childbirth was an issue for all women, but it was especially difficult for wealthy women who did not work, whose “sensitiveness... is much greater than that of those who earn their living by manual labor.”¹²⁵ Krönig agreed. The pain could be so strong, he said, as to overrule the body and cause “nervous

¹²⁵ Tracy and Leupp, “Painless Childbirth,” 42.

exhaustion and a paralysis of the will to carry the labor to conclusion.”¹²⁶ This held true to the medical conception of the period that pain was deeply linked with class, race, and upbringing. (Even domesticated animals were thought to suffer more in childbirth than their wild counterparts.)¹²⁷ Exposure to the harshness of lower and middle class life was thought to lessen sensitivity to pain, while refinement, education, and leisure were thought to intensify it.¹²⁸ J. Marion Sims, the doctor who invented the vesicovaginal fistula repair, operated on black slave women and not on whites, since he believed that white women, sheltered from a life in the fields, simply could not bear pain the way blacks could.¹²⁹ Krönig was known for telling a story that he once saw a Gypsy woman drop behind a hedge, give birth, wash her baby in a pond, and run to catch up with her group, illustrating how easy birth is for the unrefined woman.¹³⁰ The Freiburg Frauenklinik was set up as to accommodate different classes of women and their specific sensitivities. The wards ranged from the first-class, like that which Stewart described, to third- and fourth-class wards, for “women of no great intelligence.” There, women were given twilight sleep but in accordance with the Siegel method and were not protected from external stimuli the

¹²⁶ Tracy and Leupp, “Painless Childbirth,” 42.

¹²⁷ Wolf, *Deliver Me from Pain*, 153.

¹²⁸ If this sounds strange to the modern reader, one must think no further than to the Hans Christian Andersen story of “The Princess and the Pea,” where an orphaned girl proves her royal blood by sleeping on twenty mattresses and twenty feather beds and wakes up black and blue from the pea hidden underneath them all. When I realized this, I went to go do research on the history of the story and found that there is no clear origin other than Andersen’s imagination, though there is a similar Swedish one called “The Princess who lay on Seven Peas.” However, there seem to be a number of other stories that emphasize that heightened sensitivity is associated with royalty. In the Italian tale “The Most Sensitive Woman,” the prince chooses a woman who needs a bandage after a jasmine petal falls on her foot. (She is chosen over the woman whose head was bandaged after a hair came out and the one who was made sick from a wrinkle in her sheet.) In India, “The Three Delicate Wives of King Virtue-Banner” tells roughly the same story, the winning wife this time bruised by the *sound* of pestles. (The other, less delicate wives were burned by the moonbeam and knocked unconscious by a lotus petal.) Of course, these all play into ideas about sensitivity and femininity, but the Andersen story and obvious association of sensitivity with gentility should not be missed.

¹²⁹ Pernick, *A Calculus of Suffering*, 156. “Dr. Rush, one of the earliest American abolitionists, blamed the Negroes’ morbid insensitivity on congenital leprosy (an explanation that also accounted for the blacks’ supposedly distinctive odor). The cheerful demeanor of slaves, even “where the lash of the master” was at its cruelest, proved to Abraham Lincoln that black insensibility was evidence of God’s compassion.”

¹³⁰ Wolf, *Deliver Me from Pain*, 49.

same way the first class wards were.¹³¹ Krönig used these wards for experimentation and claimed that complete painlessness could be found in only the upper class wards, where the full treatment was carried out. The Siegel method was significantly simpler than the Gauss-Krönig one: rather than using an individualized treatment plan, it followed a generalized schedule for when to administer each dose of morphine and scopolamine. This way, the doctor or nurse did not need to constantly stay and monitor the patient's consciousness in order to tell when to administer the next dose of scopolamine. It also meant that women could be in significant pain in between doses, but the scopolamine at the end would ensure that they would remember none of it.

Confinement & Postpartum Experiences at the Frauenklinik

In nineteenth century America, when a woman prepared to give birth, she notified her neighbors, sisters, mothers, and others who would stay with her not just during her labor, but for the period following: her postpartum confinement. Confinement was one of the (many) terms used to denote the process of giving birth in the nineteenth century.¹³² It included not only the birth itself, but also a period of time after the birth during which the new mother was not allowed to leave her room or home or do any number of other activities, depending on the family's wealth and location. Postpartum confinement could last for more than a month, and required that the mother rest in bed, not go out, remain completely covered, not eat heavy foods, not eat by

¹³¹ Wolf, *Deliver Me from Pain*, 49.

¹³² "confine, v.". OED Online. January 2018. Oxford University Press. Another interesting linguistic bit: the Spanish word for the postpartum period, *la cuarentena*, means quarantine but comes from the word *cuarenta*, meaning 40. (See N109 for significance of 40 in postpartum waiting periods.) Other verbs included: to be in childbed; to be brought to bed; to be delivered *of* (a child).

herself, and avoid too much activity.^{133,134} Dr. Eliza Taylor Ransom, herself an advocate of twilight sleep, described her horrible pre-twilight sleep postpartum experience: “lying in absolute quietness, being turned in bed only by the nurse, receiving food from the hands of others... enduring unbearable gas pains from constipation due to immobility,” et cetera.¹³⁵ Many women were required to lay prostrate for nine days postpartum. Understandably, many women simply could not remain motionless for that long. Early rising was deemed “insubordination” and often resulted in the patient’s care being terminated.¹³⁶ At the Frauenklinik, however, women were excited and astonished to find out that they were not “confined” in the least. Stewart recalled:

The second day after the baby was born, I got up and walked around the room, and washed my teeth. I can’t explain how happy it made me to get up and wash my teeth, because I always hate having things done in bed, such as washing teeth and having

¹³³ Wertz and Wertz, *Lying-In*, 79.

¹³⁴ Victorian-era ideas of modesty aside, confinement has a long and diverse history which spreads across cultural and religious divides. Incredibly similar ideas about confinement existed (and in some cases, still exist) in Europe, China, Japan, Scandinavia, Latin America, parts of Africa, and the Muslim world. Van Genep (quoted in “Postnatal care: a cross-cultural and historical perspective”) agrees with the Wertz’s argument (*Lying-In*, 79) that confinement helps to give the woman a new social position by separating and then reintegrating her with society. However, it also helps with a number of other things: Biblically, a woman is “unclean” (תמא) for forty days after the birth (Leviticus 12). During that period of time, she is not supposed to touch any consecrated thing or enter the sanctuary. This practice was followed to different extents within the Jewish, Christian, and Muslim traditions, but the idea of forty days of uncleanness is seen in Latin American culture as well. In the Muslim world, the woman is not allowed to cook or prepare foods, as this would contaminate them. All houseworks needs to be done by others, which consequently frees the woman to rest during this period. In Latin America, the mother receives help with the housework and has mandatory rest. In China, there is a practice of *zuo yuezi* or “sitting the month,” during which the new mother does not leave the house. This is still practiced in some parts of China today (cf. NYT “A Tradition for New Mothers in China, Now \$27,000 a Month.”) In Tanzania, Kenya, and Nigeria, women are isolated for two to three months postpartum and tasked only with caring for their child. While there is an obvious patriarchal influence on menstrual taboos or other “feminine pollution” (“it is plausible that postpartum care systems emphasising being unclean may legitimize the oppression of women”), it is possible that these taboos and practices also play a positive role: the isolation or impurity of these women frees them from the necessary labor they would have otherwise been engaged in and gives them a period of rest.

Of course, all of this is very class based: women whose families could not have afforded to care for them in this way or take the time off did not engage in as-strict confinement practices. I would not be surprised if supremely strict confinement practices were a type of conspicuous consumption, that is, an activity that people engaged in in order to show others that they had the financial ability to do so. Malin Eberhard-Gran, Susan Garthus-Niegel, Kristian Garthus-Niegel, and Anne Eskild, “Postnatal Care: a cross-cultural and historical perspective.” *Archives of Women’s Mental Health* (2010): 459-66.

¹³⁵ Wolf, *Deliver Me from Pain*, 61.

¹³⁶ Nancy Schrom Dye, “Modern Obstetrics and Working-Class Women: The New York Midwifery Dispensary, 1890-1920,” *Journal of Social History*, 20 no. 3, 1987. 557.

my face washed. Then, on the third day, I got up and sat up for an hour or two, and on the fourth day I sat up all afternoon, and on the fifth day I went out for a drive, and all the time I felt perfectly well and happy and did not have anything the matter with me at all.¹³⁷

Dr. Gauss encouraged the mothers to move following their births. His advice included having a “good square meal” one to two hours after the birth, and six to ten hours after that, engaging in a series of exercises he developed especially for postpartum women.¹³⁸ Eating after birth was another twilight sleep development: ether and chloroform both induced nausea, so doctors learned to forbid their laboring patients food lest they vomited and aspirated during the birth.¹³⁹ Dr. Ransom wrote that this exercise series was the most strongly emphasized factor of recovery at the Freiburg Frauenklinik. It contrasted radically with the accepted medical information of the time and horrified doctors—Dr. Ransom recalls that one of the doctors who walked into the room while a new mother was doing her exercises shouted “My Gawd, have you all gone crazy?” But, it thoroughly excited the women.¹⁴⁰

While women across the North America had been exercising and engaging in sports and exercise long before the advent of twilight sleep, the rise of the New Woman had included a rise in interest in all kinds of activity. While the woman of the Victorian Era was fashionably ill, women of this era were healthy and strong. They spent time outside, playing tennis, golf, and basketball as well as swimming, skating, and bowling.¹⁴¹ Organized sports leagues for women proliferated.¹⁴² Most importantly, they began riding bikes—an activity that could not be done

¹³⁷ Tracy and Boyd, *Painless Childbirth: A General Survey*, “Mrs. Cecil Stewart’s Story,” 190.

¹³⁸ Eliza Taylor Ransom, “Gymnastics Following Childbirth,” *The New England Medical Gazette*, May 1916. 250.

¹³⁹ Wolf, *Deliver Me from Pain*, 70.

¹⁴⁰ Ransom, “Gymnastics Following Childbirth,” 251.

¹⁴¹ Matthews, *The Rise of the New Woman*, 14.

