

6 C'est Un Garçon!

When we arrived at four A.M., the whole hospital was dark except for the front hall. A nurse was waiting for us—what efficiency for Paris! She led the way to the delivery room, and Alex followed us with the suitcase. He put it down on a stand in the corner of the room, and we stood looking at each other, wondering what to do next. The contractions were coming regularly every seven minutes, but they were very weak and didn't require any action on my part at all. As we stood there waiting, I felt another one. It was an interesting sensation, rather like the way it feels when you flex the muscle of your calf, but it didn't even seem worth sitting down for. I was very excited, thoroughly alert, and there was nothing to do. When the nurse came back, I looked to her for suggestions.

"Get out the clothes," she directed. Alex opened the suitcase, and I began to sort through the things I had put there, what seemed to be ages ago, wondering just what was the right thing to *accouche* in. "I don't want those," the nurse interrupted when she saw what I was doing. "The baby clothes!"

So there *was* going to be a real baby! The nurse went to the suitcase herself, and we watched her pick out the things she wanted and arrange them neatly on a table, all ready to receive little Marianne or Pepi, whenever she or he (I was still certain it would be she) made up her mind to put in an appearance. For all the months of anticipation and planning we had been through, I think that was the first moment that Alex or I really believed in the existence of the baby.

Before she went out again, the nurse pulled a short nightgown out of my suitcase and indicated that that was what I was to wear. As there was only one chair in the room, and Alex looked tired, I decided to get into bed to wait for things to start happening. A few minutes later a

midwife came in and examined me. "Very little dilatation," she said. "Certainly not before nine in the morning. Probably not before noon."

She went out. We sat and talked for a while. Outside the city was very still. Alex began to yawn, and finally decided that as nothing was going to happen for a few hours, he might as well go home and get a little sleep. I supposed I ought to sleep too. The contractions were regular but still very weak, and Mme. Cohen had stressed the importance of rest before the delivery. Almost before Alex had shut the door behind him, I was off in a deep sleep. I hadn't realized how the past few days had exhausted me.

Sunlight was pouring in the window when I was awakened again by the increased force of the contractions. I looked at my watch and timed a few. They were coming regularly every five minutes, and they lasted nearly fifty seconds. They felt like the earlier ones, only stronger, with now and then a suggestion, or maybe only the threat, of a cramp. I found that by merely relaxing and doing the slow, deep breathing, they remained in the category of interesting muscular sensations. Nothing more. I didn't see any reason to begin the *effleurage*. The only thing that bothered me was the possibility that they might suddenly get stronger before Alex got back to the hospital. This idea kept me looking anxiously from my watch to the door.

At nine o'clock a new midwife came in to ask how I felt. Was I perfectly comfortable? I said that I was, but she still walked about the table puffing up the pillows under my head, and put a bolster under my knees to make sure that I was perfectly relaxed. She went out, promising to send in a nurse with some tea, and to come back again to see how I was getting along. I hoped she would hurry, because I was very curious to know how I was doing.

No sooner had I finished my tea, than the midwife was back again. She carefully pushed away the *traversin* she had so recently adjusted, and examined me very gently. "Well?" I asked. "Soon?"

"Is this your first?" she said in a tone that indicated that

she was pretty sure it was. I nodded. "Be patient," she smiled. "Not before four in the afternoon."

"But how can that be?" I asked. "How far is the dilatation?"

In answer she showed me the tip of her forefinger. Practically nothing. I was disappointed. What on earth had been happening for all those hours? I waited, breathing slowly from the beginning of each contraction. I was terribly bored. I could feel the contractions gathering force and growing stronger. I tried out the *effleurage*, but it didn't really seem necessary. A nurse came in and put some things in the sterilizer. She looked at me thoughtfully and smiled. "You look bored," she said. "Why don't you go out for a nice walk in the garden?"

"But I don't want to walk in the garden," I said. I explained to her that the dilatation was only about the size of the tip of my forefinger, and that I was becoming discouraged. She insisted more than ever that what I really needed was a nice walk in the fresh air. "How often do you have contractions?" she asked.

"Every five minutes."

She looked at me skeptically, shrugged her shoulders and disappeared. I sat up and began to wonder where my bathrobe and slippers were. I found them, got up, and went to the sink to rinse my mouth. But at that moment the contractions became stronger, and I decided to forgo the walk in the garden, and got back in bed. The contractions kept coming and coming. I kept doing the slow breathing, concentrating on each one to learn all I could about it. If the cervix wasn't doing its part, at least I was doing mine.

Then, somehow, I drifted off to sleep. That was when I got my first practical lesson on how very important it is to stay awake. I couldn't have been sleeping long when I awoke in a kind of nightmare of throbbing pain. I tried to remember to breathe, but before I could catch up with the contraction, it stopped, and I dozed off again. This must have happened several times. The pain I felt was like the cramp you get in your side when you run right after a

heavy meal. It couldn't have been very strong, because the moment it stopped I dozed off to sleep again. (I had had no drugs. I was just tired.) Fortunately Alex was there, and he soon realized what was happening. He woke me up by sponging my face with cold water, and told me to begin the rapid breathing. As soon as I was awake again, I regained my control, and the pain vanished. Alex checked my arms and legs to see that I was relaxed. I tried to go back to the slow breathing, but I found that its usefulness was past.

That was at two in the afternoon. From time to time I was examined by different midwives. They all had the same story to tell—very little progress in the dilatation. The contractions were somewhat stronger. They were coming every four minutes. I was still in control. I could sense the threat of pain under the muscular effort of my uterus, but as long as I did the breathing and the *effleurage* it was only a threat. All the same, I was tired and beginning to be discouraged. I very much regretted all the follies of the past week. Despite all the warnings I had received, I had come to my *accouchement* in a state of general fatigue. Now that I saw that it was going to be a long, demanding affair, I wondered if I really would have the energy I needed to stay in control until the end. I was miserable at the thought that I might not see the birth of my child.

The afternoon was coming to an end. The midwives had stopped making time predictions. The daylight gradually faded, the sound of children's voices playing in a soccer field near the clinic stopped, and a drowsy calm came over me. The room slowly grew dim. I stopped thinking of anything but contractions. I had become a mechanism that concentrated, breathed rhythmically, relaxed, and performed an abstract hand movement known as *effleurage*. I wasn't even discouraged. It was all very businesslike, only tedious.

A nurse brought me some mashed potatoes and another cup of tea. I gobbled it down between contractions, and then wished there was more. Eating revived me. I felt less tired. Alex found that he was hungry too, and went out to

look for a sandwich. A midwife came in and examined me. I continued my breathing right through the examination. Then she went out and returned with another midwife who also examined me. I looked at them and became interested in something outside my contractions. They had retired to a corner of the room for a whispered conversation. I listened intently, trying to pick out any words I could. Did I hear the word "Caesarian," or just something else in French that sounded like that? Then they went out together absorbed in an argument that I supposed could only concern me.

A minute or so later a nurse I hadn't seen before marched briskly into the room, and before I could say anything she injected a hypo of something into me. I remember feeling terribly confused and distressed. Then, before I realized what had happened to me, I dropped off into a state of semi-sleep and a recurrent nightmare of pain.

Alex came back and did what he could to help me. He washed my face and tried to tell me when to breathe, but the effect of whatever it was I had been given was too strong. I kept dozing off between contractions, and waking only when they were already under way. Mme. Cohen's analogy of the wave proved only too true. No matter how hard I tried, fighting against the contraction and the effect of the drug on my brain all at once was too much; I could not regain my control. The pain I felt was similar to that I had felt the last time I fell asleep; only now it was stronger and instead of throbbing it rose to a peak along with the contraction. I could truly imagine that if it got much worse, it would be unbearable. How I regretted not being in the metalworkers' clinic where *all* the personnel were trained in the principles of the method and a mistake like that of giving me a hypo would not have occurred!

The midwife came back and examined me. This time she had good news. The dilatation was nearly at five francs. At last the contractions were doing their work. But I remained discouraged. I was sure that if things went on the way they were going, I would have to be put out before

the end. I even had a moment of real doubt about the whole Pavlov method, and wondered if contractions didn't *have* to be painful before they did any good.

This time it was Mme. Cohen who saved me. She appeared in the doorway, all fresh and sparkling, took in the situation at a glance, and set about restoring my control. Her first move was to turn on all the lights, instead of just the little night light that had been on till then. She bathed my face and neck with cold water until I was thoroughly awake, and commanded me to breathe and relax. By that time I had to be told; I was still too sleepy to judge for myself. I couldn't manage to recognize the beginning of a contraction. Mme. Cohen put Alex to work sponging my face with cold water, while she directed my breathing and *effleurage* with one hand on my stomach. She was able to recognize the beginning of a contraction before I did, and she breathed along with me, stopping when it had passed its peak, so that all I had to do was imitate her. Between contractions she made sure I was totally relaxed. In a few minutes the pain stopped and my control returned. The contractions regained shape and form, and I was able to stay on top of them.

But there was very little time in between, and I was exhausted. Mme. Cohen sent for a glucose injection that, she explained, would give me the energy I needed for the expulsion.* At the very sound of the word "expulsion" my confidence returned. The next examination showed that I had passed five francs. At last, I was making progress. I was sure the baby would be born before long, and that I would be fully conscious when it was.

Dr. Lamaze arrived. He examined me carefully, and seemed entirely satisfied with my progress. By that time I was no longer talking to anyone, not even to him. I was much too busy. I didn't look at my watch again until after the delivery was over. Mme. Cohen gave me some oxygen

* In some cases certain obstetricians also employ coramine-glucose, a heart and respiratory stimulant.

with the plexiglass mask. I remember being surprised that it didn't have any smell or taste, and I was not able to judge its effect. The contractions had become very strong. It took all my concentration, even with Mme. Cohen directing me, to remain in control. For a while it seemed that the contractions merged into one, but Mme. Cohen kept telling me when to breathe and when to rest. Looking back on it now, I see that it was the hardest work I had ever done in my life, just as Mme. Cohen said it would be.

I remember the moment when the transition period began very clearly. For no apparent reason, I suddenly stopped breathing. My only sensation was one of extreme nervousness. For a moment I didn't know what was happening. Then I concluded that I must be experiencing a desire to push, although I couldn't exactly say that I really felt like pushing. What I really felt was a desire to do nothing at all. After a moment of that suspended state, the desire to push suddenly came on me overwhelmingly. "*Ça vient!*" I shouted.

"*Pas encore,*" Mme. Cohen said. There was an immediate scurry of activity all about me. Dr. Lamaze adjusted a light, Mme. Cohen removed all my pillows, and a midwife and nurse arranged my feet in the stirrups. "*Pas encore,*" Mme. Cohen repeated several times. I panted and puffed and blew, and waited for the word to come. It was an unbelievable sensation, not at all painful but somewhat terrifying.

Finally Mme. Cohen told me I could push. What a relief! No matter what I had imagined about pushing during my rehearsals, I was tremendously surprised by what a satisfying sensation it was. Dr. Lamaze called the signals—"Inspirez! Soufflez! Inspirez! Bloquez! Pousssez!"—and I performed automatically, just as Mme. Cohen said I would during the first lesson when she explained conditioned reflexes. (It must have been automatic because Alex told me later I did just what I was told, and I don't remember thinking of what to do.) But there was a new element I had not expected. From the moment I began to push, the at-

mosphere of the delivery room underwent a radical transformation. Where previously everyone had spoken in soft and moderate tones in deference to my state of concentration, now there was a wild encouraging cheering section, dedicated to spurring me on. I felt like a football star, headed for a touchdown. My fans on the sidelines, Dr. Lamaze, Mme. Cohen, the midwife, the nurse, all exhorted me, "POUSSEZ! POUSSEZ! POUSSEZ! POUSSEZ! CONTINUEZ! CONTINUEZ! CONTINUEZ! ENCORE! ENCORE!" When I ran out of breath, Mme. Cohen reminded me to exhale, inhale, and hold again. When the contraction was over, the cheering stopped. Each time a new contraction began and I started to push again, the cheering section burst forth. It was fantastically exhilarating; it made me push harder and harder. Then, finally (Alex says the pushing took twenty minutes), the head crowned.

"*Ne poussez plus, madame!*"

This time it was very easy. I lay back, relaxed, and began to pant. But suddenly a sharp pain shot through my left leg. I winced and turned to Mme. Cohen. "Relax your leg," she said.

