

Book Reviews

MARGARETE SANDELOWSKI, *Pain, pleasure, and American childbirth. From the Twilight Sleep to the Read method, 1914–1960*, Westport, Conn., and London, Greenwood Press, 1985, 8vo, pp. xix, 152, £31.50.

With reason, women at the beginning of the century were terrified by the pain and danger of childbirth until Twilight Sleep, introduced to America from Germany in 1914, promised deliverance. The aim of the method was amnesia, not anaesthesia. Mothers were supposed to “drift into motherhood lightly and imperceptibly . . . wiping the whole incident of birth-giving out of a woman’s life.” This state was induced by the right dose of scopolamine and morphine at the right time, and a labour conducted in a room in which visual and auditory stimuli were minimal. But mothers vary, and so do labours. For some, amnesia was not achieved; for others, struggling for consciousness was said to be worse than pain. Under Twilight Sleep, birth attendants were often presented with a mother irrationally thrashing about during contractions, and deeply asleep in between; not to mention an infant with profound respiratory depression. Nevertheless, there were people who said Twilight Sleep was a milestone in the history of medical care—“the first time . . . that the whole body of patients have risen up to dictate to their doctors.”

The theoretical basis of Twilight Sleep was the belief that pain was a functional necessity; the method tried to abolish not pain itself, but the memory of pain. When the method was abandoned, total abolition of pain was demanded. Throughout the twenties and thirties analgesia or anaesthesia was achieved by a very wide range of drugs (notably opiates and barbiturates in combination) and anaesthetic agents. They contributed significantly to maternal and neo-natal mortality. This was not the only reason, as we shall see, but a reaction to the comatose, drugged mother was probably inevitable. It came in the person of Grantley Dick Read, whose impact on obstetric care on both sides of the Atlantic is due for reassessment. Fortunately, a large collection of his papers is preserved in the Contemporary Medical Archives Centre at the Wellcome Institute for future researchers. It seems likely that Read’s influence was greater in the United States than in England. Read first published his *Natural childbirth* in England in 1933, and in the States in 1944; but it was not until 1948 that his method had a significant following in North America. The basis of Read’s system was the belief that all women, from childhood, were conditioned to fear childbirth. Fear bred tension, tension bred pain, and all three added to the dangers of childbirth. The “fear-tension-pain triad” could be broken only by effective psychotherapy and physiotherapy started ante-natally and applied continually through labour. Then, childbirth *without drugs* could be an exalting, ecstatic, experience. Links were forged between obstetrics and psychology, and childbirth viewed from the point of view of the “whole woman” and not just her uterus. “The vocation of motherhood” came to be seen as “woman’s greatest honour” and childbirth the high point of her life-experience. It was seen as more than a personal triumph. “Democratic civilisation”, it was said, “depended on the triumph of the truly feminine, that is, maternal, woman.” Later, however, Read was succeeded by Lamaze whose method, introduced in America in 1960, went even further by emphasizing the active role of the mother. She, not the doctor or nurse, was the person in control of labour. Lamaze accused Read of having “delegated women to second place;” instead, he suggested, women should “never cease to be the force which directs, controls and regulates . . . labour.” In one great sweep from 1914 to 1960, mothers in a state of drug-induced oblivion gave way to mothers who actively participated in, and even controlled, the progress of their labours. It was more than just an obstetric revolution; it was a revolution in the power of women, in the influence of consumer demand in medicine and thus in the role of the obstetrician. Obstetricians might or might not approve, but they could not ignore the revolution.

There could be two versions of this story, both partisan. The first would see this as a series of women’s fads, peripheral to the “real” business of obstetrics and often obstructing the attempts by obstetricians to make their speciality more scientific and efficient. An alternative view could be that here was a story of conflict between the just and proper demands of women

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for relief and the control of childbirth, and the resistance of an entrenched medical profession. A side issue, but an important one, would be the defeat of the American midwife by medical practitioners who relegated her to the subordinate role of obstetric nurse. The author of this book, who is the Assistant Professor in Parent-Child Health Nursing at the Louisiana State University Medical Center School, has fortunately avoided any overtly partisan approach. By doing so she has freed herself to write an illuminating account of the intersections between pain relief on the one hand, and obstetric practice, psychology, fashion, and changing social and political attitudes to motherhood on the other. Natural childbirth, for example, came in the wake of the second world war and the accompanying demographic explosion. Deprivations of war and horror of the atomic bomb led to renewed emphasis on the richness and vitality of family life in which maternity and childbirth occupied centre stage. In the new age of "the feminine mystique", motherhood was "something to be savoured to the fullest"; it was a climate of opinion favourable to the Read theory of natural childbirth; and changing views on the role of women had a profound effect on obstetric practice.

Initially, Twilight Sleep and the extensive use of drugs were rejected by leading American obstetricians; but soon they were in the textbooks. The complexity of drug regimes, however, and the growing incidence of obstetric intervention, led to the wholesale condemnation by obstetricians of home deliveries, general practitioner obstetrics, and the midwife. The demand for adequate pain relief provided obstetricians with the opportunity to create a monopoly of obstetric care under their sole management in hospitals. Hospital for all was not so much an ideal as an imperative, accepted willingly enough by the American public. The shift to hospital/specialist care occurred much earlier and more extensively in the United States than in Britain; yet, until 1935, the maternal mortality rate of 5 to 6 per 1000 deliveries was much the same in the two countries. By 1945, however, the maternal mortality had fallen dramatically in both. Obstetricians congratulated themselves that the fight against avoidable maternal deaths had been won; and it was won, they said, by their leadership, by modern scientific methods and by the virtual abolition of home delivery. Just as they were proclaiming success, along came Grantley Dick Read with his plea for a drug-free, anti-mechanistic method of delivery; and his views fitted the new "mystique of motherhood" like a glove. Conflict was therefore inevitable, and American women chose to compromise, to go for a middle way. Drugs were widely used, not just to cope with pain, it was explained, but to assist with the natural method. It was a necessary compromise, because the fully developed Natural Childbirth method of Read demanded long sessions of ante-natal education and continuous supervision by an obstetrician from the very beginning of labour to the end. As the author points out, this was not a practical possibility with the post-war explosion of births. But it was not a comfortable compromise. Underneath, the conflict continued as physicians argued in terms of safety and women in terms of satisfaction. "The current debate concerning home births illustrates well the continuing conflict...which separates professionals from child-bearing women." This and other issues raised in the book have raged on this side of the Atlantic too. I think this is a remarkable book, with a wide appeal to British as well as American audiences. It is remarkable because, in spite of its brevity (145 pages of text), it relates with clarity the story of pain relief and shows how deep are the ramifications of the subject. The admirably full footnotes and the bibliographic essay make it possible for interested readers to follow up some of the lines of thought which are presented all too briefly in the text. Sandelowski's book, although short, is a substantial contribution to the history of obstetrics in the twentieth century.

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