¹⁴² Martha H. Verbrugge, “Gender, Science & Fitness: Perspectives on Women’s Exercise in the United States in the 20th Century,” *Health and History*, 4, no. 1 (2002), 55.

sidesaddle or in skirts. Bikes necessitated a change in clothing, and they brought bloomers and divided skirts to an already shifting world of fashion. Men and women could now ride bikes together, an activity that became immensely popular, even among the more conservative upper classes. It brought with it a love of healthy activity, which had not been considered feminine just a few decades earlier. Bikes heralded a number of shifts in popular culture: A 1891 editorial wrote that “every girl who rides her steel horse is a vivid illustration of one of the greatest waves of progress of this century, the advancement of women in freedom and opportunity.”¹⁴³

The Gibson Girl—young, slim, active, and known for riding her bike—was in vogue and was used to advertise all kinds of new women’s fashions. In 1908, Lane Bryant and a few other women’s clothing companies began offering maternity clothes that one could wear outside fashionably.¹⁴⁴ Maternity clothes actively moved away from the idea that women should be inside and unseen during their pregnancy, and helped propel the growing acceptance of an active pregnant woman. Lane Bryant ran their first ads for maternity clothes in 1912, and the pregnant woman in the ad looked just like a Gibson Girl.¹⁴⁵ Women who experienced twilight sleep boasted of how quickly they recovered and were able to return to motoring, exercises, or simply being up and about. “One of the splendid things about the Twilight Sleep,” said Mrs. Carmody, “is that you have no afterpains” from the birth.¹⁴⁶ *The Ladies’ World*, where Mrs. Carmody’s twilight sleep experience was published, noted that

¹⁴³ Matthews, *The Rise of the New Woman*, 14.

¹⁴⁴ Cheryl K. Lemus, “The Maternity Racket,” 181.

¹⁴⁵ Lemus, *The Maternity Racket*, 181. (Cheryl Lemus points that the development of women’s maternity clothes played into the medical-consumerist ideas at the time, in that maternity clothes allowed her to fulfill “her responsibilities as a patient and as a consumer.”)

¹⁴⁶ Tracy and Boyd, *Twilight Sleep: a general survey*.

Probably if anyone had told her beforehand—that is to say, at home in America—that she would drive out in a landau, on the sixth day [after her birth], to her baby’s christening, her faith in that person’s veracity, even prophetic, would have been considerably strained. For she is one of those women who have known what it is to be a bedridden invalid for six months after a confinement.¹⁴⁷

Bourgeois women embraced the new healthy, wholesome, ideal woman, and twilight sleep made that ideal possible. The treatment promised no afterpains or waiting time after the birth, as well as baths and exercises to “restore the lower part of the figure.”¹⁴⁸ Languishing in bed for a month postpartum was no longer fashionable or pleasurable. Women wanted to be up and out, putting tees and riding steel horses with their husbands, even through their pregnancy—and twilight sleep gave them an opportunity to do just that.

Issues with Forceps & Forceps Use in Twilight Sleep

While the painlessness of twilight sleep was mainly predicated on the use of the scopolamine-morphine mix, Tracy and Leupp pointed out yet another advantage, in that twilight sleep may save the mother “from the risk of the forceps and other dangers.”¹⁴⁹ The risks of forceps were not to be underestimated. Use of forceps without the ocular method (read: blind) understandably did not yield favorable outcomes. Common results of deliveries assisted by forceps were, according to doctor’s notes, “lesions of the cervix and perforations of the vagina,” “fractured pelvic bones,” and caused “occlusion of the vaginal walls and the meatus urinarius.”¹⁵⁰ Dr. William Potts Dewees, author of *A Compendious System of Midwifery* (1843) and lecturer on obstetrics at the University of Pennsylvania, wrote that often, forceps “are nearly

¹⁴⁷ Tracy and Boyd, *Painless Childbirth: a general survey*, 202.

¹⁴⁸ Tracy and Boyd, *Painless Childbirth: a general survey*, 198.

¹⁴⁹ Marguerite Tracy and Constance Leupp, “Painless Childbirth,” *McClure’s Magazine* (June 1914) 39.

¹⁵⁰ Theriot, *Mothers and Daughters in 19th-Century America*, 53-54.

as fatal as the crochet itself.”^{151,152} Dewees attempted to fix the issues of the forceps misuse, cautioning doctors to check that “no portion of the mother is included in the locking of the [forceps] blades...”¹⁵³ He proposed ensuring this (still without looking) by “passing a finger entirely round the place of union.”¹⁵⁴ In 1904, forceps were used in 12% of deliveries in the United States.¹⁵⁵ At the Frauenklinik, they brought that rate down to 6-7%.¹⁵⁶ In place of forceps, Krönig and Gauss felt that the most effective way to help women through difficult births was to approach their pain in a different way.

Freiburg Frauenklinik’s Ideological Response to Pain

While the Frauenklinik could be seen as exceptional for many of its changes it brought forth, as in the understanding of movement after birth, non-interventionist methods, constant care, and the use of beautiful surroundings, the biggest change was in their ideological conceptions of pain. Krönig and Gauss were still working against a system that didn’t think much of women’s pain during childbirth, or still considered it, as Meigs had, “salutary.”¹⁵⁷ In the *McClure’s* article, Krönig spoke out against this belief:

¹⁵¹ The crochet was a tool used in the event of an abortion to dismember the fetus in utero so the mother did not have to go through the process of birthing a dead baby. It was also used after particularly long and hard labors where the inability for the baby to be birthed became apparent.

¹⁵² Leavitt, *Obstetrics*, 288.

¹⁵³ Leavitt, *Brought to Bed*, 47.

¹⁵⁴ Leavitt, *Brought to Bed*, 47. While this was certainly an earnest attempt to help women, it was also before Ignaz Semmelweis’ ideas about antiseptic technique had been developed. While “passing a finger” might have saved a mother from a perineal tear, it also might have sentenced her to death from puerperal fever. That being said, the unwashed forceps did largely the same thing. At the time twilight sleep became popular, aseptic technique was being integrated into hospitals, and the connection between unwashed medical tools, infection, and puerperal fever was beginning to become clear. But forceps dangers went beyond those of infection—as indicated above, the forceps themselves could cause a number of problems for the mother.

¹⁵⁵ Leavitt, “The Debate Over Twilight Sleep,” 148.

¹⁵⁶ Tracy and Leupp, “Painless Childbirth,” 43.

¹⁵⁷ James Young Simpson and Charles Meigs, “Chloroform in Labor.” *North-Western Medical and Surgical Journal* 1, 1 (April & May 1848).

If we take the trouble to sit at the bedside of women during the whole course of labor, and to observe the state of their nervous system, we are compelled to admit that in their case a nervous exhaustion really does set in... I hardly believe that any one who takes the opportunity of observing a birth in the case of one of these women, from beginning to end, would afterward agree that the pain of birth is a physiological pain which is really of advantage to the mother and must not be reduced.¹⁵⁸

The Freiburg Frauenklinik didn't just differ from other clinics in the drugs they used, but also in the way they approached pain and the women for whom they cared. They brought a sensitivity and personal touch that was apparently lacking from contemporary medicine. Nowhere is this better characterized than in Stewart's account of her experience: "When I first decided to go to Freiburg to have my baby," she wrote, "I did not believe I would have a really painless child."¹⁵⁹ When she started to go into labor, she called for Dr. Gauss, and the conversation that followed shows how very different the Frauenklinik was:

I said, 'I have an awfully bad pain.'

He said, 'Yes, you *have* a very bad pain.' And oh, I was so happy when I heard him say that. It was the first time a doctor ever admitted that I had a bad pain when I had one. Before, they had always known better than I had, and they told me, 'Oh no, you haven't got any pain at all; *that is nothing*; you'll have to have much worse pains than that.' Just Dr. Gauss' admitting that my pain *was* pain made me feel comforted and happy. I felt at last I had found a place where people realized that pain was pain, even if one did not run round the room and scream; and they were going to try and make me comfortable and happy, and give me as painless a baby as possible; because even then, I didn't believe I could have a painless child.¹⁶⁰

Dr. Krönig, in a 1908 talk about twilight sleep, said very much the same thing: "From [the time of Simpson] down to the present, pain is acknowledged by the obstetrician; but it is acknowledged mostly to belittle it."¹⁶¹ Krönig and Gauss believed that pain had a negative

¹⁵⁸ Tracy and Leupp, *Painless Childbirth*, 44.

¹⁵⁹ Tracy and Boyd, *Painless Childbirth: A General Survey*, "Mrs. Cecil Stewart's Story," 185.

¹⁶⁰ Tracy and Boyd, *Painless Childbirth: A General Survey*, "Mrs. Cecil Stewart's Story," 188-189.

¹⁶¹ Tracy and Boyd, *Painless Childbirth: A General Survey*, "Prof. Krönig's Talk to Women," 26.

medical effect on the mother, the baby, and the process of birthing. This must have been one of the most radical shifts maternal medicine had experienced in more than a century: the practice of empathy. Women who went to the Frauenklinik could have their pain not only cured but validated, given the comfort that they were not insane but normal, natural, and worthy of care. Gauss and Krönig's belief in women's understanding of their own bodies, and the confidence that suffering should be and was avoidable, empowered women to begin advocating for themselves.

When it came time for her to give birth, Stewart woke up to “a fearful racket” and was annoyed that none of the maids or nurses cleaning the room were taking care to be quiet around a woman in labor. Just as she was getting “rather worked up over it, the door opened and the head nurse brought in [her] baby!”¹⁶² Stewart was so surprised that she cried out, “I can't believe it! It is a fairy tale! It isn't *true!*”¹⁶³ Mrs. Francis X. Carmody, the first woman to go to Freiburg directly because of the *McClure's* article, had a similarly surprising experience:

About six o'clock I received the scopolamin injection.
The next thing I knew I woke up. I sat right up in bed and looked at the clock.
It was seven o'clock and I realized the night had passed.
“Well,” I thought, “I must get dressed and go back to the pension. Perhaps the baby will come to-morrow.”
Then I noticed that I felt lighter, and sat up easily, and my figure had changed...¹⁶⁴

Carmody was so disbelieving that she had actually given birth that she “thought it was somebody else's baby that they were trying to console [her] with.”¹⁶⁵

¹⁶² Tracy and Boyd, *Painless Childbirth: A General Survey*, “Mrs. Cecil Stewart's Story,” 189.

¹⁶³ Tracy and Boyd, *Painless Childbirth: A General Survey*, “Mrs. Cecil Stewart's Story,” 189.

¹⁶⁴ Tracy and Boyd, *Painless Childbirth: A General Survey*, “Mrs. Mark Boyd's Story,” 200-201.

¹⁶⁵ Tracy and Boyd, *Painless Childbirth: A General Survey*, “Mrs. Mark Boyd's Story,” 201. It can be seen from the notes of the head nurses that Carmody's was a regular reaction of women at the Frauenklinik. With no recollection of giving birth, many mothers were convinced that the babies they were presented with were too ugly to be their own and must have been accidentally switched with someone else's.