"I can't."

"You have a muscle cramp." She massaged it deftly, and in a few seconds it was gone. The minute my leg stopped hurting I became aware of a sensation that momentarily horrified me. Dr. Lamaze was working at turning down the baby's head, and I could feel everything he was doing! I had no sensation of pain at all, but I was shocked by the fact that my perception of what was happening was so complete. I felt the presence of the head, but I felt it the way I had felt the existence of a hole the dentist was drilling in my novocained tooth, touching it with my tongue. It seemed immense! Frighteningly so.

At that moment the delivery sequence of the movie flashed into my mind. I saw the doctor working the head down—just as Dr. Lamaze was doing at that minute. I knew there was nothing to be frightened of. I continued to

pant, watching the delivery in my mind as it progressed.

"Forehead, eyes, nose . . ." I heard Dr. Lamaze call out slowly. "Come here, monsieur, come quickly! *Venez voir votre enfant naître!*—Come see your child is born!"

For an instant I thought of reminding Alex of his promise to stay at the head of the bed, but then I heard a tiny cry "La!" and realized how absurd I was. I felt something hot and wet on my leg. It was the baby's arm. Everyone shouted "Look!" Mme. Cohen helped me to raise my head and shoulders, and there I was looking into the face of my baby who was crying sweetly before he was completely born. A second more and Dr. Lamaze held him up for me to see. "*C'est un garçon, madame,*" he announced. He placed him on a sheet over my stomach so that I could hold him for a moment. It was incredible—he had my father's eyes, a Karmel forehead, and a cleft chin like Alex's, and yet he was obviously a real individual in his own right, from the very first moment. We named him immediately, Joseph Low, after my father. We even settled on the nickname "Pepi."

After we had admired him properly, Dr. Lamaze cut the cord and handed him to a nurse who took him off to the corner to be washed and dressed in the clothes that had been waiting for so long. It was twenty minutes past two, July the seventeenth, over twenty-four hours since I had felt the first contraction. I had forgotten all about the placenta, but Mme. Cohen reminded me to push when the contraction came, and I expelled it easily. Everyone examined it, including me; then all of them but Alex tidied up and went away. The baby, all dressed and wrapped in a blanket, French style, was in a little cradle beside my bed. Alex and I were alone with him. It was less than fifteen minutes after he had been born.

We sat and listened to the baby gurgle and hiccup in the quiet of the warm, still night. As it was so late, I was not going to be moved to my room until the morning. In spite of the tremendous exertion I had been through, I felt wonderfully exhilarated and excited. We talked quietly

about the delivery and about our plans for the future, but mainly we were just happy to be there together with our newborn child. Finally Alex went off to send telegrams. I turned off the light, but for a long time I could not sleep. I lay in the dark and listened to the little noises my baby made and felt as happy as I had ever been.

A week later my mother flew over to see her grandchild. She was delighted with him and astonished at how alert he was and how his eyes seemed to look right at her without wandering around. At first I thought this was just standard grandmotherly exaggeration, but she insisted that most newborn babies she had ever seen looked like they were drunk for several weeks. I asked Dr. Lamaze about this, when he paid me a visit, and he told me that many of the effects my mother had described were caused by anesthesia and the added time the baby spent in the birth canal in a "normal" delivery.

My mother was thoroughly incredulous when I told her about the Pavlov method, and my experience. But when I really went into it, she admitted there might be something to it. Then, for the first time in our lives, we discussed the subject of childbirth. And for the first time, I realized why she had never spoken of it before. My recollection that my father had once mentioned finding her alone in a pool of blood was substantiated. And other details, no less horrifying, were added. This had all happened in one of the best hospitals in the capital of the United States not so very long ago. She looked back on her experience with childbirth as an ordeal that had been necessary, but certainly not as something to talk about. I couldn't help marveling at the difference between her feelings and mine. I was thankful that her fundamental tact had kept me from being conditioned in a way that might have been difficult to overcome, and I was even more thankful that a series of happy chances had led me to Dr. Lamaze and an experience that I would be proud and happy to tell to *my* children.

NEW YORK

7 In Search of a Doctor

When we landed in New York a few months later the news of our exciting adventure had already fanned out ahead of us. The members of our families and friends who came to meet us had scarcely paid their proper respects to Pepi when someone asked Alex with an expression that was half questioning frown and half leer, "Sol Were you really there when he made his first appearance?"

Alex assured him he was.

"You weren't there the *whole* time?"

"The *whole* time," Alex said.

"It must have been a horrible experience," someone commiserated, patting him sympathetically on the shoulder.

"No," said Alex, "it was inspiring."

One tactful old lady waited until we were alone to speak. "Well, my dear," she began hesitantly, "so they didn't give you anything for it." I assumed she was referring to drugs.

"That's right," I agreed. "Nothing at all."

"That's the way it is over there," she nodded. "Backward. Haven't made any scientific advancement. Not living in the modern world. That's the way it used to be. Now in America they can—"

"No, really," I interrupted, "I wanted it that way."

"Of course." She squinted at me suspiciously. "But would you go through it again?"

"I intend to. Yes."

Suddenly she drew herself up straight. She looked at me triumphantly. "There you are!" she said. "That's exactly what I think. In my day people didn't make such a fuss about having children. That's what a woman is made for, isn't it? Suffering is part of living. People are spoiled now . . . they pamper themselves! I had five children and nobody ever gave *me* anything. It's worth the pain. Better for the child. But don't listen to me. Nobody ever does."

Obviously there was no reason to pursue the discussion. In her mind there were only two possibilities—pain or drugs. Of the two, she preferred pain. It was part of her experience. Very likely she was heartily sick of hearing about the superiority of the modern world over that of her youth. In some way my experience vindicated her. I could see I had made her tremendously happy. "God bless you," she muttered several times, and as she left she kissed me—for the first time in many years.

I didn't find that reaction terribly hard to understand. But many of the others I encountered in the course of the next few months seemed extraordinarily incomprehensible. Before my first pregnancy I had never given any thought at all to the question of how to have a baby; I can't remember ever having heard it discussed at all, beyond the most minimal attention given it in a college hygiene course where it was almost totally eclipsed by the much more interesting question of how to conceive a baby. Therefore the discovery of the vast quantity of intensely felt convictions and prejudices that exist on the subject came to me as something of a revelation. Now an accident of fate had not only made me familiar with the facts of childbirth, but had taught me an effective and rewarding way to cope with them. I was delighted by the discovery I had made. So delighted, in fact, that it had never once crossed my mind that anyone else might fail to find it equally delightful.

I was still in this sweet state of innocence when one of my oldest friends invited us to a dinner party. It promised to be a relaxed informal evening. As things turned out, it was relaxed and pleasant through about the second round of cocktails. Suddenly, without any warning, cocktail shaker in hand, our host, Bob, said to Alex, "What is this stuff I've been hearing about your going in for obstetrics?"

We were off. We gave them a short version of our Paris adventure—short not from any lack of enthusiasm, but because we were hungry, and we could smell the dinner cooking. As I neared the end of the tale, I noticed that a girl

we had just met for the first time was staring at me with a hostility she took no pains to conceal.

"You must have been hypnotized," she interrupted flatly. She wasn't going to be taken in by anything.

"Now Ronnie," her husband said in a conciliating tone, "you have no basis for such an assumption. After all you can be practically certain that primitive woman—"

Fortunately he never got to finish that flattering comparison.

"I'm sure it works if you believe in it," our hostess cut in quickly. "And if you think it's worth the trouble. When you've had four children as I have you'll probably look at it all in a different light. I used to be the way you are. I even had rooming-in with the first. Never again."

"That's not the same question, dear," Bob interrupted her.

"It's all the same thing," she said. "I adore my obstetrician. I go to the hospital and he puts me out. I don't want to know anything about it. I wake up after it's all over. The baby is in the nursery. I take a look at it and go back to sleep. I never feel anything. I don't love my children any the less for it. Probably, if you could measure it, you'd find I love them a little more."

"Shelley can't tolerate pain, you know," Bob explained, "and I don't see any reason why she should have to."

"Of course not," I agreed. "But that's just the point of the Pavlov method. There isn't any pain—"

"Not for you," said a friend of mine who had just had her first child. "Let's qualify that statement. Some of us are braver than others."

"What!" I exclaimed. "How can you say that? You know what a coward I am about the dentist!"

"The dentist is another matter. You have sensitive teeth. That's all that proves. But you have short, easy labors. Now in my case it would be out of the question. Actually, I'd like to have natural childbirth, but if you went through fourteen hours of torture as I did—"

"Fourteen! I was in labor for twenty-four!"

"Without taking anything? You must have no nervous system."

"No, really," I insisted, "I couldn't have done it if I hadn't known what to do."

"You'll never convince me," she said, shaking her head. "I know what it's like. I've been through it. I *know* I couldn't bear it without anesthesia. There's no point even talking about it."

In spite of myself, I began to get angry.

"Sol!" I said. "You had anesthesia? The purpose of which is to spare you pain?"

"That's right."

"Then how does it happen that you know so much about how terrible it was? What kind of anesthesia was that?"

"Twilight sleep."

"It sounds like pretty painful sleep," I said.

"Well," she reflected, "it's not really sleep so much as a twilight nightmare. But I prefer it that way."

"Fine," I said. "Let's change the subject. The men look bored to death."

"By no means," said Gloria's husband. "You girls never cease to fascinate me."

We all looked at him suspiciously for a moment. Then Gloria couldn't restrain herself. "I never thought you would turn into a martyr," she said. "It's not your style at all."

"But I'm not a martyr!" I repeated. I felt like one now.

"No, honestly," Shelley said, "I agree with the education part. One ought to know and that sort of thing. And certainly it's a good idea to relax—if you have the time to do exercises. But I know it wouldn't work for me . . . If I relaxed I would still suffer, and I'm squeamish about blood and such things."

"Something's burning," said Bob.

We went in to dinner.

"You know, Shelley, you remind me of a book I read somewhere, or was it in a magazine," Gloria said as she took her place at the table. "Well, anyway, the point was

that if you eliminate fear and relax, having a baby is as simple as pie *only* if you're not neurotic. And of course we all are neurotic these days, so that lets us all out."

"Where did you say you read that?" asked her husband. "I can't seem to remember," she said. "Now where was it?"

"That's a delightful theory," I began, "but it has nothing to do with the Pavlov method. The whole point of the Pavlov method is—"

"Please," said our new friend Ronnie, with a look of tight-lipped anguish, "is it absolutely necessary to discuss this while we eat?"

"What's the difference?" asked Shelley. "The chicken's spoiled anyway. Pass me your plate."

"Well what exactly *is* the Pavlov method then?" Gloria persisted. "It's all natural childbirth, isn't it? Don't misunderstand me, I think it's a fine idea. But it just doesn't work. My sister, Jinny, took a course in it, and she really tried. She and Hugo went all the way across town one evening a week for three whole months to study the thing. I don't think they *wasted* their time—not entirely. But the fact is that when the time came, she was terribly disappointed. There *was* pain. And she wouldn't have minded a little pain, you understand. She really wanted to be there when the baby was born. She really did want to see it. . . ."

"Morbid curiosity," said Shelley.

"No. It would have meant a lot to her. Hugo knew he'd have to leave before the delivery, but she really thought she'd be there when the time came. Well, she wasn't. Her doctor told her afterward that he thought it was all a lot of nonsense. I suppose he was right. About the painless part, I mean. I can't see what he had against the education aspect. A little knowledge never hurt anyone."

"Oh, really," Ronnie said; "I don't see what you're all making such a fuss about. Listen, I have two children. Once they're in bed at night I put them out of my mind. Who cares how they get into the world? They're here! The

whole project takes less than a day. What difference does it make if you're doped up or not? What difference does it make if you suffer a little? What difference does it make what the doctor believes in or says to you? You don't have to sleep with him. Everybody knows that doctors don't like natural childbirth. Everybody knows that they don't appreciate advice, and that they always do what they like no matter what they promise you. Who ever said that doctors are truthful—or even intelligent? You're getting a lot if they know their profession. Don't ask any more from them. They're only human after all—which is to say, you can't expect much."

"Take it easy dear," her husband interrupted.

