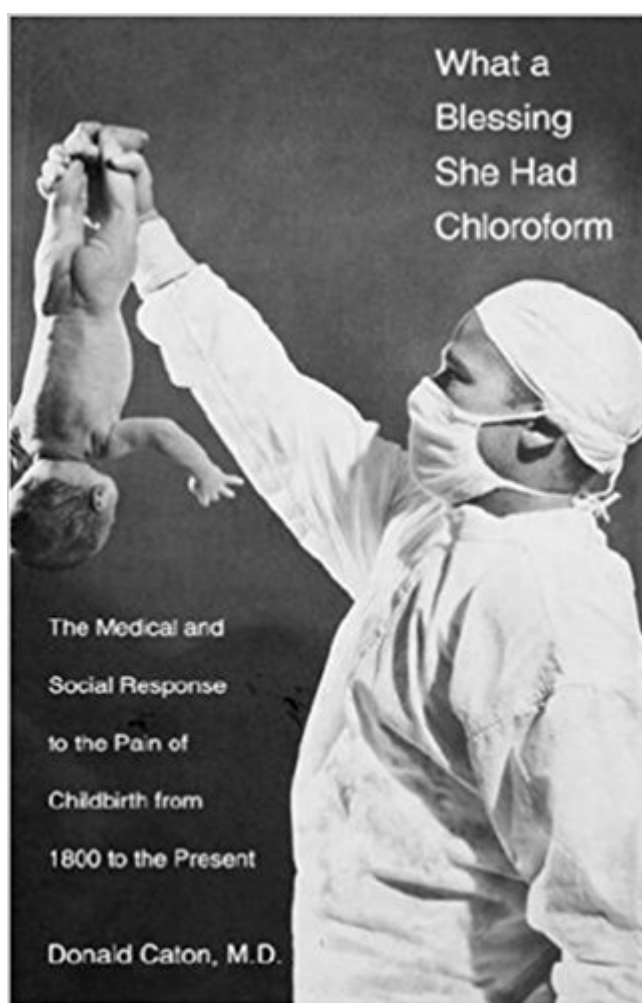


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What A Blessing She Had Chloroform: The Medical And Social Response To The Pain Of Childbirth From 1800 To The Present



Synopsis

This book describes in fascinating detail the history of the use of anesthesia in childbirth and in so doing offers a unique perspective on the interaction between medical science and social values. Dr. Donald Caton traces the responses of physicians and their patients to the pain of childbirth from the popularization of anesthesia to the natural childbirth movement and beyond. He finds that physicians discovered what could be done to manage pain, and patients decided what would be done. Dr. Caton discusses how nineteenth-century physicians began to think and act like scientists; how people learned to reject the belief that pain and suffering are inevitable components of life; and how a later generation came to think that pain may have important functions for the individual and society. Finally he shows the extent to which cultural and social values have influenced "scientific" medical decisions.

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Customer Reviews

The use of anesthetics to alleviate pain associated with childbirth is controversial. This book, written by a physician specializing in obstetric anesthesia, is an attempt to understand and explain women's reactions to this pain. He explores several interesting subjects in the process. The development of anesthesia occurred during a period of political, social, and scientific change. Physicians had to learn to think like scientists as they mastered the use of a new tool. The social reactions to childbirth were also changing as the feminist and suffrage movements liberated women from religious doctrines associating pain with sin and punishment. The interaction between medical

practice and social values, between physicians who see pain as a scientific problem and women who view childbirth as a social, political, and/or personal issue, is fascinating. Physicians discover what can be done, but patients decide what will be done. Unlike Judith Leavitt's *Brought to Bed* (1986), which discusses the history of childbearing in America, this book deals with the development of anesthesia, its use in childbirth, and the colorful personalities involved in these events.

Recommended for health science, medical history, women's studies, academic, and large public libraries. A Barbara M. Bibel, Oakland P.L., CA Copyright 1999 Reed Business Information, Inc.

From biblical verses to Homer's "sharp sorrow of pain" to Sylvia Plath's "long, blind, doorless and windowless corridor of pain," chroniclers, poets, and novelists have recounted the suffering of women in childbirth. Physicians, midwives, and others who have helped women through labor and delivery have also witnessed their pain, and throughout history many of them tried to relieve the suffering. In the 19th century, the demonstration of the efficacy of ether in relieving the pain of surgery led physicians to start using ether, chloroform, and then other agents to relieve the agonies of childbirth. Donald Caton is an academic physician who has devoted much of his medical practice to obstetrical anesthesia. As he points out in the introduction to *What a Blessing She Had Chloroform*, there are numerous histories of surgical anesthesia and of childbirth, but Caton's book is the first to explore the relation between these two topics. Moreover, he examines not only the science of obstetrical anesthesia but also the social context in which ideas about pain and its relief arose. Early in the book, Caton notes that the introduction of ether and then other analgesic and anesthetic agents raised questions about the physiologic response to pain during surgery and childbirth, as well as about the moral aspects of pain. Both topics were taken up by medical scientists of the times, as Martin S. Pernick relates in *A Calculus of Suffering: Pain, Professionalism, and Anesthesia in Nineteenth-Century America* (New York: Columbia University Press, 1985), a classic study that Caton curiously does not cite until later chapters. A close reading of Pernick's book might have helped Caton avoid a substantial problem with his own book -- the judging of 19th-century science by 20th-century standards. Other medical historians have shown that 19th-century physicians did understand science and that they practiced scientific medicine, though they often did not use quantitative methods or resort to the laboratory. Instead, good medical science of this period -- especially in physiology and therapeutics -- was predicated on an understanding of each patient's unique constitution. Indeed, as Caton points out, anesthetic agents fit this model, because what produced mild pain relief in one woman might produce almost total anesthesia in another. Caton is more successful with the thinking of the physicians who developed