Lay Response to *McClure's* Article

McClure's, a popular monthly periodical known for beginning the journalistic tradition of muckraking, was no stranger to controversial articles, but the reaction to this was unprecedented.¹⁶⁶ In the early twentieth century, top magazines like *McClure's* had readership in the hundred of thousands.¹⁶⁷ The response from the population must have been enormous, because just five months later Marguerite Tracy wrote in a follow-up piece that “No article ever published in *McClure's* attracted more attention than ‘Painless Childbirth.’”¹⁶⁸

Together with Mary Boyd, Tracy wrote another article—“More on Painless Childbirth”—for the October issue, answering the growing nationwide demand for more information about twilight sleep. They wrote that “Plans are underway in many cities to equip doctors and hospitals to give the treatment properly . . .”¹⁶⁹ A follow up to that was a two hundred page book, called *Painless childbirth; a general survey of all painless methods, with special stress on "twilight sleep" and its extension to America.*¹⁷⁰ But the idea of twilight sleep became so popular that within just a short period, publications all around the country were writing about it. *Ladies' World* published another piece by Marguerite Tracy; *The New York Times* ran pieces about it nearly weekly; *International Socialist Review*, *Ladies' Home Journal*, *Literary Digest*, and more

¹⁶⁶ *McClure's* was a multi-faceted magazine, and in addition to its political side, it included fiction and non-fictional pieces from writers like J.M. Barrie, Arthur Conan Doyle, Rudyard Kipling, Joseph Conrad, and other greats.

¹⁶⁷ Fang, *A History of Mass Communication*, 108. I'm assuming that *McClure's* was a top magazine since it was featured monthly on the *New York Times's* list of upcoming features in “leading American magazines” between *The Atlantic*, *Harper's Bazaar*, and other well known publications.

¹⁶⁸ Mary Boyd and Marguerite Tracy, “More About Painless Childbirth,” *McClure's Magazine* (October 1914) 56.

¹⁶⁹ Mary Boyd and Marguerite Tracy, “More About Painless Childbirth,” *McClure's Magazine* (October 1914) 56.

¹⁷⁰ Interestingly, It would seem that at the time they wrote it, religious objections to obstetric anesthesia were still somewhat present. The epigraph of the book reads: “It is inconsistent for the Church to oppose painless childbirth when it had no opposed painless surgery. For the same passage in Genesis enjoins on man suffering through his life, and on woman suffering in childbirth. — A Clergyman of To-day.” I have searched to find evidence that the Catholic (or for that matter, any other) church took a stance against Twilight Sleep, but have been yet unable to find any.

all published articles about twilight sleep in the late months of 1914.¹⁷¹ The *Journal of the Kansas Medical Society* complained that twilight sleep got more media coverage than any other topic save the Great War.¹⁷² The country was smitten.

Medical Response to McClure's Article

The idea of painless childbirth alone could have captured the nation's attention, but Tracy and Leupp wanted to make clear how safe and effective twilight sleep truly was. The rubrics of the first McClure's article included "The Strange Variableness of Scopolamin," "The Early Experiments with Scopolamin," "What the Safety of the Method is Based On," "Not A Single Fatality to the Mother Can Be Charged to It," and so on.

While the nation's response may have been adoring and excited, the doctors responded in a decidedly different way. In September, *The New York Times* wrote an article about the June issue of McClure's titled "Accusing the Medical Profession."¹⁷³ "Whether rightly or wrongly," the *Times* declared, "this article will seem to many of its readers a truly terrible arraignment of the medical profession..."¹⁷⁴ The *New York Medical Journal* accused McClure's of "an attempt to dragoon the medical profession in America into indiscriminating adoption of a procedure which has been tested by competent men in various parts of the country without much enthusiasm."¹⁷⁵

To some extent, the *Journal* was correct. The first American review of Gauss and Krönig's work appeared in the *American Journal of Obstetrics and Diseases of Women and*

¹⁷¹ The *International Socialist Review* berated the "corrupt capitalist régime" for not "put[ting twilight sleep] at the service of needy people" and, rather, forcing them to wait on the "good will of Commercialism." Wolf, *Deliver Me from Pain*, 55.

¹⁷² Wolf, *Deliver Me from Pain*, 55.

¹⁷³ Anonymous, "Accusing the Medical Profession," *The New York Times*, September 17, 1914.

¹⁷⁴ Anonymous, "Accusing the Medical Profession," *The New York Times*, September 17, 1914.

¹⁷⁵ Anonymous, "Topic of the Times: Authority Changes Its Tone," *The New York Times*, September 26, 1914.

Children in 1906, in which Gauss admitted to a number of problems concerning twilight sleep: a slowed pulse, decreased respiration, prolonged labor, fetal asphyxia, and delirium.¹⁷⁶ Another review appeared in 1907, after which a handful of American and British doctors began using twilight sleep in their own practices. A few found it to be as good as it was touted to be; however, many found themselves uncomfortable with the side effects. Joseph DeLee, the American who is often hailed as the father of modern obstetrics, spent four weeks in Freiburg observing the method and found it to be “decidedly unsatisfactory.”¹⁷⁷ The same was found by leading doctors at Harvard, Johns Hopkins, and the University of Pennsylvania.¹⁷⁸ Gauss and Krönig brushed off accusations that the method was not safe by saying that their detractors were not using the “Gauss-Krönig method,” which required perfectly quiet conditions, constant supervision of the patient, and an individualized treatment plan. In America, the “Siegel technique” was popularized as the way for administering twilight sleep. A doctor in the *California State Journal of Medicine* wrote that the technique “is one of the reasons for the failure of twilight sleep in many instances.”¹⁷⁹ In a letter to the editor in *The American Journal of Nursing*, a woman wrote to criticize doctors who found twilight sleep “generally unsatisfactory” and were not properly following the complex Gauss-Krönig rules, that included specific instructions about lighting, noise control, adjustments to patient temperament, and constant presence of a nurse “in that room

¹⁷⁶ Wolf, *Deliver Me from Pain*, 48.

¹⁷⁷ ver Beck, “The Painless Childbirth: Testimony of American Mothers Who Have Tried ‘Twilight Sleep,’” 10.

¹⁷⁸ ver Beck, “The Painless Childbirth: Testimony of American Mothers Who Have Tried ‘Twilight Sleep,’” 10.

¹⁷⁹ Cosgrave, “Twilight Sleep,” 484. When DeLee went to Freiburg he saw the Siegel method, not the Gauss-Krönig one. This was most likely because the Gauss-Krönig method was only used in the upper class wards, which were closed to outside visitors (the journalists who went there were all related to an upper class woman staying there at the time.) If this is true, it is unsurprising that the American doctors found the Freiburg treatment as a whole unsatisfactory—they were seeing the treatment of lower-class women, whom Krönig and Gauss, as believers in class-based pain discrepancies, did not really believe could be helped by twilight sleep.

as the patients' pulse must be carefully watched during the anaesthesia.”¹⁸⁰ Notes from the *American Journal of Nursing* agree:

Dr. W. H. W. Knipe commends the use of this technique in proper hands. The bad results in the past were due to . . . the use of a technique entirely different from that of Gauss. Twilight Sleep demands more care, more thought and more knowledge than a normally conducted labor.¹⁸¹

Medical journals felt that either twilight sleep was “too dangerous to be pursued” or caused “no danger for either mother or child.”¹⁸² Eventually, they settled on the medium stance that twilight sleep *could* be very dangerous, but was not when practiced properly. In the Transactions of the American Association of Obstetricians and Gynecologists in 1914, one doctors wrote that “There is no obstetric condition that requires more detail in technic and the display of more skill in the use of drugs than this.”¹⁸³

Women Doctors and Twilight Sleep

Notably, the only physicians I could find who were enthusiastic about the Freiburg Method from the start were female physicians, Dr. Bertha Van Hoosen and Dr. Eliza Taylor Ransom. The state of women in medicine was growing steadily during the era: Elizabeth Blackwell, the first female admitted to an American medical school, graduated in 1849, priming her to take part in the debate regarding anesthetics. By the end of the nineteenth century, women made up 5% of the physician workforce, which must have been somewhat significant. However, following the reforms made in medical education at the beginning of the twentieth century,

¹⁸⁰ Mary E. Thornton, Letter to the Editor, “‘Twilight Sleep’ At the Jewish Maternity Hospital,” *The American Journal of Nursing*, October 1914.

¹⁸¹ Anonymous, “Notes from the Medical Press: Twilight Sleep in Practice,” *The American Journal of Nursing* 15, no. 5 (1915): 409-11.

¹⁸² Leavitt, “The Debate Over Twilight Sleep,” 158.

¹⁸³ American Association of Obstetricians and Gynecologists, *Transactions of the American Association of Obstetricians and Gynecologists for the year 1915*, Philadelphia :The Association of Obstetricians and Gynecologists, no. 27, 1914. 389.

mainly the closing and consolidating of medical schools, the rate of female medical school graduates dropped below 3%, and continued to drop through the period of twilight sleep.¹⁸⁴ However, laypeople and investigative journalists aside, a significant amount of the articles written about twilight sleep from the medical perspective were authored by women in medicine, which suggests that while the male side of the medical establishment may not have been for twilight sleep, the female side took up the cause. Not all of the articles are positive or wholeheartedly for twilight sleep—many of them point out the flaws and cite studies or anecdotal evidence which has done the same—but they were considering it far more than their male counterparts.¹⁸⁵

Criticism of the McClure’s Article and Other Media Publications

Tracy and Leupp spent more than four years researching the Freiburg Frauenklinik to write their article.¹⁸⁶ But in the eyes of the medical establishment, Tracy and Leupp were women with no medical training who had no right to step into the world of surgeons and physicians and tell them what to do. In nearly every newspaper article written about the two reporters in the year after their initial article, readers were reminded that they were “laymen” or “not doctors.”¹⁸⁷ How could these women be instructing an entire nation as to what was good for their health? Years later, when *The New York Times* reviewed the changing opinions of the medical establishment towards twilight sleep, they wrote that *The Modern Hospital* “cannot forgive the awful crime that

¹⁸⁴ AMN Healthcare, “Women in Medicine: A Review of Changing Physician Demographics, Female Physicians by Specialty, State and Related Data,” 2015.

¹⁸⁵ Another interesting point about female doctors rather than male was the gender of the language they used. Over and over again, I read female physicians who wrote “he or she” and “man or woman” in describing a practitioner (e.g. “That the man or woman using it must be an experienced and careful obstetrician”), while men only used male pronouns.

¹⁸⁶ Anonymous, “Tells of Twilight Sleep,” *The New York Times*, October 13, 1914.

¹⁸⁷ E.g. Anonymous, “Twilight Sleep Once More,” *The New York Times*, November 17, 1914.

was committed when a non-medical magazine called the public's attention to this highly important discovery."¹⁸⁸ That same article also referred to the *McClure's* articles as a "terrible invasion of [doctor's] domain."¹⁸⁹ Years later, the same rhetoric would still be used: A reviewer in the *American Journal of Sociology* wrote that "Two or three years ago, the American public was informed—unfortunately by lay writers in popular magazines—of the use of scopolamine and morphine in obstetrics under the suggestive illusionary title of "Twilight Sleep" or *Dämmerschlaf*."¹⁹⁰ (The reader can imagine that the reviewer went on to propagate a form of analgesia other than twilight sleep.) The medical establishment put its foot down: these were women, not doctors, and they had no idea what was good or not good for the public. Doctors knew, and they had decided to stand against twilight sleep. The stage was set for a fight.