"That's just the point I'm trying to make! Take it easy! What is there to make a fuss about? Have a little perspective. What difference will any of it make in another hundred years?"

"What difference will anything make in another hundred years?" I tossed in.

After that no one mentioned childbirth for the rest of the evening. When we went home Alex and I made a pact never to discuss the subject in company again.

We didn't stick to it.

The reason for our failure to abstain was a telephone call from one of my childhood friends. I had seen her very infrequently since I had gone off to college, and I was surprised to hear from her again. "I had to talk to you," she began. "Your mother told me about the way you had Pepi and I thought you'd be interested to hear that I stumbled on something of the sort all by myself. I didn't like the way I had my first child, so I decided to wait as long as possible before going to the hospital for the second. By the time I got there, he was nearly born. I just sort of relaxed and panted and aside from a couple of difficult moments, I got through the whole thing without taking anything. It was a great thrill. More people ought to know about it."

"I'm glad you think so," I said, "but it's my impression that they don't want to know about it."

"No, really," she insisted, "if it's anything like what your mother described, it's tremendous. You ought to write an article about it. I'm sure a lot of people would be interested. I would."

"My God!" I said. "How many do you plan to have?"

"Oh, five or six. I've got another on the way right now. So you'd better hurry."

I repeated the conversation to Alex.

"Why don't you?" he asked.

"Six children!" That seemed like rather a handful.

"No," he said, "the article. People who are offended by the subject won't read it, and the ones who are interested in it will profit. And you'll have got it off your chest."

I wrote the article. I started from the very beginning and told the whole story right through to the end. I sent it off to a woman's magazine with the hope that it would make it easier for other women to arrive at my great adventure a little more directly than I had myself.

Several weeks later I received a telephone call from one of the editors of the magazine. He apologized for holding the article for so long. Did I mind his keeping it a little longer?

"Not at all," I said. "Why?"

"It's fascinating," was his answer. "But it's very controversial. There are several more people I want to read it."

Two months and several telephone conversations later the article was returned to me with a note to the effect that after lengthy discussion it had been vetoed as being too controversial. I was advised to keep sending it out, because someone would be sure to print it eventually. I privately chalked it up as a lost cause and not without regret. Only one thing puzzled me. "Controversial in what way?" I asked Alex. "The Russian part or the childbirth part?"

"Who knows," he answered. "Probably a little of both."

Then one day a girl I had met in Paris stopped around to chat with us on her way home to Detroit. She and her

husband were discussing the problem of finding an apartment because she was going to have a baby. One thing led to another, and there we were again on the proscribed subject. No sooner had I got the word Pavlov out of my mouth than she became terribly excited.

"That's it!" she said. "That's the thing that was all over the French newspapers."

"That's right," we agreed.

"I want it!" she said. "That's the way I want to have my baby."

"Unfortunately I don't think it's possible," I said.

"Why on earth not?"

We tried to explain.

"It must be possible," she insisted. "Aren't there any books on the subject?"

I looked at Alex. We had a book on the subject. Colette Jeanson's book was sitting right there on the bookshelf. But how far could she go with only a book as a guide? Who could say? We all talked about what I had done in some detail and finally she took the book away with her, promising to let us know the outcome. I was very skeptical about her chances for success. I knew I shouldn't have liked to do it all alone. I was secure in the thought that I was going to return to Paris when I was ready to have another baby. Still, I admired her courage.

Then the day came when I announced to Alex that either Marianne or Philip (we have them all named way in advance) was probably on the way. The same thought occurred to us both simultaneously—it was impossible for us to go to France. For the first time we realized that parenthood had considerably decreased our mobility. I would have to have the baby in New York.

"Well why not?" Alex asked. "This is a very modern city. You've done it before. Just find a good young doctor, not too set in his ways, explain it all to him, and let me be your monitor. What could be easier?"

It sounded like the simplest thing in the world.

That afternoon I found myself magnetically drawn to the shelf on maternity at the corner bookshop. I got everything I could find on the subject. I wanted to know all about what to expect in an American maternity hospital. In one of the first books I picked up I came across this helpful bit of advice: "Shop around until you find a doctor you like." It struck me as a novel idea, and a useful one. But it is only now, after I've been through the whole thing, that I realize how important that advice really was. And how many pitfalls there are to avoid. That is why I devote the next few pages to the rather amusing experiences that eventually led me to the right man. *Caveat emptor!*

I began in my usual manner—with the telephone. I called a friend who moves largely in medical circles.

"Hello Cynthia," I said. "Do you happen to know where I can find a good obstetrician?"

"Congratulations," she said. "Just a minute. I'll get my little black book."

A short wait filled by the sounds of children breaking something at the other end of the line.

"Here you are. Got a pencil?"

I took down the name and number.

Then I called the doctor she recommended and made an appointment. I was in a hurry to get the whole matter settled.

When the day came, Alex came along with me. We had decided that he had better be present at the first visit, just in case the doctor should have any doubts about what I told him. Alex could serve as an unbiased eyewitness. As it turned out, the doctor didn't seem skeptical at all. He was an elderly and distinguished gentleman who inspired confidence. When I had finished telling my story, he leaned forward in his chair, and looked at us both intently for a minute. Then he said: "You are unusual people."

"In any particular way?" I asked, not sure what was coming next.

He leaned back again and lit his pipe. He began to relate how he had always delivered without any drugs thirty or so years before. In his opinion it was much easier on everyone concerned. Then, he said, when heavy anesthesia became the fashion, he had had to use it, like everyone else. For a while it was a dangerous affair, especially for the infant. But of course everyone had to have it. Now, however, it was vastly improved, and he felt better about the whole question. "But," he said, "it's a rare pleasure to meet people who don't coddle themselves."

"But there are lots of women who have children without anesthesia these days," I protested.

"No," he shook his head, "no, there aren't. The women don't want it. And after all you must give people what they want. This is a profession like any other."

I was not too certain about the logic or the morality of that statement. Still, I hadn't come to pass judgment on his character. For the next half hour he detailed for us his student exploits on the Left Bank in 1910. It was all settled when we arose to leave. Alex was to be present at the delivery, which would be performed without any drugs of any kind—unless I were to change my mind at the time, in which case he would certainly oblige. I assured him that, barring any emergency, there would be no change of plan.

"Yes indeed," he said, getting up to show us to the door, "I am glad that you feel the way you do. You are very courageous people. I'm for it. That's the way we were in my day. We believed in letting nature take its course. No pampering. No fuss about the facts of life. Women knew they had to suffer to bring forth and that was that. You shall bring forth in pain. No one tried to dodge the issue. Childbirth is painful. Now we know how to alleviate suffering somewhat. But is it really worth it? And doesn't it show that we have weakened in our moral fiber? And how about all the youth crimes today?"

"What about them?" I asked, totally lost.

"Out of a woman's suffering springs her mother love,"

he declaimed rhetorically. "I don't say you can prove it, but I fervently believe in the connection." He looked to Alex significantly, as though that were the sort of thing only another man could be expected to appreciate.

"But that isn't the Pavlov method at all," I began. I caught Alex's eye and shut up. What was the use?

"Of course," the doctor sighed philosophically, "if a woman wants to be pampered then we are forced to pamper her. But it's a pleasure to meet someone who doesn't. My secretary will make you an appointment."

We shook hands seriously and said good-bye. We slipped past the secretary who was talking on the phone, and started to laugh as soon as we hit the open air.

"And I thought we had a real understanding," I said.

The next day I telephoned to say that we had suddenly been called out of town. It wasn't worth the effort to try to explain my way through his philosophical convictions of forty years' standing. We decided that the easiest way would be to find someone who already practiced his own system of "natural" childbirth, and to try to persuade him to cooperate with us on ours.

I asked around again and finally turned up a genial-sounding name at a very reliable address on Park Avenue. I was assured that this man was "very much up on the latest in natural childbirth." Just to be certain, when I called for an appointment, I asked the receptionist if she felt the doctor could be talked into trying a new method of natural childbirth. The question appeared to offend her deeply. "Everyone knows," she reproved me, "that he always tries to give his patients exactly what they want so long as it is in keeping with sound medical practice." I felt as though I had just asked for an illegal supply of drugs.

Still, I refused to be put off by a receptionist, so I made an appointment for the following Tuesday. By this time I thought I knew what to look for, and I told Alex he wouldn't have to waste any more time on these sorties. I could finish the shopping alone.

After waiting the ritual hour I was singled out by the receptionist to begin work on my dossier. When the question period was over, a very starchy nurse came to escort me to the changing room and afterwards into a small examining parlor where I was weighed and measured and then told to "hop up on the table like a good girl." I imagined that the aim of this treatment was to have the patient properly humble and subdued before she even met the doctor. "I would prefer to talk things over sitting up first, if you don't mind," I told the nurse.

"I'm sorry," she said. "We have a routine in this office. The doctor is a very busy man. You can't expect us to make exceptions for everyone." I looked down at the little white gown I was wearing, my stockings drooping down about my ankles, and realized how impossible it was to argue with her.

Suddenly the door opened, and into the room whisked a little sandy-haired fellow in his late fifties, graying and bespectacled. He came around to the head of the table and peered intently into my face for a long minute.

"Well, well, well," he said. "What's the trouble here?"

"No trouble at all," I said, surprised out of my self-consciousness. "I'm lying here because of your routine, but what I really wanted was to talk to you about having a particular kind of delivery without any anesthetics. . . ."

"Certainly, certainly," he cut in in a pixyish tone, wrapping a long blood-pressure thing about my arm. "I'll give you anything you want."

"But I'd like to discuss it with you first. . . ."

"Shhh. Not now." He was pumping up the tube intently. "We can talk it all over later."

"No," I said. "Now. Because if you don't want to do it, we won't have to go on with this. It's a system called the Pavlov method that was—"

"Just what is it that's so special it can't wait?" he said, pulling down my lower lid and peering at my eye. He shook his head and clucked sadly over what he saw there.

"For one thing, I want my husband to be there—in the delivery room, and then, no drugs of any kind, and then—"

"By all means," he interrupted, "what's so difficult about that?"

"Also, I'd like you to rehearse with us, so that we'll all be able to cooperate during the expulsion," I added.

"I told you, I'll do anything you want," he said with a note of impatience. I decided to drop the subject until some later time. After all, he had agreed to the two most important conditions.

He began his examination of my interior. There was a long silence. I lifted my head a little to see what accounted for it. His face was screwed up into the expression a watchmaker wears when he is engaged in the repair of a particularly tiny and difficult watch. At last he looked up with an air of measured consideration and authority: "You're not pregnant, Mrs. Karmel, you're sick."

If I hadn't been sick before, I was then. My stomach flipped over, and my heart began to pound wildly. Suddenly, before I had time to assemble my thoughts, he seized a little object from a tray, and came around and pierced my finger with it. He quickly blotted up a little drop of my blood on a piece of paper and held it under a color chart. "There!" he exclaimed showing it to me triumphantly. "Would you say it matched this or this?"

He slid my little blood spot back and forth between the red patch labeled thirty and the one marked forty. "Let's say thirty-five," he compromised. What was he doing? Was I to be integrated into his wife's living-room décor? He snatched up a little white card from the table and jotted on it "Hemoglobin thirty-five."

"It's a wonder you had the energy to get here at all," he said happily. "Fortunately that's something that's easy to fix." I sat stunned on the table while he bustled around preparing a large hypodermic. When he had finished the injection, he folded his arms and looked at me earnestly. "Has anyone ever told you, Mrs. Karmel, that you have a retroverted uterus?"

"Yes," I said, "often."

"Let me explain what is meant by that term," he began, and he embarked on a long and diagrammatic description that made my uterus sound rather like a balloon moored to my body by four over-long ligaments, without which it would drift up into outer space. "In any event," he concluded, "we can be certain that you will never be able to conceive a child until this condition has been remedied. Now I realize what a disappointment it is to you. But you are not pregnant, and unless we try to correct the situation it is not likely that you ever will be. I'm sure you had some reason to *think* yourself pregnant, but I want to try to get across to you that a woman may bring about many of the signs of pregnancy merely as the result of her intense longing for a child."

"Hand me my pocketbook," I said. I had put it on the window ledge. Looking perplexed, he gave it to me and I reached for my wallet. "There," I said holding out an especially cute picture of Pepi in a bathing suit. "I have not only conceived a child, but I have given birth to him. He did result from an intense longing, but he is not imaginary in the least."

