TWILIGHT SLEEP AND HOW TO INDUCE IT: AS PRACTISED BY GAUSS AND KROENIG AT FREIBURG, GERMANY

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Twilight sleep and how to induce it: As Practised by Gauss and Kroenig at Freiburg, Germany by Various

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Trieste

TWILIGHT SLEEP

AND

HOW TO INDUCE IT

AS PRACTISED BY GAUSS AND KROENIG, AT FREIBURG, GERMANY

INCLUDING A SERIES OF MASTER ARTICLES ON

PAINLESS LABOR, AND HOW TO PREPARE FOR IT

EXPLAINING EXPERT METHODS OF PREPARING WOMEN DURING PREGNANCY FOR PAINLESS CHILDBIRTH

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CONTENTS

Page

Introduction	 •				 •	•	•	•	•	•	•	•	•	•				•		•	•	•	•	•	7

Twilight Sleep,	and	How	to	Induce It	9
WILLIAM 1	. HO	LT, M.	D.,	Freiburg, Germany	

Painless Labor, and How It Can Be Secured 40 FINLEY ELLINGWOOD, M. D., Chicago Author of "Normal Pregnancy and Labor," "The Treatment of Disease," "Materia Medica," etc. Editor, "Ellingwood's Therapeutist." Copyright, 1918 The American Journal of Clinical Medicine

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Introduction

Great interest has been aroused among the lay population of the United States, and especially among its women, by the publication of several articles in popular magazines regarding the method of inducing painless labor--or the "twilight sleep" as it has been called---practised by two German professors, Gauss and Kroenig, of the University of Freiburg, Germany. Probably no medical subject has been so freely discussed in the newspapers within recent years. The method has been praised by many, and condemned by many others; but it is significant that the condemnation has come almost exclusively from the medical profession, or at least from a portion of it. It is very clear that all women are intensely anxious to secure relief from that primal curse of their sex, "In sorrow thou shalt bring forth children."

If this year's experience can teach the physician anything, it should be the importance of preserving his child-bearing women-patrons from unnecessary suffering. That they long for relief—yearn for it—and for lack of it, refuse to undergo the pangs of childbirth, every doctor should know by this time. Once they are convinced that they can safely go through labor without great suffering, few women will consent to be confined in the old-fashioned way. They will demand relief, and they will get it. Every physician should think of this before rising too quickly to condemn the new obstetrical ideas which have recently been exploited with such enthusiasm. Possibly the enthusiasm has been too intense, but certainly the methods suggested are of enough importance to deserve careful and unbiased consideration.

That much can be done to put the pregnant woman in good condition to go through her confinement, and to reduce the pain of this ordeal, many are convinced. Yet most doctors hardly know how to respond to the inquiry of the young woman who asks: "Doctor, isn't there something I can do to prepare myself, so I won't suffer so much?" Too many doctors, when asked this question, stammer out a few general and unconvincing suggestions regarding diet, exercise, and laxatives. But they have no system. But to return to "Twilight Sleep," It is not generally known, even by medical men, that the "Twilight Sleep," or *Daemmerschlaf*, now introduced in America as something "new" has been practised in Freiburg, and elsewhere, for nearly a decade. The first authentic and complete description of the method paired in America menerated in *The America Interval else*.

But to return to "Twilight Sleep." It is not generally known, even by medical men, that the "Twilight Sleep," or *Daemmerschlaf*, now introduced in America as something "new" has been practised in Freiburg, and elsewhere, for nearly a decade. The first authentic and complete description of the method printed in America appeared in *The American Journal of Clinical Medicine*, in May, 1907. It was written by Dr. William L. Holt, an American physician residing in Freiburg, and personally conversant with all the details of the work of Gauss and Kroenig. His description of the technic employed by these gentlemen is identical with that employed to-day, and is couched in careful scientific language. We reprint the description in this book.

However, prior to the publication of Dr. Holt's paper, a similar method of inducing painless labor, in which hyoscine, morphine and cactoid were used in place of scopolamine and morphine, had been in use in this country for some months. It has been used continuously ever since by thousands of physicians in many thousands of obstetrical cases. That the reader may be fully conversant with the technic of this method also, we are reproducing it now, to gether with an excellent paper by Professor William Rittenhouse, of Bennett Medical College, telling how to shorten the course of labor.

The writer knows of a man who has a real system which he insists actually gives the relief desired. I mean Dr. Finley Ellingwood, whose directions follow. Dr. Ellingwood's method of treatment can be begun early in pregnancy and carried through to its completion. It is simple, inexpensive, can be undertaken in the patient's own home, and any competent physician can direct it. Doctor Ellingwood's method of treatment is of so much importance that we have given up to it a large portion of this treatise.

It is hoped that these and the other articles published in this treatise may be of real practical value to many physicians. Taken together, they give a fund of information not obtainable elsewhere, relative to various practical methods of making the confinement relatively painless.

Twilight Sleep-and How to Induce It

Scopolamine-Morphine in Obstetrics*

BY WILLIAM L. HOLT, M.D., FREIBURG, GERMANY.

For the following review I am indebted for permission and kind assistance to Professor Kroenig, director of the University Women's Clinic, at Freiburg, Germany, and especially to his assistant, Dr. C. J. Gauss, who very kindly gave me the publications on the subject and also permitted me to see some women delivered under scopolamine-morphine anesthesia. I am also indebted to the editors of the medical journals (noted in the bibliography), in which the articles here reviewed appeared.

Anesthesia or half-narcosis, by means of scopolamine and morphine, was first introduced into obstetrics by von Steinbuechel. He used smaller doses, however, and obtained only partial relief from pain without any effect on the patient's memory.

Scopolamine has long been used by psychiatrists as a sedative, with excellent results; it is also used together with morphine, to a large extent, as an anesthetic for surgical and gynecological operations by Kroenig, Kuemmel, Rotter and others. But to Dr. Gauss of Freiburg belongs the credit of discovering that, by repeated injections of small doses of these two drugs, a peculiar state of half-consciousness is produced, in which the patient still perceives sensations, including pain, but retains no memory of these sensations whatever afterward. That is, Gauss first induced this peculiar psychical state, which he calls "Daemmerschlaf," in women in labor, with the aim of alleviating the suffering of childbirth and removing all later memory of it.

Dr. Gauss characterizes this peculiar state of consciousness as follows: "The word half-narcosis does not fully express this remarkable state of consciousness. The patient is in a state of sleep, out of which she can be awakened or awake at any moment, but at the same time she shows amnesia, characteristic of the psychiatric Daemmerzustand (twilight state of consciousness) during the whole period of action of the injections." Hence he substitutes the term Daemmerschlaf (Twilight-Sleep), which I shall accordingly adopt in this article.

Advantages of this Method of Anesthesia

It seems in order, before going farther, to state the advantages offered by this new method of anesthesia. In the first place, it works. Not always, for many reasons to be discussed later, but still in seventy-eight per cent. of Gauss's first 300 cases. If the time suffices before delivery, the method rarely fails to accomplished the desired result.

Second, it gives such relief from the labor-pains that the women beg for more injections. But its greatest value, if time should justify Gauss's claims, lies in the later effect on the mother, namely, in preventing nervous and mental diseases by sparing her the psychic traumata of childbirth. Pregnancy, childbirth, the puerperium, and nursing are well known by psychiatrists to be the

^{*} Reprinted from The American Journal of Clinical Medicine, May, 1907.