¹⁸⁸ Anonymous, "Twilight Sleep Vindicated," *The New York Times*, October 20, 1914.

¹⁸⁹ Anonymous, "Twilight Sleep Vindicated," *The New York Times*, October 20, 1914.

¹⁹⁰ Paul Nicholas Leech, "Reviewed Work: Painless Childbirth, Eutocia, and Nitrous Oxid-Oxygen Analgesia. by Carl Henry Davis," *American Journal of Sociology* 22, no. 3 (1916): 417.

CHAPTER 3: “YOU WILL HAVE TO FIGHT FOR IT:” THE BATTLE FOR TWILIGHT SLEEP

Women Respond to the Medical Establishment

Marguerite Tracy and Mary Boyd shot back at the criticisms of the medical establishment with yet another *McClure's* article in October, detailing how, in every case they knew of, “the women who had gone to Freiburg for painless babies have had the hearty endorsement of some responsible physician.”¹⁹¹ This begged the question, “If Freiburg Dämmerschlaf is so well known to the medical profession, why has it not been established in America?”¹⁹² Tracy and Boyd felt that the answer to this was simple:

The reason it has been held back is not that there have been terrible and unavoidable dangers in methods of painless childbirth before Dämmerschlaf, but that the conducting of a painless birth in general private practice takes too much time, and in hospitals it is too expensive.¹⁹³

The resistance towards twilight sleep had nothing to do with the drugs, they claimed, and everything to do with the doctors themselves and their cold, self-centered practice. Twilight sleep did take a considerable amount of time: as noted by Krönig, Gauss, and other proponents, in order to administer it properly, a physician or nurse needed to be in the patient’s room at all times to monitor the area and the patient’s pulse. Doctors expressed distaste for this long waiting period and its drain on their time and resources. Twilight sleep required so many fine details that it felt burdensome, if not impossible, to carry out in full.

Women began to realize that doctors were not going to simply agree to bring twilight sleep to the United States. But unlike the silence with which women responded to doctor’s resistance to obstetric anesthesia in the previous century, these women decided to fight.

¹⁹¹ Body and Tracy, “More About Painless Childbirth,” 57.

¹⁹² Body and Tracy, “More About Painless Childbirth,” 57.

¹⁹³ Body and Tracy, “More About Painless Childbirth,” 57.

Womanhood in the 1900s: The New Woman

By the 1880s, ideas about womanhood and femininity had changed radically from the suffering-woman ideal. Women were traveling for the first time to work in cities away from their homes, becoming typists and secretaries in places like Chicago and New York. The upper, middle, and lower classes of women had the new ability to freely travel alone, for work and for pleasure. It was a period of modernization and advancement not just in the home and city, but in legal, sexual, and cultural reform. The “New Woman” had been born, and she took the world by surprise. In 1893, *The Women’s Herald* wrote that “Without warning, woman suddenly appears on the scene of man’s activities, as a sort of new creation, and demands a share in the struggles, the responsibilities and the honours of the world, in which, until now, she has been a cipher.”¹⁹⁴ Some historians have argued that the New Woman was a purely literary phenomenon, unseen in the actual day-to-day of the late nineteenth century. But even if she existed only on paper, the reality reflected changing times for women. 1869 marked the founding of the National Women’s Suffrage Association; in 1872, Susan B. Anthony registered (illegally) to vote.¹⁹⁵ By the 1880s, the fight for enfranchisement was well under way, with new states enfranchising women each year. Women created associations to become financially independent, keep their own property after marriage, and more.¹⁹⁶

Women’s domain and their rights were growing by leaps and bounds. Gone was the tired, suffering woman of the past; here was a woman who knew no bounds. Legal reforms made divorce a reality for many women, and unprecedented numbers of women left marriages with the

¹⁹⁴ Tusan, Michelle Elizabeth. "Inventing the New Woman: Print Culture and Identity Politics during the Fin-de-Siecle: 1997 VanArsdel Prize." *Victorian Periodicals Review* 31, no. 2 (1998): 169.

¹⁹⁵ Jean V. Matthews, *The Rise of the New Woman* (Ivan R. Dee: Chicago) 2003, 6.

¹⁹⁶ “Detailed Timeline,” *National Women’s History Project*,

explicit reason of lack of sexual satisfaction, displaying a new “right to bodily integrity,” and leading to a severe drop in the American birthrate.¹⁹⁷

The twentieth-century woman no longer felt satisfied with nineteenth-century childbirth or with nineteenth-century passivity. She was no longer willing to accept pain, unsafe conditions, or excuses. Tracy and Boyd, echoing Simpson’s claim years earlier that women would force the use of chloroform onto the medical profession, encouraged women not to rely on doctors for their help: “Women alone can bring Freiburg methods into American obstetrical practice.”¹⁹⁸ The idea that women would have to work hard—to battle—to bring twilight sleep to America became a rallying cry. Hanna Rion, author of a popular book about twilight sleep, instructed women to “Take up the battle for painless childbirth.”¹⁹⁹ Rion made it clear that this was not just about a particular woman’s comfort in birth: this was about the way the medical profession was to respond to their patients and clients. Ironically, the opposition to twilight sleep brought some women closer to it. Journalist Zoë Beckly, reflecting on the history of twilight sleep, wrote that “Enthusiasm grew with the investigation [of twilight sleep], and the case *against* Twilight Sleep making me more strongly for it, just as the case against woman suffrage helped convert me to that cause.”²⁰⁰ The crusade for twilight sleep began to become less about the actual treatment and more about the way the issue was being handled.

¹⁹⁷ Theriot, *Mothers and Daughters in 19th-Century America*, 92. The fact that women’s ideas about sexuality and rights within their marriage were changing is highlighted by the birth rate of the time: white American fertility in the 1880s dropped below any other known country save France. In 1905, then president Theodore Roosevelt authorized Congress to collect and publish statistics regarding marriage and divorce from 1887-1906. Roosevelt was incredibly worried about the falling white and rising minority birth rate, accusing white women who did not do their duty to produce white children as guilty of “race suicide.” cf. Alan C. Carson, *The American Way*. While I did not explore this further, understanding the influence of politics and radicalized fears about birth rates effected twilight sleep and all other measures that made the childbearing process easier—and thereby, in the eyes of the establishment, more desirable—is certainly interesting.

¹⁹⁸ Tracy and Boyd, “More about Painless Childbirth,” 57.

¹⁹⁹ Leavitt, *The Debate over Twilight Sleep*, 153.

²⁰⁰ Zoë Beckly, “Twilight Sleep,” *McClure’s Magazine*, June 1922.

The media sided firmly with the women. They continually published articles that highlighted the positive aspects of twilight sleep and criticized those who stood against it. Women's magazines ran the most pro-twilight sleep articles, but *The New York Times*, *The New York Tribune*, and almost every large newspaper in the country ran articles that were complimentary of twilight sleep and critical of the doctors who dismissed it. The *Times* criticized those who denigrated Boyd on account of her not being a physician: "Long and careful search through the literature of medicine would not reveal many articles on a medical subject better in any way than is one contributed by Mary Boyd, a 'layman,'" wrote one journalist in 1914.²⁰¹ After Dr. Knipe wrote an article in *Modern Hospital* about the benefits of twilight sleep, the *Times* poked fun at the medical establishment: "His conclusions... coincide in practically every detail... to those set forth in a since much scolded lay magazine, by two women, both much scolded, who lack the degree of M.D."²⁰²

Some doctors concurred with the media's assessment of why other doctors were not on the side of twilight sleep, and they took to newspapers to publicly criticize the medical establishment. There were indeed some doctors who were against twilight sleep for legitimate reasons, wrote one doctor in *The New York Times*, but, "on the other hand, there are physicians who know nothing about the twilight sleep and want to know nothing about it. In order to get rid of questions about it it, they simply say, 'It's dangerous.'"²⁰³ A few months later, the *Times* quoted the editor of *The American Journal of Clinical Medicine* as he criticized the medical profession for not undertaking an "honest investigation" of childbirth.²⁰⁴ The article was subtitled

²⁰¹ Anonymous, "Twilight Sleep Once More," *The New York Times*, November 7, 1914.

²⁰² Anonymous, "Twilight Sleep Vindicated," *The New York Times*, October 20, 1914.

²⁰³ Anonymous, "Assails Opponents of Twilight Sleep," *The New York Times*, November 28, 1914.

²⁰⁴ Anonymous, "Urges a Fair Test of Twilight Sleep," *The New York Times*, April 11, 1915.

“Must Answer Women.”²⁰⁵ The editor of the *Journal* himself wrote that “The real truth is the the medical profession owes a debt of gratitude to the lay journals for waking them up to the importance of a procedure of such vital interest to womankind.”²⁰⁶ The editor went on to emphasize the right of the public to know and to push the medical profession to answer their questions. But the article highlights the incredible resistance of the establishment, including the “astounding fact” that

while all these methods have been known to the medical profession... no eminent professor of obstetrics in America, no great American hospital, no great American medical school apparently has paid the slightest attention to twilight sleep—except perhaps, in the way of condemnation. And now at last, the profession is waking up! Why? Simple because the laity has taken this matter into its own hands and, through magazines and newspaper articles, and is demanding that medical men shall interest themselves in it.²⁰⁷

Women’s Club Movement

The strongest proponents of Twilight Sleep joined together and formed a club. Women’s clubs were one of the developments of the New Woman era. Before the Civil War, women’s clubs existed mainly as charity circles or religious groups, but the New Woman appropriated the traditionally male club for themselves, as a space for intellectual self improvement—in the arts, history, literature, civics, et cetera.²⁰⁸ By 1910, the General Federation of Women’s Clubs had a membership nearing one million.²⁰⁹ The women’s club movement grew to reflected diversity across class and political ideology: Daughters of the American Revolution, Daughters of the Confederacy, and National League of Women Workers all attracted large and dedicated

²⁰⁵ Anonymous, “Urges a Fair Test of Twilight Sleep.”

²⁰⁶ Anonymous, “Urges a Fair Test of Twilight Sleep.”

²⁰⁷ Anonymous, “Urges a Fair Test of Twilight Sleep.”

²⁰⁸ In an effort to be serious, they even went so far as to ban sewing and knitting from their meetings.