The doctor proceeded to a re-examination of the problem. "Sure enough!" he exclaimed a few minutes later. "Now I can see that you're two months gone!"

I made a mental note of the word "gone." "How did you happen to make such a mistake?" I asked with malice.

"With a condition like yours," he answered, "it is often difficult to be certain at such an early stage. Now that you are pregnant," he went on, giving the impression that in some way he considered himself responsible for my sudden success, "I want you to leave everything to me. When your time comes, I will do everything in my power to make things easy for you. And I'll try to be with you as much as possible."

"You won't have to do that," I said. "That's my husband's job."

"Your husband?"

"He's going to be there with me," I reminded him.

"Oh, certainly, he can be there. Yes, I'll arrange to have him stay with you right up until we put you out."

"No," I corrected him. "You aren't going to put me out. You agreed that I wasn't going to have any anesthesia. . . ."

"Of course, of course," he said, "no one's going to do anything you don't want them to. We can arrange all the details later. Your husband can certainly stay with you in the labor room if that's what you want."

"And the delivery room."

"And the deliv— Why? What's he going to do in the delivery room? Is he studying medicine? Why does he have to go to the delivery room?"

"Because I want him there. In the Pavlov method—"

"What difference does it make to you? Once we put you out—"

"I'm not going out, remember?"

"Oh yes, of course. Well, perhaps we can arrange to have the delivery in the labor room, if you really think you're not going to need anything."

"We can arrange the details some other time," I said.

The minute I got home I called to cancel my next appointment. I gave the reason as a "change of mind."

Then I telephoned Cynthia again for another name. From my first two experiences I had deduced that hers was the more reliable source. I explained that I was still shopping. "Come on over and have a drink," she said, "and tell me what you've found."

I did. She made a potent martini, and I told my tale. When she had finished laughing, she assured me that that wasn't the sort of thing that happened to one twice. "You'll never stumble on another one like that," she said, "not in a million years. Most doctors are perfectly sane."

"I can forgive insanity," I said, "but not lying. How can a doctor say he's going to do one thing when he really intends to do another?"

"That part's easy enough to understand," she said.

"It is? Why?"

"Good God," she said. "If you ever saw the women who come into an obstetrician's office in a single day, you'd even wonder why they all haven't gone mad. They couldn't be entirely truthful and survive it." Then she told me a few stories to illustrate the stupidity of women.

"That's all very interesting," I said. "But how do you excuse a doctor's saying he practices childbirth without anesthesia when he doesn't? After all, that question has nothing to do with anyone's intelligence. It ought to be perfectly simple to answer it truthfully. Either he practices it or he doesn't."

"Not that easy," she said, pouring another round.

"Why isn't it?"

"In the first place, lots of women say they want 'natural' childbirth without any idea of what they mean. They don't really want it at all."

"And how does a doctor determine that?"

"From past experience. When it first came out lots of young doctors thought it was a great idea. They recommended books and courses to take. They were really ready to go along with it. But when things got rough, practically every woman shouted for help. Now they think it's just a joke. So they've worked it out to everyone's satisfaction. If a woman wants 'natural' childbirth, they give it to her. They tell her where to get the information and the exercises. They say they practice it. When the time comes they go ahead and put the woman out. When she wakes up, she says 'Isn't it marvelous? I had my baby by natural childbirth.' She's pleased with herself and the doctor has a good laugh. Everybody's happy. What's wrong with that?"

"But it's lying!" I said. "That's what's wrong with it."

"Suppose it is? It's dealing with the problem in a realistic manner. The woman is always perfectly happy; she thinks she's had natural childbirth, whatever that is."

"I see. You think it's perfectly reasonable and moral for a doctor to have his own standards of truth and falsehood?"

She smiled thoughtfully and tapped out a cigarette from the pack on the table. She looked at it reflectively. "Yes, I do. I think it should be up to his own discretion to modify the truth as he sees fit. If you ever worked for a doctor, you'd know how difficult it would be for him if he were always forced to stick to the literal truth."

"Morality is difficult for everybody."

"Oh go on! Have another drink!"

"Then the fact is almost every doctor I approach about the Pavlov method is going to pretend to agree to do it?"

"I shouldn't be surprised."

"But without really meaning it at all?"

"That's very possible. But of course, it will be up to you to find that out."

"Great!" I said. "That's just peachy. I think I'll try to get to Paris after all."

I was ready to drop the whole question right there! I would find any competent man to go to for my monthly check-ups, and when the time came I would go to Paris. With a little fancy arithmetic I even persuaded myself that, plane fare included, the whole trip probably wouldn't amount to more than the cost of having the baby in New York City. When another friend recommended that I see a doctor she knew, I agreed to use him as the temporary stop-gap. "Do you think he'll mind my just seeing him for check-ups?" I asked her. "I'll just tell him I have to go abroad the month before the delivery. I won't even bother to mention the Pavlov method."

"Oh no," she protested, "you ought to tell him about it. Who knows, he might be just the man you're looking for? I'm sure he'll go along with it, if anybody will. Really, he's terribly modern and advanced. He has an open mind. You ought to give him a chance."

Naturally I agreed to see him.

He turned out to be very young. He hid this fact, as best he could, behind a thick layer of complacent-looking fat. He had a habit of staring earnestly into your face without blinking for long stretches of time. No doubt that

accounted for his bloodshot eyes, although it is possible that the dim light of his office might alone be responsible. I could not tell whether he was suffering from a bad cold, or whether it was merely the impact of the atmosphere that made him whisper. Whatever the cause, the malady was contagious. I was well advanced in what seemed to me about the fiftieth recounting of my saga, when I realized that I was whispering too.

He stared at me intently as I tried to explain the essence of the Pavlov method. When I finished I paused and waited for him to ask any questions that he might have. He stared at me intently. We both waited.

"Well," I said finally. "Is there anything that seems unclear?"

"Yes," he said after a brief silence. "Now, Marjorie—how did you become involved with this . . . affair?"

"Oh," I laughed, "that's a long story." He said nothing. A minute passed very slowly. I assumed that he was waiting to hear the story. And so I began. Fortunately he redirected his penetrating gaze to a corner of the ceiling while I spoke.

Suddenly he broke in, his eyes still fixed on the distant corner. "Marjorie, you say you had made two hospital reservations? One in Paris and one in New York?"

"Yes," I said.

"Wouldn't you say that it was a little over-cautious of you?" he asked. "And you saw two doctors. Do you think the average person would have been so fastidious about the preliminary examinations in the unsettled circumstances you described to me?"

"I don't know anything about averages," I answered, beginning to be annoyed. "I know that a pregnant woman should see a doctor once a month and a dentist twice a year. I try to do as I'm told. Better cautious than careless, isn't that what they always say?"

He smiled disarmingly. "I don't mean to antagonize you, Marjorie," he said. "But I want to understand you very thoroughly. I believe that a physician's duty goes

beyond the simple practice of his skill. He must understand his patient in every sense. He must be a friend, a confidant. The patient must feel free to express all her worries, her anxieties. You seem to be an educated person, Marjorie. You must know something about psychology. Then you will understand what I mean when I say that in obstetrics as in psychoanalysis, for the doctor-patient relationship to have a valid meaning, there must be a transference, the doctor must be a sort of father image."

I sat back, stunned. I tried to imagine why there ought to be a transference, or why the relationship between doctor and patient needed any valid meaning beyond the obvious one of honesty and skill on the part of the physician, and cooperation and the ability to pay the fee on the part of the patient. "Really," I protested, "I don't want a father image. I just want to have my baby by the Pavlov method."

"You can't expect me to help you unless I know the entire story," he said. "You must try to be completely honest with me, Marjorie."

"I have been."

There was no answer. He had fixed another spot on the ceiling, and was leaning back in his chair again, expectantly stroking his chin. I assumed that was my cue to go on with my story. I shortened it as much as I could, hoping to end the interview as soon as possible.

Again he interrupted. "Would you mind going back just a bit and repeating what you just said?"

"Which?" I had said a great deal.

"The part about Mme. Cohen's eyes when she appeared in the doorway. Would you repeat your description of her eyes?"

I saw what was coming. "I said she had large eyes," I said slowly, "large, bright, beautiful eyes. It was a pleasure to see her, and I was *not* hypnotized."

He smiled smugly.

"Look, Doctor," I said getting up, "I appreciate your

technique, but I honestly don't believe that we are going to be compatible."

"You must believe in my sincerity, Marjorie," he said, "when I say that I can assure you a more meaningful experience here than the one you had in France. I think you will find that my methods are very sympathetic to your temperament. If you like, I'll try to arrange to have music for you during your labor."

"Whatever for?"

"I have a friend who is a dentist who has had extraordinary results with it in the dental chair. Actually, I welcome the opportunity to try it out."

"No, thank you," I said. "It would ruin my concentration." I hadn't gone there to discuss the healing powers of music. I got up to leave.

"Think over all we've said, Marjorie," he said, taking my hand and sandwiching it between his. "Then let me know if we are going to go ahead. I don't want to force you into a decision. You must find your own way . . ."

"I will," I said.

That evening, when I had told the whole story to Alex, something suddenly occurred to me. "I know it sounds silly," I said, "but for some reason what annoyed me as much as anything else was his calling me by my first name. Why should that be?"

"I hope you called him by his first name too," Alex said.

"Of course not," I answered.

"Well next time make sure you do," he ordered.

"But Alex, he's a *doctor*. I couldn't!"

"Then that explains why you were annoyed," Alex said.

"One-way first-name calling always means inequality—witness servants, children, and dogs."

"Dr. Lamaze always called me madame," I said. "I don't see that our relation was any the worse for it. As a matter of fact, Mme. Cohen always called me Mme. Karmel. And it never would have occurred to me to call her Blanche. I think that just made it easier to be frank about intimate details."

"Darling," Alex said, "this is America. When in Rome . . ."

The point was well taken. I decided to forget the whole matter for at least three weeks. My feet hurt.

Then Cynthia called again. "My spouse just read an article in the paper," she said. "It seems that just yesterday a panel discussion was held at some local medical school on the subject of the Pavlov method. There was a hot dispute—or a warm chat at any rate. What do you think of that?"

"Bravo!" I said. "Someone has heard of it at last."

"Think some more."

"I suppose that if there was a dispute, or even a warm chat, then someone must have been in favor of the Pavlov method. The problem now is to discover who."

"Get your pencil out," she said. And that was how I came to find Dr. Sedley.

I was not terribly hopeful when I walked into his office. I didn't want to be disappointed again. His appearance was encouraging. He *looked* like a sensible man. He was young and good-looking, and, say what you will, that is always a help.

I rattled out my story as fast as I could. I was in a hurry to find out whether or not he could really do the Pavlov method. All I asked, I said, was to be permitted to have no anesthesia unless I asked for it, to be permitted to deal with my own labor in my own way, and above all, that Alex be present the whole time, including the delivery itself. When I had finished, he thought for a moment and said "What you have just described sounds more like the Read method than like what I know of the Pavlov method."

"It isn't like the Read method," I said, a little taken aback.

"It sounds much more humane than the Pavlov method," he said. "Except for the part where Mme. Cohen throws cold water in your face. I would never permit that sort of brutality."

"Oh, that wasn't brutal," I explained. "It was wonderful. It was just what I needed."

"I've read about how they use the Pavlov method in Russia," he said, "but I've only actually seen it in Italy. There it impressed me as being too crude for any American woman to stand for—or be expected to stand for—a great number of women all herded together in one room with a lot of relatives and noise, having their babies together to music."

"I can't believe that had anything to do with the Pavlov method," I said. "But that's not the point. What I want is to have my baby the way I did in Paris—whatever you want to call it. It was wonderful, and I'd like to have the same thing again."

"Well, I'll do everything I can to help you," he said reassuringly. "As a matter of fact, I think we can work out something even better than what you had in Paris. I'll try to find a nurse to be your *monitrice*. Not only will your husband be there, but I'll be there with you the entire time myself. No one will give you any drugs unless you ask for them. I think you'll like the hospital very much. I can't say that I believe in the Pavlov method, but I'm willing to have you show me and I'll do everything I can to help."

It was such delightful news that I almost burst into tears. Surely I couldn't have asked for anything more. "Thank you, Dr. Sedley," I said. "That's a tremendous relief!"