and then used obstetrical anesthesia. James Simpson in Great Britain and Walter Channing in the United States are his heroes. Facing substantial criticism from colleagues, these two physicians developed and used a number of agents, including ether, to relieve pain during childbirth. Both men also urged others to use these agents, and Channing's book, *A Treatise on Etherization in Childbirth* (Boston: William D. Ticknor, 1848), played a large part in popularizing the use of ether to relieve pain during childbirth. Not surprisingly, Caton disagrees with feminist critics who have argued that physicians developed and used these agents to "control" women during labor. He argues that these physicians had grave concerns about the use of forceps during delivery in women with deformed pelvises or those who became exhausted during a long and difficult labor. Indeed, as Caton points out, many women themselves called for obstetrical anesthesia because they were frightened of the extreme pain they might suffer. However, Caton paints too extreme a picture of feminist scholarship on this matter. For example, he cites Judith Walzer Leavitt as one of the feminist critics, but she is actually sympathetic to the physicians who used anesthesia. It was Leavitt, in fact, who pointed out that women were the first to campaign for twilight sleep. Caton's last chapter nicely brings together the physician's view of pain as a biologic process and the philosophical or theological view of suffering as a psychological or even moral process. Caton is clearly most comfortable with the biologic explanation of pain. But he has also listened to his patients' descriptions of pain in a moral context, and he speculates that women's willingness to use analgesia or anesthesia may in part be due to lack of the social structures -- families or religious communities -- that previously sustained women in pain. Charlotte G. Borst, Ph.D. Copyright © 2000 Massachusetts Medical Society. All rights reserved. The New England Journal of Medicine is a registered trademark of the MMS.

This is a great book. I have great interest in the treatment of labor pain and I am the author of *The Truth About Labor Epidural* (Kindle). I learned a lot from "What a Blessing..." There are few topics that cause so much polarization of opinions as the topic of relieving the pain of childbirth. From the proponents of natural birth who believe that labor is not that painful, or that labor pain is part of the childbirth experience to the radicals who propose that every woman has to have an elective caesarean section. The book is about the history of treating labor pain, attitudes of doctors and patients, politics behind it and many other aspects of the theme of relieving labor pain. Very detailed and very entertaining. When practicing medicine I think it is very important to know about the history of method used, as it gives the practitioner a different perspective and deeper understanding of his practice. I wish I could make this book a compulsory reading for my registrars.

Great booking showing the history of anesthesia in obstetrics. I am a midwife and enjoyed it immensely.

This book presents the historical background behind obstetric anesthesia. In covering the developments in anesthesia, the author also summarizes major developments in the general field of medicine, especially since the 1840s. He stresses how much medicine changed from 1800 to 1900, and how the discovery and development of anesthesia played an important role in these changes. He also points out how medicine evolved from being based on tradition and assumptions into a truly scientific field during this period, and how by the end of this period, doctors could no longer simply claim that a procedure worked- -they actually had to prove it with carefully designed studies. One trend that Caton identifies in this book is how much power patients have wielded in the decision to adopt or disregard anesthesia in childbirth. In the 1840s, many leading women demanded the use of anesthesia from doctors who were reluctant to try the new-fangled and untested idea. The turn of the twentieth century found feminist groups campaigning for access to anesthesia for all women who wanted it. Nevertheless, modern feminists protest against the medicalization of childbirth, and eschew the same anesthesia that their great grandmothers fought so hard for. This book is very well written. Abundant citations to primary sources are found in the endnotes. Some readers may find the style a bit academic. This book isn't really intended to help a reader decide for or against a "natural" childbirth, but readers will find sound information here that gives them the background behind both sides of the debate.

The obvious problem this author has is that if you have not given birth or are not thinking about it, you may not be that interested in the topic. Actually, Caton does quite a good job of showing how debates about use of anesthesia in childbirth tie in to larger cultural debates about medicine, progress, and the meaning of pain. In simple language, and with a good effort at giving all points of view fairly, he goes over both the scientific history of how drugs became available for childbirth and the social history of how the public (including doctors) responded. Yes, I did read it just after I had my child -- and I enjoyed it. I live in Japan where the debate over ``natural" childbirth rages on. I think this book would make a nice gift for your intelligent friend who's having a baby (for goodness' sake, she'll get enough stuffed animals from other people).

My husband and I both found this book very informative and well written. Having received it as a gift while expecting our second child this timely and thoughtful gift gave us new issues and angles to

consider regarding anesthesia and childbirth. This book is written in a clear, concise style and is easily understood by those not in the medical field. I would highly recommend this book to expectant mothers/fathers and to their ob/gyn physicians and nurses. We gave this book to the physician who delivered our beautiful son.

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