²⁰⁹ Matthews, *The Rise of the New Woman*, 16.

followings. Clubs had an incredible influence on women's ability to organize, confidence in their speech, and ability to work with other women to spearhead change. Women took leadership positions within their clubs that gave them political power and clout in society at large. As Jean Matthews quotes, clubs allowed women to become "accustomed 'to the sound of their own voices.'"²¹⁰

National Twilight Sleep Association

The National Twilight Sleep Association (NTSA) was formed in January of 1915 touted an impressive list of female leaders. Among them were Dr. Eliza Taylor Ransom, Dr. Bertha Van Hoosen, editors of women's magazines, the head of the National Housewife's League, Mrs. Mary Ware Dennett, of National Suffrage Association and National Birth Control League fame, Mrs. Temple C. Emmet, the first American woman to give birth under Twilight Sleep, and Mrs. Cecil P. Stewart. The number of prominent last names in the Association abounded: Mrs. Orme Wilson, Mrs. Rheta Child Dorr, and even Mrs. John Jacob Astor joined the club.²¹¹ The Association's first purpose was to answer the thousands of questions being penned by women across the country about Twilight Sleep and to educate them more broadly about the procedure, through pamphlets, lectures, and engagements. The next purpose was to help (or force) more hospitals into providing twilight sleep. The greatest aim, they said, was to establish a teaching hospital similar to the one at Freiburg, where American doctors could come and learn how to properly administer the drugs.²¹² They sponsored rallies across the country to introduce Twilight

²¹⁰ Matthews, *The Rise of the New Woman*, 17.

²¹¹ Anonymous, Special to The Washington Post. "Society Women Spread Twilight Sleep Gospel to Prevent Future Suffering by the Mothers of the United States." *The Washington Post (1877-1922)*, Jan 03, 1915. (The article that announced the creation of the Association featured a full page picture of Mrs. Astor with the caption "Pretty Women Combine to Spread the Gospel of 'Twilight Sleep.'")

²¹² Anonymous, "Society Women Spread Twilight Sleep Gospel to Prevent Future Suffering by the Mothers of the United States."

Sleep to their fellow countrywomen, answer thousands of questions by mail, and, in a divisive yet effective turn, published a list of “accredited” hospitals and physicians around the country; i.e., ones that would administer twilight sleep.²¹³ They immediately began to organize a clinic in Brooklyn, and Dr. Ransom opened up a Twilight Sleep Maternity Hospital in Boston.²¹⁴ Lastly, they intended to create a blacklist of doctors who refused to use twilight sleep, encouraging women to refuse them and their practices.²¹⁵ Similar to the women in the American Revolution who refused British tea, these women took the power of their pocketbooks to push for change.

The NTSA was a raging success. Within days of their creation, their names and pictures were pasted on full page spreads in the nations most read newspapers and magazines. They hosted rallies that drew huge crowds, sent out pamphlets, gave speeches, argued with doctors, and spread the gospel of twilight sleep far beyond what Krönig and Gauss could have hoped.

Class Egalitarianism for Twilight Sleep

Unlike Gauss, Krönig, and their medical contemporaries, the women of the NTSA felt that Twilight Sleep should be brought to more than just the upper classes of America. In their first *McClure's* article, Tracy and Boyd appeared to have believed in class-based pain, it would seem that their opinion changed over time (or that they found class egalitarianism to be expedient for their cause). In their book published a year later, they wrote of their choice not to limit the conversation about Twilight Sleep but to “appear in the open market-place” where the “ordinary woman who does not belong to the clubs was begging to hear.”²¹⁶ After all, childbirth

²¹³ Edna Kenton, “Twilight Sleep,” *Chicago Daily Tribune*, May 5, 1915.

²¹⁴ Lucy Buffaker, “Twilight Sleep’s Progress in This Country,” *New - York Tribune*, May 2, 1915.

²¹⁵ Anonymous, “To Check Misuse in Twilight Sleep: Women Blacklist All Doctors Who Don’t Use the Freiburg Method” *The New - York Tribune*, February 17, 1915.

²¹⁶ Tracy and Boyd, *Painless Childbirth: a general survey*, 145.

was something that brought together all women. And so, while the NTSA held rallies and speeches in the ballrooms of places like the Hotel McAlpin, they also “spoke where the mother of the family household buying, in the department store. They were advertised between the marked-down suits and the table linen.”^{217,218} Department stores, a sign of budding consumerism, and specifically of the female consumer, were the perfect place to hawk the new good of twilight sleep. Similar to other types of luxury consumption, twilight sleep began as a product for the very wealthy, who could afford multi-month hotel stays in Germany, and then trickled down through the upper middle class in America, to the working class, to the tenement mothers. Everyone wanted a taste.

For the women who ran the Twilight Sleep Association, the creation of a Twilight Sleep hospital was essential to bringing affordable and safe care to women of the working class. “As it is now,” Mrs. Dennett wrote, “‘twilight sleep’ is possible only for the mother of wealth or the charity patient. We hope to make it possible for all mothers to enjoy its benefits.”²¹⁹ It is clear that twilight sleep excited the lower classes as much as it did the upper, if perhaps for different reasons. For upper- and middle-class women, twilight sleep was the new-and-improved method of childbirth that was essential. For the poor, lower class women of America, twilight sleep represented cheap, real relief from the pain of childbirth, as well as a feeling of safety that medical professionalism provided.²²⁰ Twilight sleep clinics provided free treatment for poor mothers, and those mothers went out and spread their stories as well. Tracy and Boyd recount the

²¹⁷ Tracy and Boyd, *Painless Childbirth: a general survey*, 145.

²¹⁸ Anonymous, “Mothers Exhibit ‘Twilight Sleep’ Babies,” *The New York Times*, April 30, 1915.

²¹⁹ Anonymous, “Society Women Spread Twilight Sleep Gospel to Prevent Future Suffering by the Mothers of the United States.”

²²⁰ Leavitt, “The Debate Over Twilight Sleep,” 155.

story of a tenement mother who's twilight sleep story "collected a crowd."²²¹ After some lower class women had seen what twilight sleep could accomplish, they knew they wanted it for themselves as well. Upper, middle, and lower class women were joined together for a single common goal, and their collective power began to strongly outweigh that of the medical establishment.

Women's Power in the Age of Twilight Sleep

As evidenced by the number of clubs the women who ran the Twilight Sleep Association belong to, this was a changing time for women and their power, not only in Twilight Sleep. One of the articles published about Twilight Sleep in the *New York Tribune* ran a piece about women votes. "Do you know," asked the article,

that, if in Chicago women alone had voted, Judge Olsen, and not Mr. Thompson, would have been the Republican candidate for mayor? That in almost all districts, women cast a larger proportion of their vote for the candidates recommended by the Municipal Voters' League than men did? That in two wards the women's vote actually defeated undesirable candidates who would have been elected if only men voted?²²²

There was no question that women's power was growing, and men were beginning to take note. Organizations founded by women all around the country were beginning to pop up and argue for change in one sphere or another. With the growth of the women's clubs about everything from food regulation to literature, women were getting used to the idea of running societies, organizing rallies, and using media as their aid. They had grown up in the age of the women's rights movement, and many of the women who sat on the Association's Board had practice with planning rallies, or raising funding and awareness for the temperance movement, suffrage,

²²¹ Tracy and Boyd, *Painless Childbirth: a general survey*, 145.

²²² Alice Duer Miller, "Are Women People?" *New - York Tribune*, May 2, 1915.

women's education, asylums, et al. In line with the National Women's Suffrage Association, the NTSA used language that was political—even constitutional. Eliza Taylor Ransom, for example, said that twilight sleep “a more perfect motherhood.”²²³

In October, the association collected \$500,000 for a hospital for Twilight Sleep in New York.²²⁴ At every turn, the National Twilight Sleep Association reminded women that what they wanted would not come easily. “The Twilight Sleep is wonderful,” said Mrs. Carmody, “but if you women want it you will have to fight for it, for the mass of doctors are opposed to it.”²²⁵

Questioning Medical Authority

The change in thinking introduced by Mrs. Carmody and other NTSA women is striking. The traditional method of authority in medicine was from the top down. Patients came to a doctor with a problem, the doctor assessed and then gave instruction to the patient, which were followed without question. What Mrs. Carmody was calling for was nothing short of radical: that women should disregard medical information that they had received from their doctors in favor of that which they had received from laywomen, and then instruct their doctors how to treat *them*.

Marie Haug and Bebe Lavin, two sociologists who study power in medical care and resistance to this power in the form of consumerism, define consumerism in medicine as “challenging the physician's ability to make unilateral decisions.”²²⁶ Jonathan Imber argues that doctors in history were trusted not only for their medical knowledge but for their moral compass

²²³ Leavitt, “The Debate Over Twilight Sleep,” 158.

²²⁴ Anonymous, “\$500,000 Hospital for Twilight Sleep,” *New - York Tribune*, Sep 01, 1915.

²²⁵ Anonymous, “Mothers Discuss Twilight Sleep,” *The New York Times*, November 18, 1914.

²²⁶ Marie Haug and Bebe Lavin, *Consumerism in Medicine: Challenging Physician Authority*. Beverly Hills, Calif.: Sage Publications, 1893. 16. Haug and Lavin are doing research on the period of 1960-70 and claim that it is the beginning of the medical consumer. My argument, obviously, is it began earlier than that. While different in time period, I have found their language and definitions to be very helpful—and very applicable—to my own argument.

and connection to God. They began to lose the trust of their patients when they became valued for their “technical competence than their noble character,” spurring an age where patients felt the need to question their doctors.²²⁷ Physicians have traditionally monopolized medical knowledge in and limited the flow of information to patients in order to maintain their dominance and control in decision making. If patients chose to subvert doctor's orders, they were denied further medical treatment. Nancy Schrom Dye quotes the following examples of women who did not comply with doctors' orders:

Accordingly, doctors had no patience with women who refused to be examined. They described them as "insubordinate," "insolent," or "impertinent" and entered their names on a formal blacklist.²²⁸

“Patient refused to remain in bed as told,” one student wrote in 1895. “Got up and walked about the room and refused to go back to bed when asked to do so.” This patient, like others who challenged doctors' authority, was discharged.²²⁹

However, at some point down the line, something changed. Patients began to learn more and understand that there were other options, perhaps more medically beneficial options to the patient rather than the decisions their doctors were making unilaterally, and they began to rebel. The medical-consumer movement can be understood as “an attempt to effect a redistribution of power from doctor to patient and to negotiate a settlement to the conflicts inherent in the doctor-

²²⁷ Jonathan B. Imber, *Trusting Doctors: The Decline of Moral Authority in American Medicine*. Princeton: Princeton University Press, 2008. 14. While Imber does not talk about the twilight sleep or obstetrical anesthesia, his claims about the breakdown of patient trust and physician authority take place in roughly the same period. He credits the movement to a number of factors: one, that the latter half of the nineteenth century was a period that science became ever more at odds with religion (cf. the Efficacy of Prayer debate in 1860's England and the end of faith-curing), as well as a “transition from a religiously defined ideal of character to a psychological approach to personality.”