"And Marjorie," he added, "please don't hesitate to call on me if you need me at any time. I hope you will think of me as a friend. I believe in the importance of the relationship between the doctor and his patient."

There it was again! The first name combined with the psychological relationship. Well, I thought. I can take it. In France there had been the insistent "*C'est beau, n'est-ce pas?*" In America there seemed to be psychology. I supposed I could learn to live with that. It was certainly worth the effort.

We discussed some of the details of what I wanted, and

Dr. Sedley promised to arrange things at the hospital as best he could. Then he examined me, and pronounced me in fine shape. I went away convinced that at last I had found a doctor who was honest, kind and intelligent. We weren't in total agreement about the Pavlov method, but at least he had heard of it. I hoped that I would be able to demonstrate how good it was. But what was most important was that he was willing to let me try.

I rushed home to tell Alex the good news. I was halfway through the recital when the phone rang. Alex answered it. "For you," he said. "Some doctor. I didn't catch the name."

I took the receiver. It was doctor number two. "I see you canceled your appointment," he said. "Would you mind telling me why?"

"Not at all," I answered, surprised at who it was. "If you remember, I was looking for someone to deliver my baby without anesthesia and with my husband present in the delivery room. By the end of my visit I could see that you weren't going to go along with that."

"I don't mean to go poking my nose in unwanted," he said, "but what makes you think you're going to find any respectable doctor who will?"

"I've already found one," I said. "It's all settled."

"It isn't really my business," the doctor said, "but I'm driven to say this to you out of a sense of duty. I can't imagine what kind of a quack you've got mixed up with, but I can tell you that no self-respecting physician is going to let your husband step one foot into that delivery room!"

"But I'm afraid this one is, Doctor. It's all settled."

"What's the fellow's name?"

"I'm sorry, but I don't—"

"Well, that's all right, but you had better believe me, you're going to regret the whole thing."

"I don't think so, Doctor. I've done it before, you know."

Alex was making questioning gestures from across the room. The conversation must have sounded wild on just one end. I was tempted to prolong it just to tease him.

"Yes," the doctor said. "That's all very well if everything goes along all right. A normal delivery is nothing . . . but what's that doctor going to do when something goes wrong? What's he going to do with a hysterical husband pushing his elbow around? Yes sir, when the birth is normal it's like pulling a cork out of the bottle, but what's that fellow going to do when he has to go in with the corkscrew? You just tell me that!"

"I don't know, Doctor," I answered, putting the receiver gently back on its cradle. "Just wait till I tell you this one, darling," I said, somewhat hysterical. "You'll never believe it."

8 *The Birds and the Bees*

I've described what it was like finding a doctor who would let me do the Pavlov method in an American hospital because I think any woman might run into the same thing. In this chapter I'm going to describe what it was like to take a course in "natural childbirth" at an American hospital, because any woman who wants to do the Pavlov method in America is likely to run into something very much like it, and she ought to be warned of the pitfalls before she begins. I'd be much happier if there were some place all set up to teach the Pavlov method as it should be taught, and all I had to do was tell how good it was. But for the present there isn't, and anyone who feels as I do that the Pavlov method with its direct and frank attack on the causes of pain in childbirth is superior to other varieties of childbirth without anesthesia is going to find herself out of step in even the best American institution. And she had better be prepared for it.

My decision to take the course at the hospital was not prompted by intellectual curiosity. Dr. Sedley had promised to arrange everything, and I had a conviction that he would keep his word. It wasn't until my second visit that I began to realize that you could not just walk into a hospital and do what you liked. A hospital, after all, is an institution, which is to say a little like Kafka's *The Castle*.

"Well, Marjorie, I've done my best to arrange things," Dr. Sedley greeted me. "If all goes well, your husband will be allowed in the delivery room."

"If all goes well?"

"It's only fair to warn you that some of the rooms are too small to hold an extra person. But if the floor isn't crowded, we'll have a big room and I'll see that he's there."

"But really," I protested. "Nothing could be smaller

than the delivery room at the Belvédère, and it held everybody very nicely. Alex doesn't take up all that room."

"It's a matter of hospital policy," he replied. "Another problem is the *monitrice*. I'm fairly sure I can find someone to practice with you, but I can't promise that she'll be with you during the delivery. The nurses all have fixed schedules."

I thought that one over for a minute. "What good will that do me?" I asked finally.

"She can help you with your exercises."

"But I know the exercises already. What I need is guidance during the delivery."

"That's true. Perhaps I can find a student nurse who'd be willing to try it."

"Actually I think I can do perfectly well without a *monitrice*. Alex knows all about it."

"I don't think you need to worry," he assured me. "I'll be with you, and the nurses are very good. They have a lot of experience with natural childbirth; as a matter of fact they give an excellent course right at the hospital. As long as you're willing to meet them halfway, I'm sure things will work out all right."

The prospect of meeting something new halfway in the middle of labor was not altogether delightful. At school I had learned that it was never wise to break the rules until I knew them. Hospitals were probably the same. "Perhaps I'll take that course in natural childbirth," I suggested. "Then I'll know what to expect."

"That might not be a bad idea."

I arrived at the hospital on the appointed day and hour prepared to sit in the back row of the classroom and take notes. I very quickly realized that I should have left my notebook at home. It was not going to be a lecture course, but a discussion group. There were only eight women in the class and together with Miss Smiley, the teacher, we sat in a cozy little circle at one end of a large airy room. This circular arrangement might have created the intimate social atmosphere that was intended had it not been

for the row of mats that stretched out behind us on the floor. Probably if we had got directly down on the mats and done any exercise whatsoever, we should all have felt at ease within five minutes. But as it happened they lay there behind us for nearly two full sessions (four hours), empty and mildly threatening, while we delicately discussed the problem of what to wear when we finally did get down on them. Meanwhile the circular arrangement gave us an excellent view of each other's silhouettes, which varied wildly.

Miss Smiley began by asking us to introduce ourselves. We turned out to be a wide assortment of individuals, each with different past experiences and different expectations from the course. Miss Smiley's method of teaching soon became clear. She wasn't going to tell us; we were going to tell her. For eight two-hour sessions we were going to discuss all the questions we had on our minds, take a tour of the hospital, then have a night session with our husbands to deal with their questions. At the proper moment Miss Smiley would show us a few simple, helpful exercises. She was only there to help us; it was *our* class.

We began by discussing the term "natural childbirth." We considered what we thought it meant, what other people thought it meant, whether it existed at all, whether it was primitive, barbaric, hypnotic, stoic, modern, or old-fashioned. We tried to decide whether natural meant painless, and whether childbirth really could be painless. We got a little heated on that point. I said it could be. But a very pretty young lady who had had two children with caudal anesthesia (which she swore was the most advanced and best) claimed that I was lying, and that childbirth meant pain. A girl who had had one child by the Read method said it could be nearly painless. Miss Smiley calmed the discussion with the comment that everyone reacts differently. We discussed all kinds of pains. Miss Smiley assured us that whenever we wanted it anesthesia would be available.

If I had realized the effect all this was having on me, I

would have left immediately. But I had forgotten about the possibility of becoming deconditioned. By the end of the first class I had begun to wonder what would happen to me if I did lose control without Mme. Cohen there to help me back.

We went through two sessions of this. I began to wonder why Miss Smiley never spoke up. I watched her conduct the class, sweetly, deferentially, listening to what everyone said, nodding approvingly from time to time. You are all individuals, she seemed to say. I respect your right to believe whatever you choose. I am not here to demand anything of you. I am not here to shock you. I am not going to sell you anything. But at the same time I wondered what I would have felt if I had come to this class after I had decided that childbirth without anesthesia was the thing for me but still knew very little about it. Mightn't it have been like being not able to find a salesgirl when you want to buy?

"How do you feel about getting down on the mats today?" Miss Smiley asked the next time we met.

"Enthusiastic," I answered. I did not look forward to more discussion.

We sat tailor fashion in our slips. Then we talked some more. In the course of the conversation we managed to slip in a few posture and limbering exercises. Then we turned to relaxation. Miss Smiley brought out a lot of pillows and we experimented with various positions to find which was the most comfortable. The idea was to think of music or waves at the seashore or anything else that was soothing. We shut our eyes and Miss Smiley tiptoed about testing an ankle here and a wrist there to see that they were relaxed. I found it quite pleasurable to lie stretched out on my little mat in the dim light (Miss Smiley had pulled down the shades). It reminded me of nap time in the kindergarten I had attended. We had all relaxed and imagined the Sandman was putting us to sleep while the shadow of the leaves outside flickered softly over the floor. The contrast with Mme. Cohen's

exercise in muscular control could not have been more complete.

The next session we took up abdominal breathing. It so happens that I have been taught abdominal breathing at frequent intervals during my life. I have been thoroughly impressed with its importance for sports, acting, singing, speaking, and general well-being. The curious thing is I don't believe I've ever used it for anything outside of a class. Naturally I was interested to see it applied to childbirth.

We lay on our backs with one hand on the rib cage and the other on the abdomen. The idea was to take a slow, deep breath that would not expand the ribs at all, but push straight down on the diaphragm, making the abdomen rise. That much was easy. Miss Smiley explained that we should practice taking as long as possible about it so that we could begin to inhale at the start of the contraction and not exhale until the contraction had passed its peak. The point was that the abdominal wall would be lifted away from the uterus by the breathing, and that to let it fall back again too soon might disturb the uterus at its work. I wondered what effect the diaphragm might be having on the uterus in the meantime. But as no one else brought up the question, I let it pass.

"How long is a contraction?" someone asked.

Miss Smiley explained that early contractions might be about thirty seconds long. She timed us with her stop watch and was proud that we all made the grade.

"But as labor goes on," she said, "they get longer and longer."

"How long?"

"Oh, a minute or even more."

We tried it. Obviously no one could do it.

"When you can't keep inhaling right up to the peak, there is something else you can do," Miss Smiley explained. "Inhale as long as you can. Then take a series of little panting breaths, not in the chest, but in the same abdominal way so that the abdomen does not sink down,

but just flutters a little. When the peak is past, exhale slowly all the way. Here, let me show you."

Lying flat on her back, she began to inhale. Her stomach puffed up higher and higher for about twenty seconds, then it rose and fell very slightly for another twenty seconds, then at last it slowly sank back to its customary flatness. It was an extraordinary performance.

We tried it. The results were ludicrous.

"Don't worry if you can't do it right away," Miss Smiley said. "Remember that I've had years of practice."

No matter what frame of mind I had come to the course with, I think my confidence would have been shaken at that point if I was counting on abdominal breathing to get me through labor. What pregnant woman had years to spend in practice? Someone else had the same thought. "What happens if we haven't learned to do that when the time comes?" she asked.

"Well you can always take another breath," Miss Smiley said. "Just do the best you can and relax. Remember it's not a contest. The nurse will probably give you a little Demerol if you have any trouble relaxing. Remember there will always be nurses in and out, ready to help you."

After class I couldn't restrain myself any more. "Miss Smiley," I said, "in France they taught me a much easier way to deal with contractions. If you just breathe with your *chest*, the uterus and abdomen are left perfectly undisturbed. And it's so much easier to learn."

"That's very interesting," she said. "A Belgian doctor visited us a couple of years ago and said they weren't using abdominal breathing over there any more. But, unfortunately, he was only here for a day. He never told us what they use instead."

"Chest breathing," I said. "And panting when that isn't sufficient."

"We use panting during the expulsion."

"It works marvelously before."

She nodded thoughtfully, but that was all we ever said about the subject.

"How do you all feel about looking at pictures?" she asked when we arrived the next time.

I thought how delicate her approach was compared to Mme. Cohen's. We all looked at each other as though the answer lay somewhere in the collective subconscious. No one wanted to look overly eager. Suddenly the girl who had had the Read method launched into an enthusiastic account of a movie she had seen of a delivery. Someone else said she wouldn't mind looking at pictures if they weren't too bad. Eventually everyone agreed that they might look at some pictures. "What do you think?" Miss Smiley asked me.

"Well," I said, "I think the knowledge and assurance they give you is well worth the initial shock."

"Since we're all agreed that it's a good idea, maybe we will look at some pictures next time."