²²⁸ Dye, “Modern Obstetrics,” 556. Interestingly, this was women's response to being examined *too* often, with too much “exposure”—a startling turnaround from the period just a few decades earlier where no male doctor would look at a woman's vagina, much less teach his students to do so—and interestingly, they linked it directly with a newfound care and understanding of sepsis. Schrom writes: “They stressed that although they attempted to carry out such examinations ‘with all possible care and regard,’ considerable expose was necessary to ensure good aseptic technique. To examine a woman ‘by touch alone, under the bed sheet,’ Lambert declared, ‘is a surgically unclean act.’”

²²⁹ Dye, “Modern Obstetrics,” 556.

patient interaction.”²³⁰ Patients adopted “challenging” attitudes, e.g., willingness to question physician decisions, belief in the right to patient information, belief in patient’s right to be involved in medical decisions, doctor-shopping, and engaging in malpractice legislation.²³¹ While malpractice legislation was not a reality during the period, (or necessarily applicable to twilight sleep), nearly every other one of the factors pointed out by Haug and Lavin can be applied to twilight sleep. This followed Imber’s idea of the loss of a moral compass. The media attention strongly pointed to the idea that doctors were placing their own interests above the interests of their patients, and that was no longer acceptable. The NTSA continually repeated claims that let women know that doctors were not on their side; in fact, doctors stood against them. Tracy, Leupp, and Boyd contributed medical information contrary to that which the medical establishment purported to be true, which fostered the idea that doctors were actively keeping information—and thereby helpful treatment—from their patients. The journalists and activists were clearly advocating for more patient power in the decision making process, seeking to overthrow the traditional structure. Doctor shopping was necessarily practiced by every woman who sought twilight sleep. Actively looking for a doctor who would practice in line with the patients belief and actively rejecting (and withholding money from) those who would not was a fundamental aspect of the twilight sleep movement.

The effect of the suffrage movement’s and other women’s empowerment-like movements, and their possible contributions to the way women were thinking and acting should also not be put to the side. The anti-authoritarian nature of their fight could have directly contributed to their anti-authoritarian relationship with their doctors. The political language used

²³⁰ Lawton R. Burns, *American Journal of Sociology* 91, no. 4 (1986): 1004-007.

²³¹ Haug and Lavin, *Consumerism in Medicine*, 20.

by the group (e.g. Eliza Ransom's call for twilight sleep as a "more perfect motherhood") and the direct connections drawn between the movements—in the way that they organized and rallied, the women who ran them, and even in people's reactions to them highlights the fact that both movement were centered around women pushing the status quo.²³² (Zoë Beckly's claim that "the case *against* Twilight Sleep making me more strongly for it, just as the case against woman suffrage helped convert me to that cause" is an example of this.) Both groups were interested in a redistribution of authority, and its very possible that the suffrage movement's willingness to take on the political establishment help twilight sleep women take on the medical establishment.

The New York Tribune criticized the NTSA and the media and medical establishment for being unclear and giving differing information: one day doctors would supposed it, and the next day deny that they had done so. "The final decision and responsibility," they wrote, "seems to rest with the woman herself."²³³ Perhaps this was meant as a criticism from the newspaper, but it was certainly a compliment to the women who were trying to encourage exactly this ideal: putting the decision back in the hands of the women.

Medical Acceptance Begins

The Jewish Maternity Hospital became the first hospital in America to publicize that it had been using Twilight Sleep for those past three months with "absolute success."²³⁴ The *St. Louis Post* wrote an article exclaiming that the "Jewish Maternity Hospital in New York reports 250 cases [of twilight sleep] without a single fatality to mother or child."²³⁵ (Freiburg babies

²³² Leavitt, "The Debate Over Twilight Sleep," 158, and Zoë Beckly, "Twilight Sleep," *McClure's Magazine*, June 1922.

²³³ Buffaker, "Twilight Sleep's Progress in This Country."

²³⁴ Anonymous, "Say Twilight Sleep is Successful Here," *The New York Times*, August 22, 1914.

²³⁵ Anonymous, "American Experiments with Twilight Sleep," *The St. Louis Post*, November 15, 1914.

really did have a lower infant mortality rate: 1.3 percent versus 3.4 percent in non-twilight sleep births.)²³⁶ By November of 1914, five prominent hospitals in New York adopted the technique.²³⁷ Dr. Francis B. Wakefield declared that he “would just as soon consider performing a surgical operation without an anesthetic as conducting a labor without scopolamin anesthesia.”²³⁸ Medical journals published more articles that viewed Twilight Sleep in a favorable light.²³⁹ Hospitals began allowing Twilight Sleep procedures to be done within their walls. Speciality wards opened up at hospitals in order to provide a space where upper- and middle- class women would want to give birth. *McClure's Magazine*, still at the forefront of the debate, reported that acceptance was growing. It seemed that all around, Twilight Sleep was on the path towards normalization.

Doctors began to realize that without Twilight Sleep, their practices were failing. They began to embrace it with a new spin on how it, which played on the safety concerns associated with the drugs: specialization. Twilight Sleep, doctors argued, might be good for mothers when it was administered properly. More and more, doctors began to embrace twilight sleep. Some did it because they saw how much their own wives suffered during birth and couldn't bear to keep this back from women; others, because the growing medical marketplace meant that denying women twilight sleep came at a risk to their own practices.²⁴⁰ A doctor in *Scientific American* noted that he and his colleagues were not giving out the drug “because we think the patient needs the narcotic, but because he will promptly go to another doctor if we refuse.”²⁴¹ However,

²³⁶ Wolf, *Deliver Me from Pain*, 61.

²³⁷ Anonymous, “Mothers Discuss ‘Twilight Sleep.’”

²³⁸ Leavitt, “The Debate Over Twilight Sleep,” 156.

²³⁹ Leavitt, “The Debate Over Twilight Sleep,” 158.

²⁴⁰ Wolf, *Deliver Me from Pain*, 60.

²⁴¹ Wolf, *Deliver Me from Pain*, 60.

administering twilight was complex—far too complex for the average practitioner. Millicent Cosgrave, a doctor from San Francisco, wrote to the *California State Journal of Medicine* discussing the known benefits and dangers of Twilight Sleep. She concluded that Dämmerschlaf is safe and desirable when in line with four points:

1. That the man or woman using it must be an experienced and careful obstetrician.
2. That it must be given in a hospital or in a private home where a whole hospital force may be employed.
3. That the obstetrician be within call.
4. That the proper conditions be observed and the Gauss-Kronig technic [sic.] is used.²⁴²

This was similar to other opinions doctors had espoused regarding the correct and effective administration of twilight sleep. As quoted earlier: Dr. W. H. W. Knipe commends the use of this technique *in proper hands*... Twilight Sleep demands more care, more thought and more knowledge than a normally conducted labor” (emphasis mine.)²⁴³ Both doctors Cosgrave and Knipe believed in twilight sleep, and believed that it needed significantly more care and practice than other kinds of birth. Doctors began proposing that a speciality in Twilight Sleep was needed, and that only obstetricians—not general practitioners—should be able to administer it. The idea of being a medical speciality inspired a kind of seriousness that twilight sleep had not been afforded earlier. What women had been arguing for months was finally coming to fruition, and finally, both the doctor and the patient had a stake in what was to happen.

Doctors had begun publicly arguing for the end of midwifery since around 1910. In accordance with their claims, many states outlawed midwifery while others instituted impossible

²⁴² Millicent Cosgrave, “Twilight Sleep,” *California State Journal of Medicine*, Vol. XIII, No. 12 December 1915. 483.

²⁴³ Anonymous, “Notes from the Medical Press: Twilight Sleep in Practice,” *The American Journal of Nursing* 15, no. 5 (1915): 409-11.

regulatory requirements. Some historians surmise that midwives served as a scapegoat to save the medical profession from growing criticism over the high maternal mortality rate.²⁴⁴ Doctors argued that midwives were not trained in any standardized way (which was true, but was also true about many doctors) and that their presence was deemed unsafe for women. But at the same time, obstetricians had an alternate agenda: kicking out midwives was a great way of not only freeing themselves from criticism but increasing their client base, raising their revenue, and adding prestige to their profession.²⁴⁵ Twilight sleep offered an yet another opportunity to further separate the wheat from the chaff.

The twilight sleep method, wrote two doctors, “is not adapted for the general practitioner, but should be practiced only by those who devote themselves to obstetrics.”²⁴⁶ At an event about twilight sleep and medical ethics, Dr. Ransom suggested that it was unethical for the “unskilled and ignorant” to try and administer scopolamine, and that even that there are should be “a Federal law forbidding anyone administering scopolamine without a course of instruction and a special license.”²⁴⁷ Tracy and Boyd suggested that this shift was equivalent to other major shifts in the history of medicine: “Just as the village barber no longer performs operations, the untrained midwife will pass out of existence...”²⁴⁸ All of this added pomp and legitimacy to obstetrics, which was often thought of as an unimportant or unimpressive branch of medicine. Twilight sleep brought the field to into the public view, and showed how complicated and vital the services they provided were. Gauss and Krönig touted twilight sleep as incredibly complex

²⁴⁴ Dye, “History of Childbirth in America,” 104.

²⁴⁵ Dye, “History of Childbirth in America,” 104.

²⁴⁶ Leavitt, “The Debate Over Twilight Sleep,” 159.

²⁴⁷ Anonymous, “Mothers Exhibit ‘Twilight Sleep’ Babies.”

²⁴⁸ Tracy and Boyd, “More about Painless Childbirth,” 69.

and difficult to master, which helped add to public admiration of the profession. While initially affronted by twilight sleep, the obstetric community turned the complex protocol into an opportunity to regulate twilight sleep, and thereby elevate their status and pay. “Few medical treatments,” writes Wolf, “did more to garner lay and professional respect for obstetrics.” By the middle of 1915, doctors and women were fighting hand in hand twilight sleep.

Twilight Sleep in Hospitals

Throughout the nineteenth and early twentieth century, hospital births were reserved for those who had neither a clean, safe home to give birth in or friends to invite them to theirs; only the destitute or shamed women having children out of wedlock would go there. Doctors also would hesitate to send women to the hospital for birth: there, women were susceptible to dangerous bacteria like staphylococcus, streptococcus, and the diseases of other patients. However, instead of turning people away from Twilight Sleep, the suggestion that scopolamine use necessitated a hospital’s staff and expertise, added a level of scientific complexity to Twilight Sleep that encouraged people even more.²⁴⁹ “Twilight Sleep is absolutely a hospital procedure,” wrote a journalist in *The New York Times*.²⁵⁰ And after all, the local hospital was ever closer than Freiburg. If Twilight Sleep needed a hospital and women needed Twilight Sleep, then women were prepared to embrace the hospital as well. Even upper- and middle-class women began giving birth in the hospital. Hospitals who used twilight sleep began advertising in trade journals, encouraging women from every part of the country to come and try out the medicine. Hospital births were not common, but twilight sleep was the start of their normalization. The complex rules and situation that scopolamine-morphine dictated needed to be done in a hospital and with

²⁴⁹ Wolf, *Deliver Me from Pain*, 64.

²⁵⁰ Anonymous, “Mothers Exhibit ‘Twilight’ Babies.”

the help of an obstetrician. As the obstetric arsenal of drugs grew, and the skills of practitioners improved, they would increasingly be found only in the hospital, and if American women wanted to take advantage of them, they would have to go there. In 1920, around the end of twilight sleep, the hospital birth rate was around 25%, higher than it had been at any other time in American history. Maternity hospitals, which had been around in the United States since the late nineteenth century, sprung up around city centers, and started a trend. By 1960, hospital births were at 96%.²⁵¹

Abuse in Twilight Sleep Hospitals

Without any friends or relatives in the room or anywhere nearby, and without any possibility of memory on the part of the birthing mother, hospitals allowed for a very unpleasant twilight sleep experience to develop. Pressure from women's groups meant that doctors and hospitals who were not fully trained in the technique administered the drug, often overdosing the patients (similar to the beginnings of anesthesia in surgery and obstetrics). Women were restrained with continuous sleeve jackets (see Fig. 3) and crib beds (see Fig. 4) to keep them from moving around in the delirium of twilight sleep. Other doctors, aware of the uncontrollable delirium twilight sleep often caused, put their patients in straightjackets.²⁵² Years after twilight sleep, women continued to be held with restraints during the birth. Without continuous monitoring, scopolamine would wear off and women would become aware of their bound-and-birthing condition. But while these women suffered and screamed, the fact that they would soon

²⁵¹ Dye, "History of Childbirth in America," 104.

²⁵² Wolf, *Deliver Me from Pain*, 67.

forget made it all the easier for their physicians to ignore them. No matter what they complained about during the birth, comforting, reassuring, or helping them was deemed unnecessary.²⁵³

Rather than empowering women, twilight sleep incapacitated them and put all the power back into the hands of their physicians. Twilight sleep gave them “absolute control at all stages of the game,” allowing doctors to catch up on their own leisurely pursuits rather than being watched by the birthing woman or “harassed” by her relatives.²⁵⁴ After all, at the same time women were vying for control, doctors were doing very much the same thing, and twilight sleep gave them an opportunity to increase their power; financially, by charging higher prices for advanced techniques, socially, by turning obstetrics into a respected position, and with finally gaining power with respect to their technical control over women’s bodies.²⁵⁵ Twilight sleep was chosen to bring control, and it did so, for a period of time. While well intentioned and feminist at the time of its inception, it quickly devolved into a practice that was anything but good for women.

²⁵³ Wolf, *Deliver Me from Pain*, 71.

²⁵⁴ Leavitt, *Brought to Bed*, 135.

²⁵⁵ Leavitt, *Brought to Bed*, 138.

CHAPTER 4: “FEMININE INSISTENCE ON SCIENTIFIC RESEARCH:” TWILIGHT SLEEP’S AFTERMATH

The Demise of Twilight Sleep

It is impossible to say exactly when twilight sleep ended because there was never quite a period of total acceptance of the practice. The newspaper records reflect that with every hospital and doctor that took it up, another realized that women were dying under its influence and called for its abandonment. More and more babies were born blue—due to fetal asphyxiation from the scopolamine—and women began fearing the combination of drugs.²⁵⁶ Other negative side effects included uncontrollable delirium and violence, hemorrhaging, and prolonged labors. The answers from the NTSA as to how these effects were not connected to twilight sleep started to sound untrustworthy. Hospitals began to drop it as well: St. Louis Hospital, Philadelphia Lying-In, and Michael Reese Hospital all stopped within weeks of realizing just how perilous twilight sleep could be. Johns Hopkins Hospital called it “a menace to the life of the child.”²⁵⁷ What can be said is that while twilight sleep itself ended in large hospitals around the end of 1915, it continued in smaller ones far into the 1930s.

The death of Mrs. Francis X. Carmody, of the National Twilight Sleep Association, during childbirth, was a huge blow to the movement.²⁵⁸ Her death was determined to be unrelated to the drugs, but newspapers and certain doctors speculated otherwise: “Twilight Death Rumor Persists,” trumpeted *The New York* just a few days after Mrs. Carmody’s death. “Hospital

²⁵⁶ In 1922, a *McClure’s* article was still rejecting the idea that scopolamine causes blue babies: “...This would seem to destroy the ancient bugaboo of “Twilight Sleep makes blue babies—Ooooooh!”, a superstition as difficult to banish as the one about Japanese banks having Chinese tellers, or that in Soviet Russia women are nationalized.” Zoë Beckly, “Twilight Sleep,” *McClure’s Magazine*, 54, June 1922.

²⁵⁷ Wolf, *Deliver Me from Pain*, 68.

²⁵⁸ Leavitt, “The Debate Over Twilight Sleep,” 163.

Officials Quoted as Admitting Treatment Killed Mrs. Carmody.”²⁵⁹ Even in the face of death, the NTSA stayed strong, insisting that the reason twilight sleep’s popularity was waning was still due to misuse by doctors. In the wake of Mrs. Carmody’s death, neighbor Alice J. Olson, formed a counter-organization to the NTSA, calling for the end of twilight sleep. National action was largely unnecessary; many doctors found that women had already stopped asking for the treatment.²⁶⁰

Eventually, twilight sleep became too troublesome for even the hospitals. In 1922, *McClure’s* writer Zoë Beckly went to go look for the remnants of twilight sleep. “Hospitals in general no longer apply it,” a private doctor told her. “Conditions are unsuitable and it takes too much time and care.”²⁶¹ Jewish Maternity Hospital, the first hospital to use it in America, took it largely out of practice. “Women who want it and are willing to pay can have it,” said a staff member, but the hospital preferred methods that were “less trouble.”²⁶² In a similar scenario, Dr. Rongy, one of the original proponents of twilight sleep, wrote that he would never give twilight sleep “unless the patient insisted on it.”²⁶³ Even after the demise of the twilight sleep movement, doctors were apparently shaken to the place where they still could not deny the treatment to a woman determined to have it.

The most significant difference in my opinion that can be attributed to twilight sleep is the deep shift it initiated in women—and men’s—mindsets about control over their bodies and their relationship with their doctors. As Tracy and Boyd put it: “Women took their doctor's word

²⁵⁹ Anonymous, “Twilight Death Rumor Persists,” *The New - York Tribune*, August 24, 1915.

²⁶⁰ Wolf, *Deliver Me from Pain*, 69.

²⁶¹ Beckly, “Twilight Sleep,” 47.

²⁶² Beckly, “Twilight Sleep,” 57.

²⁶³ Wolf, *Deliver Me from Pain*, 69.

before. They are now beginning to believe... that the use of painlessness be at their discretion.”²⁶⁴ The end result of twilight sleep was that women lost power and their pain relief became, once again, subject to the whims of their doctor. But the mindset that encouraged them to press for the use of twilight sleep was the opposite of that. As Hanna Rion wrote in her book:

In the old-fashioned days when women were merely the blindfolded guardians of the power of child-bearing, they had no choice but to trust themselves without question in the hands of the all-wise physician, but that day is past and will return no more. Women have torn away the bandages of false modesty; they are no longer ashamed of their bodies; they want to know all the wondrous workings of nature, and they demand that they be taught how best to safeguard themselves as wives and mothers. When it comes to the supreme function of childbearing every woman should certainly have the choice of saying *how* she will have her child (emphasis original).²⁶⁵

This period and practice raised one of the most pressing questions in medicine, and one that is still, to some extent, struggled with today: who is, and should be, in control of a medical situation? The doctor or the patient? Doctors, of course, did not agree with Tracy and Boyd or Rion’s take: the end decision was “a question for the attending man, and not for the patient to decide.”²⁶⁶

The medical establishment realized that it could no longer ignore women without repercussion. As twilight sleep faded from the scene, anesthesia became the norm, even to doctors who did not believe it was safe. An 1933 study of maternal morality in New York City noted that

The use of anesthesia during labor and delivery has grown steadily in extent since its introduction in the last century, and it is a problem of the most pressing importance, more so in the United States than in any other country. This has come about to a large extent through pressure of the lay public. The women of the large urban centers

²⁶⁴ Tracy and Body, *Painless Childbirth: a general survey*, 147.

²⁶⁵ Rion quoted in Leavitt, “The Debate Over Twilight Sleep,” 161.

²⁶⁶ Leavitt, “The Debate Over Twilight Sleep,” 162.

have become steadily more insistent of their demands for shorter and less painful parturition, and *the accoucheur may disregard these demands only at great risk to his own practice* (emphasis mine). They reflect significant shifts in social attitudes, and as they have influenced the practice of obstetrics they are pertinent to this study.²⁶⁷

More than just a breakthrough in obstetrics or anesthetics, twilight sleep represented a breakdown in the traditional doctor-patient relationship. Writers like Rion, Tracy, Boyd, and Leupp pushed the American public to believe that they had a right to demand certain treatment of their body—and that if the establishment would not listen to them, stop patronizing the establishment. The women who chose to submit themselves to an unconscious birth under twilight sleep—that is, autonomously chose to give up their autonomy— were doing very much the same thing as their mothers and grandmothers did when they invited male doctors into the birthing room. Both sets of women made a decision for what they saw as their own health and safety, both ended up losing control of the situations.

²⁶⁷ Ransom S. Hooker (ed.), *Maternal mortality in New York City; a study of all puerperal deaths, 1930-1932*, New York: The Commonwealth fund, 1933. 113.

CONCLUSION

When the ability to give birth painlessly was introduced to women in the mid-nineteenth century, American doctors took a stand against it, arguing that it was unsafe or unnecessary, before gradually accepting some methods into their practices. Full painless childbirth was not realized until the early twentieth century, when American doctors again refused to make use of it under the guise of safety and necessity. In both situations, the treatments were eventually found to be unsafe. But in the second situation—twilight sleep—both the female patients and the medical establishment went through a profound change in how they viewed and related to one another. Twilight sleep changed the way that the lay public read and trusted medical information, as well as the process by which they and their doctors made medical decisions. When anesthesia first appeared on the medical stage, women did not have the voices to speak up for what they did or did not want. With twilight sleep's arrival, sixty-eight years later, women were in a completely different place; legally, culturally, and politically. Their voices overwhelmed the number of male responses and forced action on the medical profession. In this essay, I have argued that the crusade for twilight sleep highlighted the power of consumers on the medical practice and created a patient who not only expected assessment and treatment from their doctor, but expected their doctor to listen to *them* in turn.