All through the next class, which was another kaffee-katsch, I wondered when we were going to look at the pictures. But nothing more was said about them, and I concluded they must be pretty gruesome. At last, just as we were about to leave, Miss Smiley asked again, "What would you say to looking at some pictures next week?"

This time I kept out of the discussion. Obviously there was something horrifying about those pictures. If Miss Smiley was so reluctant to show them, probably it wasn't a good idea to see them at all. Mme. Cohen's pictures had been upsetting enough before I came to terms with myself, but these must be worse. And then I felt a sudden disgust for myself and all humanity as well. How had we managed to get into a state where the sight of a healthy woman giving birth to a healthy child could be so strange and upsetting?

The next week, Miss Smiley kept her word. She appeared with a stack of huge cardboard plates. So that's it, I said to myself. Cinemascope. Her hesitation now seemed perfectly understandable to me—I find the sight of two people's oversized faces in a close-up embrace pretty revolting whenever I go to the movies. I was ready to squirm.

Miss Smiley turned over the first picture. It was a full-sized reproduction of one of those frequently published plates from the Maternity Center. It was a picture all right, but it was a picture of a plaster model of a cross section of a woman's abdomen showing the infant *in utero*. It was unimaginable that it could be disturbing to anyone. In fact, the implication was insulting. As for that thrilling and breath-taking sight, the entrance of a live baby into the world, we were left to guess what it might look like. If I hadn't known already, by now I would certainly have imagined it to be a spectacle of unparalleled gore.

I don't mean to say that the pictures of the plaster models weren't excellent. They were the same ones Mme. Cohen had shown me in Paris. The lecture that went with them was full and interesting, teaching in the simplest sense of the word. At last Miss Smiley admitted that she knew more than we did. Plate by plate she showed us the child's progress from the uterus down the birth canal. She pointed out just what was happening at every stage, what muscles were at work in the uterus, what they were accomplishing, what was happening to the sack of waters and the baby's head, how long it would take, and what sensations the mother might experience. When she described the delivery of the head she used a doll just as Mme. Cohen had. She assured us that the baby's head could get through without causing harm. (But *seeing*, as they say, is believing.) Her references to what the woman was to do while all this was going on were rather limited. The mother could breathe abdominally or chest-breathe a little, relax, and finally, expel the baby by taking a big breath, holding it, and pushing the way you push for a bowel movement. "Suddenly you're going to feel as though you had a grapefruit in your rectum," she explained. "Obviously you'll want to get it out as fast as possible." She demonstrated this, gulping and grimacing, growing redder and redder in the face. Then she let out her breath, shook her head, and laughed. "There you are! Contraction over."

She performed this little exhibition while we were all sitting tailor fashion on the floor. It did not really convey any idea of what it would be like to push while lying flat on your back on the delivery table. I remembered Mme. Cohen's warning about the dangers of associating pushing during the expulsion with emptying the bowels. But fortunately Miss Smiley obviated some of this danger by teaching us an exercise for relaxing the pelvic floor.

And that was all we were to learn about the delivery itself. It was all good—as far as it went. If I had had my first child knowing only that much I would certainly have been relieved of the anxiety of having something completely unknown happen to me. On the other hand, I would have been left completely passive and dependent. There was no real step-by-step training in how to conduct your own labor. There was nothing like the feeling of confidence I got from Mme. Cohen's insistence that I would be the one who would have my baby.

The sight of the plates reawakened the old discussion of the possibility of painless childbirth. The caudal girl glared at me suddenly from the next mat.

"Don't say it!" she warned. "Don't try to tell me childbirth isn't painful! If you try to tell me that it isn't, I'll just hate you!"

"Of course it's painful," I said. "But it doesn't *have* to be. You can *learn* to do something about it. Just because an untrained child will drown if you throw him in the water doesn't mean that it is impossible to learn to swim."

"Nevertheless!" she said. Obviously, caudal or no, she had suffered badly in her first two deliveries. She refused to admit that her suffering might have been in vain. She repeated how much she liked caudals and how she hoped to be able to have one again. Miss Smiley calmed the discussion with the customary hymn to the highly differentiated individual.

We went on to talk about various kinds of anesthesia. We analyzed twilight sleep. It was generally felt that if the only effect of scopolamine was to make you forget your

suffering when it was over, it might just as well be left out of the cocktail. Trilene, someone said, smelled bad and worked notoriously too little and too late. Spinals and caudals might be dangerous unless administered just right. The hero of the day turned out to be Demerol.

"But what does Demerol do?" someone asked.

"It helps you relax. It takes the edge off pain."

"I see. What's it like?"

"Supposing you took two or three martinis. You'd be pretty relaxed, wouldn't you?"

"I'd be out cold," I said. "And in no condition to concentrate on having a baby."

"Could I have the martinis instead?" someone asked.

Demerol, it was decided, would probably suffice until you moved into the delivery room for the expulsion. Then a fascinating assortment of gases and local anesthetics would be available to supplement it. I found this astonishing. I have not yet met anyone who went into the expulsion stage in full control who did not find it the least difficult part of the delivery. In fact it is usually described as a moment of intense joy. The idea of cheating yourself of that reward for all the hard work of labor by taking gas seemed senseless to me. Yet somehow it seems to be done more often than not.

I found all this discussion of anesthesia discouraging. But obviously it was only intended to be reassuring. "You must not think of it as a contest," Miss Smiley repeated again and again. "If you need drugs don't feel ashamed to take them. Every one of you is an individual."

I couldn't help contrasting this speech with Mme. Cohen's repeated pep talks. Mme. Cohen insisted it *was* a sporting event. Her reassurance consisted of reminding me that she and Dr. Lamaze and the nurses would all be on my team backing me up. Certainly Miss Smiley was right when she said that no one should feel ashamed of taking drugs when she needed them. But it seems to me to be bad coaching to send you out on the field already re-

signed to defeat. I do think of labor as a contest. And I think it is worth taking the trouble to win.

On each of my visits to Dr. Sedley he asked me what I thought of the course at the hospital. Until it was over, I said only that I couldn't pass judgment because I hadn't yet seen all of it. The third time he asked I had to admit that I felt it left a lot to be desired.

"It's excellent general education that ought to be given in every high school," I said. "But I don't think it really prepares you to take an active part in the birth of your child."

"It isn't taught in every high school," Dr. Sedley pointed out. "Girls come to me who have no idea what's going to happen to them. Some of them are scared to death. That course gives them a real sense of knowledge, a real peace of mind. They aren't all like you; many of them don't have the self-confidence to take kindly to the suggestion that having their babies is their responsibility. It wouldn't be fair to foist a single point of view on them. The object is to help everyone."

"And to offend no one?"

"You have to consider the women you're dealing with. Many of them don't want . . ."

"And many of them do. What about them?" I asked. "Don't you think they should be given a little consideration?"

We made a rough estimate, based on some fantastic guesswork, of the number of women in the United States who might probably have a sincere desire for childbirth without any anesthesia. For reasons I can't remember we placed the figure somewhere over two million.

"Even supposing that's an exaggeration," I protested. "Why shouldn't those women be considered deserving of the same attention as the others? Now I see what's wrong with the course at the hospital; it's geared to the lowest common sensibility, to the most neurotic and fearful expectant mother. Granted that there should be a general

education course for women who don't want anything more. Why not give the ones who do something satisfying?"

In answer Dr. Sedley pointed out some of the sad facts of money and personnel involved in giving even one course at the hospital. At the metalworkers' clinic in Paris all the women wanted the Pavlov method. At the average American hospital there were all sorts of women and all sorts of doctors. As for the private training I had had with Mme. Cohen, that would be financially unthinkable in America.

When I thought of the difference between the immense shining building of the American hospital and the modest old-fashioned cluster of buildings in Menilmontant I found it difficult to believe that the American institution was the poorer. When I thought of Mme. Cohen's sixth floor walk-up it was obvious that her financial reward was not very great. But I had to admit that if the Pavlov method were to be done in the United States it would have to be done on an American scale and that, like everything else, it would cost a lot of money.

Another time when I was complaining that much of the course at the hospital seemed to be bad conditioning rather than good, Dr. Sedley remarked, "When you use the word conditioning it sometimes sounds as though you mean repressing. From all you've said about it, the training you got in Paris sounds very dogmatic and doctrinaire. Americans don't take well to that sort of thing. You know what psycho-prophylactic means, don't you?"

I looked at him blankly. I didn't see what he was getting at.

"Brainwashing," he said with a smile.

I thought about it a minute. "Well, why not?" I asked. "We're very scrupulous about washing everything else. Can you deny that our brains are a little muddy?"

"Can you deny the value of an open and free mind?" he said. "In this country we believe in letting people think for themselves. That's why the class is conducted as a discussion group."

"I never stopped thinking for myself during Mme. Cohen's course," I objected. "I didn't take anything on faith. I didn't have to—there was a good explanation given for everything. As for the brainwashing part, my mind became more free, not less, when it was emptied of destructive associations. As for the training's being doctrinaire, yes, it was doctrinaire and it worked. I was told to rehearse conscientiously and to expect that labor was going to be very hard work. I was assured that by using all the techniques I had learned I would be able to conquer pain. I wonder how many of the girls in that course who have been told just to relax and breathe deeply aren't going to be surprised when they discover what an overwhelming thing a powerful contraction is. I think the fact is that all those discussions of pain were just attempts to minimize the amount of pain there can be. The Pavlov method doesn't do that; it gives you tools with which to work."

"I must say," Dr. Sedley countered, "that it seems to me that very often Mme. Cohen presented what were only hypotheses as if they were thoroughly established facts. I don't think that's intellectually honest."

"Perhaps it wouldn't have been if her teaching had been purely informative," I said. "But as *training* I think it was fine. I don't want to sound Pollyanna but it seems to me there is a power in positive thinking."

The tour of the hospital came two weeks later. I found it the most constructive part of the whole course. The delivery rooms at the Belvédère had been much like the labor rooms at this hospital (and indeed were used for both labor and delivery, a large operating room being reserved for emergencies). In comparison, the delivery room at the American hospital was at first big and frightening. When I walked in I had the feeling I had stepped into a science fiction film. But as soon as I got over being dazed by the impression that I was in a cave hung with gleaming metal objects, I realized that I was looking at a number of cabinets with glass fronts housing equipment of all sorts,

metal cabinets on wheels (one of which turned out to be an electrically warmed cradle), a table full of tanks of anesthesia that looked like a miniature oil refinery, and a splendid metal and leather delivery table. At one end of the room was a glass-fronted gallery for students where we all sat while Miss Smiley demonstrated the workings of the delivery table. There were metal plates to which the legs were strapped, adjustable hand grips, and leather wrist thongs to keep the woman from reaching out and touching a sterile area. The bottom half of the table fell miraculously away and slid out of sight to give the doctor the best possible working position. Overhead was a great glaring dentist's light. "You'll quickly get used to that," Miss Smiley said.

When the demonstration was over we all came down and examined the table more closely. "How do they ever get you strapped into this fast enough?" I asked.

"You'll be wheeled in on the bed from the labor room and the nurses will take care of the rest," Miss Smiley said.

"Where's the mirror?" someone asked.

Miss Smiley reached up and pointed out the little round mirror about six inches in diameter. "The nurse will adjust it so you can see what's happening," she said.

"Do we have to look?" someone asked.

"Not unless you want to," Miss Smiley answered turning it back up to the ceiling again.

"Oh, it's terribly exciting!" exclaimed the girl who had had natural childbirth before. "Of course, I didn't see the whole thing because the baby was so long in the birth canal they had to put me out and go after him with forceps, but just as soon as he was out, I came to and watched the doctor sew me up again. It was just fascinating! You can't imagine how interesting it was!"

"How long did he take to sew you up?" another girl asked.

"Oh, I was a special case—about forty-five minutes, but it didn't hurt at all."

"How many stitches did it take?"

And on and on they went.

I looked at the mirror. I tried to imagine what it would have been like if I had combined mirror watching with my pushing. The expulsion, as I remembered it, had required all my energy and concentration. If I had tried to watch myself perform, perhaps Dr. Lamaze would have had to go in and fetch the baby with forceps too. I must admit the mirror mania mystifies me. I'd much rather do something and do it well than see myself do it.

Someone asked to see a Trilene mask, and we all left the room discussing the offensive odor of Trilene. Just across the hall at the little round window of another delivery room was a nurse holding a newborn baby in her arms. We took turns peering at him through the window. The mother turned her head around and smiled at us from the delivery table. I was glad to be reminded that the ultimate purpose of all this shiny equipment was to bring such beautiful tiny human beings into the world.

The last meeting of the class was the husbands' session. We all sat around a table while our spouses made uncomfortable attempts at jokes. Miss Smiley ran through a little patter that put everyone at ease, and then we turned to the serious business of the evening. The husbands were invited to ask questions. But somehow they talked less than we women had and Miss Smiley was able to cover a lot of ground. She reviewed the first signs of labor and told us how to interpret them and when to start for the hospital. She explained the procedure when we got there, when the husband might join his wife in the labor room, where he could go during the delivery itself, and when he could see his wife again. She went on to a complete description of the stages of labor and what the husband could do to help his wife in each. I found it the best and most informative session of the course.

Miss Smiley was in the middle of repeating her amusing demonstration of pushing when the door opened and a young man stepped into the room. He stopped short, muttered, "I beg your pardon," and left, shutting the door

behind him. A moment later it opened again and there he was, peering in at us.

"Are you looking for someone?" Miss Smiley asked.

"No," he answered. "That is, excuse me, but isn't this the motherhood course?"

"You might call it that."

"Well then, I just want to tell you all, I've been through this thing twice now and you ought to all pay attention to everything teacher says, and practice hard, and do your exercises, because it's wonderful, just wonderful!"

It was hard to say whether he was drunk or just over-excited. There were a few titters but mostly we just sat still, waiting for him to go away.

"My wife's up there right now," he said, taking two steps into the room. "Just had the second! A girl. That makes two girls!"

"Why don't you come in and tell us about it," Miss Smiley asked politely.

"I only want to tell you about this because I've been through it and I know what it's all about," he said, stepping into the room and loosening his collar. "It's the greatest! My wife took this course for the first one and she did fine. That's what I want to tell you. She really practiced the first time. This time, what with the other kid and the housework and just plain laziness, she didn't practice at all. Of course it was still pretty good, but she loused up the transition and she wasn't so hot in the delivery. But still it was the—"

"You weren't in the delivery room, were you?" one of the husbands cut in.

"No, they won't let you in the delivery room," he said. "But if you're nice to the nurses they'll sneak you down the hall and let you watch through the window in the door."

"Did you see the whole thing?"

"Except when someone stood in front of it. Believe me, I wouldn't miss it. But I'm gonna tell her next time not to be so sure, to stay in condition . . ."

He threatened to go on indefinitely. The atmosphere in the room was growing tense. It was obvious some of the people there did not appreciate his performance. Miss Smiley declared a coffee break.

When five minutes had passed and the young man had rushed off to see his wife, we returned to our places at the round table.

"Where were we now?" Miss Smiley asked.

We all thought a minute.

"Tell me one thing," one of the husbands asked slyly. "Was that rehearsed?"

Miss Smiley denied it vigorously, and we all laughed. But as far as I was concerned, it had been the most promising, positive note of the whole eight weeks.

9 *Crise de Confiance*

I had gone through the course at the hospital confident that I already knew about a way of giving birth that was more comprehensive and more effective than what was being taught there. I had marshaled my arguments in my discussions with Dr. Sedley with full faith that they were well founded. But now that it was over I suddenly began to feel the effects all this had had on me. A human mind does not work with the precision of a calculating machine. All conditioning is only temporary, and it may be modified and even eliminated by subsequent experience. This is, of course, the foundation of the attack on bad conditioning leading to pain that is so important in the Pavlov method. I now found that the same logic could apply to the conditioning of the method itself.

For sixteen hours I had sat talking about childbirth with seven other women and Miss Smiley. Of the nine of us, I and the girl who had had the Read training previously were the only ones who seemed to have a positive faith that childbirth could be a joyous instead of a painful experience. And there were elements in the story told by that other girl (her being put out, her forty-five-minute sewing up) that were not so positive either. The woman who had the caudals kept insisting that pain was inevitable. The other women didn't know. Their very uncertainty was somewhat contagious. And Miss Smiley, who very possibly has a great deal of faith in "natural childbirth," refused to commit herself on the subject of pain. It all depends on the individual was all she had to say.

Just about this time the article I had written so many months before was published by *Harper's Bazaar*. I read it through with the pleasant feeling that is always produced by seeing your own words in print, and patted myself on the back for having done my little bit to spread the good word. I was still enjoying that cozy feeling when I

received a telegram forwarded by the magazine, from a woman in Illinois. "RE PAINLESS CHILDBIRTH JUNE ISSUE. WOULD APPRECIATE DETAILED REPORT ON EXERCISES AND IF POSSIBLE CHICAGO DOCTOR FAMILIAR WITH THIS METHOD. WOULD APPRECIATE INFORMATION FAST AS BEGINNING SEVENTH MONTH."

I stared at the telegram for a long time. Then I showed it to Alex and asked him what I ought to do. "I could translate Colette Jeanson, I suppose," I said at last, "but that would take too long. As for a doctor, I thought I'd made it clear that I hadn't heard of any doctor familiar with 'this method' in this country." I finally wrote her to try to find some place that did any kind of "natural childbirth" at all and suggested a few adaptations that might be helpful. I couldn't think of anything else to do—that was what I was doing myself.

Then the letters began to arrive. Now I know that letters written in response to an article in a magazine are more likely to be motivated by a gripe than by anything else. You have only to read the letter column in the *Times* every morning to see that people who are perfectly content with the world do not write. If I had received letters critical of what I had said about the Pavlov method, I don't think it would have bothered me. But the only such letter I got was from a woman in Trenton, N.J., who was disgusted with my being such a sissy as to need a *monitrice*. "I can deliver my own baby if I have to," she boasted, "and cut the cord." The others were either requests for more information, or letters from women who were interested in my article because they felt that in one way or another American doctors, hospitals, and courses in natural childbirth had let them down.

The requests for information were not discouraging, on the contrary. But they reminded me what a drop in the bucket my article was. Many of them were from doctors, one of whom complained that he had "heard snatches of the Pavlov method of delivery for quite some time" but to date had seen "nothing more official than an occasional

reference to the fact that it is practiced extensively by the midwives of Russia." When it came to answering these requests I ran right smack into the language barrier. Of all the books I knew treating with the Pavlov method not a single one was in English. I sat down and wrote to Mme. Cohen asking her to keep me informed of anything that appeared on *Accouchement sans Douleur*. Then I answered the letters as best I could. But it was distressing being unable to satisfy the requests of doctors who wrote asking for something in English.* One doctor can help so many women. All this served to remind me of the extent of the ignorance of the Pavlov method on this side of the ocean.

The effect of the other letters was more direct. Many of them were thoroughgoing horror stories. Some of them described experiences with natural childbirth only to point out the places where it had failed. Much of the blame for these failures was put on American hospitals and their way of treating women. One of these letters summed up many of the others. "Most American hospitals torture new mothers. They go on the theory that the hospital is there for the nursing staff and the doctors, not for the patient. The mother may be kept waiting half an hour while her history is recorded and certain assurances given that her bills will be paid. She is then stripped of her possessions, everything but her wedding ring, and hurried into a too-short, ugly hospital robe . . . psychologically she is reduced to a nonentity, a person expected to react like a helpless baby, completely submissive. Treated this way, how can she be expected to participate fully in the birth process? All she wants is to be rendered unconscious of the terrors and encroaching discomforts. Insult is added to injury when she is put into a bed with bars like a crib.

* There now is an excellent medical book available in English by Isidore Bonstein, M.D. See "Suggested Reading" at the end of this book.

Treated like a rubber doll, how can she be meaningfully related to her normal life or her past?"

I was pretty sure none of this applied to my hospital. I had seen no beds with bars. Some of the letters confirmed my impression that it really was one of the places where a woman would be treated with consideration. But all the same, even with Dr. Sedley's support, I would be out of step with the system to some extent. He had pointed this out to me himself. I knew that many women in America had had very happy experiences with childbirth without anesthesia. But it was the letters from the others that I had read. I was struck by the fact that I was now in a similar situation to that of the women who had written me. I was on my own. This time I would have no team behind me. Mme. Cohen would not be there to help me through the difficult moments. Alex would do his best, but his experience was severely limited. Of course I had already had a successful delivery by the Pavlov method and I knew how to practice for it; I felt I could count on Dr. Sedley to ward off the anesthetist and to try to keep Alex with me the whole time, but all the same I could feel that the course at the hospital and the letters I had received had sown insidious seeds of doubt.

Each time I went to visit Dr. Sedley we discussed some aspect of what I was doing. He was always interested in what I had to say. He paid me the compliment of listening to me and of criticizing. "I wish you'd tell me a little more about what you did in France," he said. "And show me some of the exercises. I'd like to know more about what you're actually going to do."

I showed him a few of the limbering and relaxing exercises and then gave a demonstration of the way I had been taught to push.

"That's very interesting," he said. "But I don't see how that can make a particle of difference. Nature takes care of the pushing very nicely herself. It's an instinctive reflex. When the time comes, the woman just automatically bears down."

I hated to contradict him. He was the doctor after all. "It is an instinctive reflex," I agreed, "but it seems to me a woman can push more or less effectively. She can do things that interfere with the action of pushing or she can learn how to assist it. If she learns to wring the most out of each contraction, she can cut down on the amount of time the baby spends in the birth canal."

He looked at me skeptically. My certainty became a little less solid.

We talked about the breathing exercises. I explained that the breathing served the double purpose of creating a positive excitation in the cerebral cortex that inhibited the reception of pain and of increasing the supply of oxygen in the blood, which also eliminated pain.

"How?" he asked.

I did my best to reproduce what Mme. Cohen had said and what I had read in Colette Jeanson about the lack of oxygen and the accumulation of toxic substances in the uterus causing pain.

"That's all very interesting, Marjorie," Dr. Sedley replied. "But the whole theory of oxygen has not been proved. If it works for you, that's fine. Go ahead and use it. I'll be interested to see how you do."

I shrugged my shoulders. I was in no position to say anything more about such a technical matter.

"And what was this shot you say Mme. Cohen gave you?" he asked.

"Glucose," I said. "Its purpose was to restore my energy and wake me up."

"I wouldn't say that was a particularly tenable proposition either," he answered. "Although I don't doubt that it was psychologically helpful."

"You mean you think it was in just a sugar pill to help the hypochondriac?"

"Not that that can't have very real results." He smiled. "Most people are highly suggestible, and there's no question that the mind has a great influence on the body."

I certainly knew that. I was feeling highly suggestible then and there.

The next time I saw him was soon after my article appeared. As I was about to leave he commented that there were certain things in my article that he found shocking.

"What?" I asked, very much surprised.

"For instance, Mme. Cohen *threw* cold water in your face. I can promise that won't happen to you here. I confess that brutality of that kind shocks me. If anyone did a thing like that to one of my patients—"

"Perhaps I put it a little strongly in the article," I interrupted. "She didn't stand across the room and throw a bucket of water at me. She just gave my face and neck a good dousing with nice cold water. It wasn't brutal at all. It was just what I needed; stimulating and refreshing, especially as it was a warm summer night."

"Not everyone would react the way you did."

"Who knows? Perhaps Mme. Cohen would have thought of something else for another person." Then suddenly I thought of something. "Those are pretty fancy leather handcuffs on that delivery table," I said. "I hope it isn't an inflexible custom of the hospital to use them. That would be *my* idea of brutality."

"You can forget about them. I give you my word."

I walked home through the park pondering the idea that Dr. Sedley seemed to think of me as a nerveless amazon who enjoyed giving birth under conditions that were shockingly brutal. I knew the description didn't fit me. For the first time it crossed my mind that my first experience might have been a fluke.

The next thing to unnerve me was the question of the episiotomy. I hadn't had one in Paris because it hadn't been necessary. I had been able to keep from pushing while Dr. Lamaze delivered the baby with no ill effects either then or afterward. I had listened with some astonishment when the women in the course talked about the length of time it took them to get over their episiotomies. (One of them couldn't sit down for two weeks, the other

occasionally felt pain nearly a year later—and I had always thought it was a matter of a few days.) Now suddenly Dr. Sedley began to tell me of the reasons why most American obstetricians performed episiotomies as a matter of routine. He explained that it was felt that the stretching of tissues, even if they did not tear, led to gynecological difficulties in later life. The episiotomy was done with a local anesthetic, he said, and was quite painless. He thought the women in the class must be exaggerating. He pointed out that an episiotomy was much neater than sewing up tears if they did occur. In spite of his arguments I decided to take the risk. Dr. Sedley agreed to go along with me if it was possible. I was grateful to him for leaving the decision up to me, as I think that is the sort of thing every woman has a right to decide for herself. But it did mean that there was one more obstacle to be hurdled.