While twilight sleep was dismissed by laypeople and the medical profession alike within months of its debut, the effects of twilight sleep continued on for decades after its public demise. Twilight sleep, as has been pointed out, was a main cause of women coming to the hospital for birth and pregnancy becoming hospitalized and medicalized. While certainly not the intention of the women who made the effort, twilight sleep helped to solidify the power and complete control

of obstetricians in the birthing room for years to come. Scopolamine, usually in combination with other drugs, was part of the obstetrical arsenal of drugs until the 60s, which meant that women continued to give birth without any memory of their labor for almost half a century after twilight sleep had ended.²⁶⁸ It was not until the advent of the natural childbirth movement in the 70s that mothers began to think that being awake for the birth of their child could give them a different experience. Paradoxically, many women today fight *against* the drugs and hospitalized births which have come to dominate the process of childbirth. The newly feminist way to give birth is to remove oneself from the hospital and its pathological view of childbirth—in a sense, to reject the dominant medical authority, which is exactly what twilight sleep women were doing just a century ago. In this sense, it is interesting to further investigate the ways that women’s legal and cultural emancipation coincided with a physical emancipation concerning their bodies. After women won the right to vote in 1920, the feminist movement in the United States remained dormant until the 1960s, with the start of the women’s liberation movement. As it happens, the late 50s and early 60s were periods of change, once again, in how women perceived childbirth and pain. Lamaze, home births, water birth, husband-coached childbirth, and other forms of “natural” birth were developed in the same period. As such, I believe its fair to say that women’s bodies and women’s rights go hand in hand—including in childbirth.

As I noted in the introduction, the way that a society treats childbirth is often serves as a microcosm of the way that society views women as whole. The twilight sleep saga, from birth to death, was reflective of changing ideas about women’s place, their ability to use their voices and purses, and their positions as consumers and patients to make a statement about what they

²⁶⁸ Leavitt, “The Debate Over Twilight Sleep,” 163.

wanted in the medical marketplace. The idea that a female patient could instruct her doctor not only how to treat her but which medical procedures she'd like to take place was unheard of before the early twentieth century. Today, patients regularly ask their doctors for a specific type of drug, medication, or operation. It is in large part due to the link between medicine and consumer culture which developed in the early twentieth century that we today believe that a rational consumer should have a rational say in what should and should not happen to her body.

In 1915, the *California State Journal of Medicine* wrote the following summary, which aptly characterizes the period and the changes it initiated:

Progress, or, if you will, change, is brought about in various ways. It has been quite interesting to see the result of feminine agitation upon scientific medicine. The use of certain drugs for the purpose of obtunding pain or removing memory during confinement has been the matter of scientific investigation for a number of years; the development of this adjust to obstetrics is still in a formative stages still, as we might say, in the laboratory. But some lay women writers got hold of the tag end of the laboratory work and lay publications uttered glowing words of unqualified commendation and insisted that no longer should woman suffer the pains of childbirth. Thereupon followed a quiet but none the less very big revolution in the country of the obstetrician. Every woman with child insists that she shall have that child without pain. Radical and conservative alike are confronted by the same problem; the same demand. The physician who would be cautious and wait a few years to see how many babies are injuriously affected, is in the same fix with the ultra radical obstetrician who would try everything new as soon as he hears of it—he must perforce do something to blot out the pains of childbirth. Feminine insistence has forced the hand of scientific research. But something good may come out of it. It is interesting to watch.²⁶⁹

Looking back on the period of twilight sleep, it is easy to see the negatives that resulted from it: it allowed doctors to further ignore women and their women's pain, disconnected women from their births, and caused bodily harm to women and their children. In some ways, negative effects

²⁶⁹ Anonymous, "Twilight Sleep," *California State Journal of Medicine*, 13 no. 1, January 1915, 213.

of twilight sleep still resonate in the present day.²⁷⁰ But it is also easy to see the good that has come of it. The fight for twilight sleep was, in many ways, mirrored of the fight for suffrage: a kind of medical emancipation for women. While it did not last for long, women's voices and choices about their bodies were heard during this period. The question of who controls a medical situation, and who should control a medical situation, continues to this day; but it is undeniable that in the early twentieth century, the link between medicine and consumer culture created a scenario where feminine insistence indeed forced the hand of the medical establishment, quite possibly for good.

²⁷⁰ A particularly terrible example of this: Through 2010, and quite possibly afterwards, Canada allowed medical students practice pelvic exams on anesthetized women without their consent. Andre Picard, "Time to End Pelvic Exams Done Without Consent," *The Globe and Mail*. January 28, 2010.

FIGURES

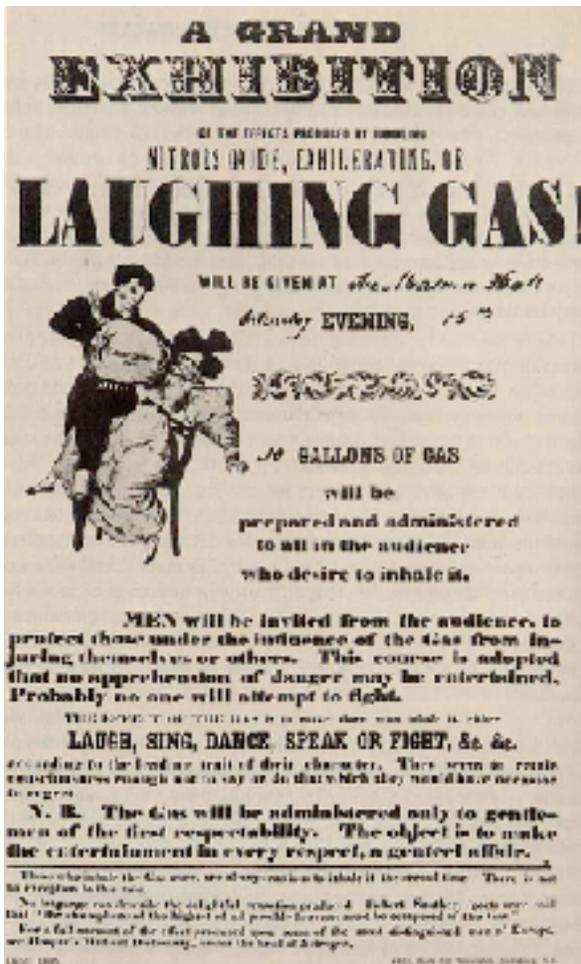


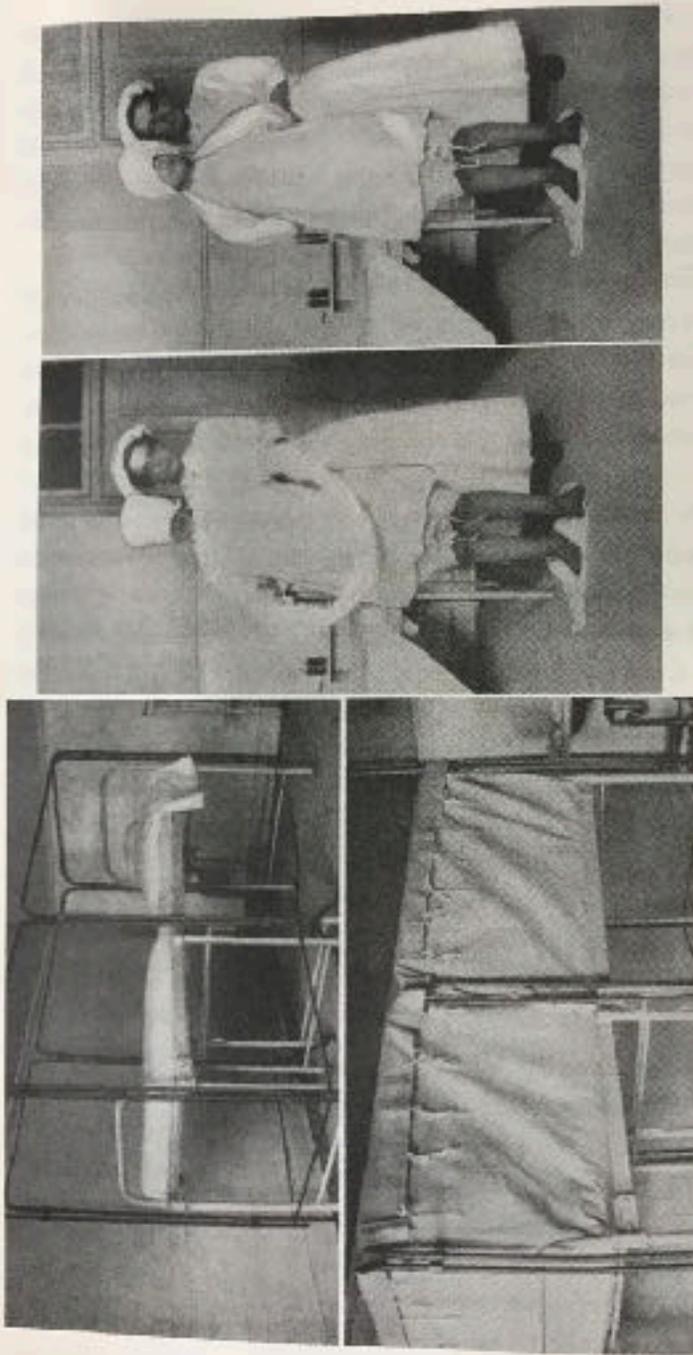
Fig. 1
 Example of laughing gas as a party drug
 Pernick, *Calculus of Suffering*, 64.



Fig. 2
 The manual method.
 Leavitt, *Brought to Bed*, 41.

Vertical touching. This illustration, from an 1834 text, shows a physician doing a pelvic examination without looking at the woman's genitals.

Source: J. P. MayGrier, *Midwifery Illustrated* (New York: Harper Bros., 1834).



Upper left: screens placed around a labor bed to safely contain a woman under the influence of twilight sleep. Lower left: a canvas cover tied to the tops of the screens and surrounding the bed to subdue a woman in the event of delirium due to twilight sleep. Right: in addition to the screen and canvas cover, the patient is blindfolded and put into a gown with a continuous sleeve to further prevent her from harming herself in the event she becomes agitated while under the influence of twilight sleep. For right: the continuous sleeve is placed behind the patient's back. Source: Bertha Van Hoosen and Elisabeth Ross Shaw, *Seroponazine Morphine Anaesthesia* (House of Mair, 1913), 400, 88a.

Fig. 3 and 4
Crib beds and continuous sleeve gowns for women undergoing twilight sleep. Wolf, *Deliver Me from Pain*, 52.

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