The letters kept coming. "The next room contained a gal who shrieked all the time such pleasantries as 'God help me!' 'I can't stand the pain!' . . . A crew armed with pneumatic drills started repair work outside our wing at 8 A.M. . . . About an hour or two before delivery I overheard a nurse on the telephone say something about bringing the hearse around to the rear door." Friends told me bitter tales about how nasty nurses and obstetricians could be. One of them told me an incredible story of what had happened to her in one of the best hospitals in Philadelphia. She had taken the course given at the hospital, practiced diligently, and turned up at the hospital feeling confident. Her doctor, a prominent member of the staff, had agreed to natural childbirth from the first. "As I was getting on toward transition he asked me if I wanted any anesthesia," she said. "I said I didn't. He cheerfully agreed that I wasn't to have any and then I saw him wink at the nurse. When I came to again it was all over." I got one letter from a woman who had been planning to have a caudal-forceps-episiotomy-mirror delivery (this too is called "natural childbirth") and had been put out totally when the lack of a mirror reduced her to tears. Of course

it was easy to say "this won't happen to me," and rationally I had every reason to believe it wouldn't. But conditioning can be effected by irrational as well as by rational signals, and I could feel all this taking effect on me.

A book arrived in the mail from Paris. It was Dr. Velay's *Témoignages sur L'Accouchement sans Douleur*. Turning the pages of the book the first thing I noticed was a whole series of fascinating pictures. Some of them were the very ones that had so upset me and then reassured me in Mme. Cohen's classes. For a few days I was too busy to read the book, but I occasionally glanced at the pictures and showed them to some friends. Their reactions varied widely. No one seemed upset by them as I had been, but some people did find it surprising that the women had let them be published. I took the book along on my next visit to Dr. Sedley and let him look at it. I was hoping the pictures might speak more eloquently for the Pavlov method than I had been able to. He glanced at them and then looked back at me a little strangely.

"What do you think of them, Marjorie?" he asked.

"I think they're extraordinary! I find them a real source of inspiration."

"Do you think the average woman would have the same reaction?"

"I don't know anything about the average woman," I said. "But I do know it was marvelous having them in my mind when the baby was being delivered."

"Don't you think they would be just as good if they had taken the trouble to blank out the faces?"

"I doubt it," I said. "The face tells the most important part of the story."

"Would you pose for such pictures?"

I felt myself blush. He made it sound like posing for dirty postcards. "I'm allergic to cameras," I said and dropped the subject. But what I thought was I wouldn't have the courage. And I was very thankful that those women *had* had it.

Dr. Sedley's reaction disturbed me. I began to realize

the practical value of Mme. Cohen's repeatedly telling me "*C'est beau, n'est-ce pas? C'est beau!*" It wasn't that I actually thought that Dr. Sedley considered childbirth something shameful. But I had been made aware of the difference between the approach to the subject by Dr. Lamaze and Mme. Cohen, and the atmosphere that surrounds it in America. For instance, all that draping and wrapping in the examining and delivery room. I couldn't believe it was all for the purpose of sterility. I realized of course that lots of women have inhibitions—heaven knows I have plenty myself. But it seemed to me that this was an atmosphere that reinforced those inhibitions instead of encouraging a woman to get rid of them. I began to wonder if some of the attraction of anesthesia for both doctors and women didn't lie in the sop it offered to modesty. I began to see how Dr. Lamaze's assertion that the Pavlov method rendered the woman her full dignity as a human being had been thoroughly translated into practical and human terms in the way it was practiced in France.

None of these things was particularly important in itself, but the truth is that taken all together they had got me into a state where I really wondered if I could make a success of my approaching delivery. It did not seem that everyone could be out of step but me. The hymn to the highly differentiated individual offered me no comfort. My first delivery had not been easy. Second deliveries are supposed to be easier, but Dr. Sedley had explained that every delivery was an entirely different problem. I began to feel I had stuck my neck out by making all those assertions about the Pavlov method. Dr. Sedley, the nurses, my friends would all be interested to see if it would work a second time. I no longer was sure that it would myself, or that if I lost my control I wouldn't ask for the needle instead of trying to get the control back.

I was in the midst of brooding about all this when I got a letter from my friend who had borrowed the Colette Jeanson book months before. She wrote me to say that she had just had her baby, that she had followed all the in-

structions given in the book, and that it had been a tremendous success. "The most exciting moment was when the doctor suddenly shouted out, 'There now! He's spinning around now. Just look how he's spinning around!' I don't know why, but I felt such a sense of exaltation." Her letter gave me a tremendous lift. She had not studied with Mme. Cohen. It was her first child, and all she had to go by was the Colette Jeanson book. She had been successful in a situation that was roughly similar to mine, and with nothing to rely on but that.

A bit of my fighting spirit was restored when I ran into an old college friend who, sizing up my profile, dragged me into a bar and insisted on telling me the story of her delivery. The hospital where she lived gave no course in natural childbirth, so she had studied at home by reading Dr. Read's book. When labor started she was so relaxed that she waited around at home too long and nearly had the baby in the car. The minute she arrived at the hospital they rushed her straight to the delivery room. By the time she got on the table the baby was on his way out. An anesthetist tried to put a mask over her face in spite of her protests. When he attempted to force it on her, she took a jab at him in self-defense, and broke one of his teeth. At that moment the obstetrician arrived and delivered the baby while the nurses stood around and cheered. "I suppose it was the first natural childbirth they'd ever seen," she said. "Everyone was delighted—except the anesthetist of course. He wanted to sue me." Her means may have been rash, but then her situation was extreme, and I was proud of her.

Next I sat down and read Dr. Vellay's book. It turned out to be largely made up of excerpts from many of the reports that all women are asked to write after their deliveries. I found these wonderfully exciting reading, and the best possible answer to my uncertainties. There were examples of first births, second births, twins, breech deliveries, forceps deliveries (without anesthesia), induced labors, women who had had children by other methods

before, women who were doctors or nurses, women with medical complications, women whose first children had been still-born, and many others. Each one reflected an individual personality in a way that was undeniably authentic. And again and again the Pavlov method worked for them. Even the chapter of cases considered to be failures proved encouraging—many of them would have been successes by any other standards. Included were women of many nationalities and reports from many countries—Italy, Belgium, Spain, Portugal, Switzerland, England, Russia, and China. I was delighted to discover the reports of three other American women who like me had had children in Paris by the Pavlov method. (One of them said, "*Accouchement sans Douleur* leaves you with a desire to have children for the pleasure of seeing them born.") I was also fascinated to discover that a Swiss obstetrician, Dr. Bonstein of Geneva, had spent some time at the University Hospital in Cleveland where he prepared and assisted at the delivery of twelve women with excellent results. Two of the reports of these women were reproduced in the book. One of them had previously had two children by "natural childbirth" with a caudal for the expulsion and said she very much preferred the Pavlov method. There could have been no more effective antidote for all the distressing tales that I had been exposed to.

Not long afterwards Mme. Cohen sent me a little review manual of the exercises and principles of the method, along with an encouraging letter telling me she was sure I would be able to make a success of my coming delivery. I immediately set about translating the manual so that I could send it to the women and doctors who had written to me for information. The tone was so straightforward, the directions so simple, and the explanations so logical that I immediately took Mme. Cohen's recommended practice outline as a guide and set about my own reconditioning.

Mme. Cohen also wrote me that an American woman whom she had prepared in Paris had found it necessary to

return to America before her baby was due, and that I should soon hear from her. Not long afterwards I did get a letter from her, eight closely written pages sent from a Middle-Western city. I read it through once myself and then snatches of it aloud to Alex. "As you know I went to Mme. Cohen and I believe her faith in me and my ability to do it by myself, without having to transfer the responsibility to the *monitrice* played a great part in my success, because I certainly didn't get too much encouragement once I arrived in Denver. . . . My doctor was very nice about it in the fact that he said he would go along with me keeping the nurses with their hypos away from me and giving me oxygen instead of gas . . . but he said he didn't see much difference between this and the Read method and that a number of girls had wanted to try the Read method but that he'd never seen it work successfully. . . . Each one of my friends was skeptical, some said don't be surprised if your doctor says he'll go along but then puts you under gas when the going gets tough and others saying not to set up such a mental block about this (i.e., that success or failure would mean that I was *personally* good or no good) so that I would feel guilty if I couldn't go through with it. They couldn't understand when I told them that if I ever admitted to the fact that I *might* take gas beforehand, it would be stupid to bother to try . . . I checked in at 6 . . . at ten minutes past six [the nurse] checked me and said I was dilated to three [centimeters] and then another nurse prepped me and gave me an enema and then the nurses left. The contractions were about two minutes apart by then but having just had all that soapy water poured in me I had to keep jumping up and running to the bathroom. This was bad because I'd invariably get caught having a contraction . . . by five of seven the contractions were fierce—pulling in front and back and the nurse checked me and said I was dilated to four. Then she went out. This was when it got hard. I was having very bad contractions and no one was in the room with me. The nurse having said I was at four had really lowered

my morale because reasoning that I still had to go to ten for completion—I imagined another thirty minutes of this—I frankly didn't think I could stand it. I was panting loudly and heavily by this time and I remember a nurse coming in and saying "What's wrong, what's wrong?" but I didn't even answer as I was concentrating so hard on my breathing . . . I had two contractions where I could feel the water nearly breaking and on the third it did and I felt the baby rush down. I yelled for someone and a nurse came in, took one look (she could see the head) and called for someone to get Dr. Esmond—and then they wheeled me to the delivery room. They said don't push . . . so I figured I was in the transition period and panted and blew out. . . . This relieved me a lot. Then they made me climb on the delivery table and Dr. Esmond came in . . . but then every time I had a contraction and felt the urge to push he said to pant and relax (apparently the head was down to the perineum and he had to push against it with his fingers while I panted until the opening was enough and he could ease the head out). I then gave one more push and the baby was born. She cried and they laid her on my leg while they cut the cord. She really looked wonderful to me . . . I think that the French idea of (1) prepping yourself at home a few days before the due date, and of (2) taking a suppository or enema at home with the first contractions . . . of (3) going to the room and bed that you deliver in immediately on arrival at the hospital, and (4) of having someone with you to encourage and apprise you of what state you are in, might have made the difference between my five minutes of pain and what should have been five minutes more of hard work. This hospital is run like a factory. . . ."

When I read this letter for the first time I got the impression that she hadn't really been very successful. But going over it again it was obvious to me that her "failure" amounted to a victory over difficult circumstances. If she could do that well on her first try under those conditions, I was sure I ought to be able to be completely successful.

I put the letter in my pocketbook to serve as an inspirational talisman. That made two cases that I knew of personally where women had successfully had babies in American hospitals using the Pavlov method. And neither of them had had behind her the experience of a delivery in France. I suddenly realized that my goal ought to be not the mere repetition of my Paris experience but an altogether better one. "I'm going to prove to myself that the Pavlov method can be done with full success in this country," I told Alex. "From this moment on I refuse to discuss the possibility of failure. I'm determined to have a perfect delivery."

I increased my practice time. I cut down on the relaxing exercises which I found easy to do and concentrated on panting and preparing for the expulsion. It was obvious that I would have to be extra alert during the last phase. It didn't seem feasible to try to arrange the formal dialogue of direction that had been so carefully rehearsed in France. I would have to be so well prepared that I could ad-lib with skill. I made up my mind that I would cut down the time in the delivery room to an absolute minimum. I would make every push count for two!

As I exercised, I kept these resolutions in mind. I repeated each exercise, imagining that I was really in labor, and I concentrated as intently as I would have for the real thing. Unfortunately, I was carried away by my enthusiasm. I forgot all of Mme. Cohen's stern admonitions about moderation in the pushing exercise. I was thinking only of how I was going to make every push count as it had never counted before. And then suddenly I felt a spurt of water. I sat up, terrified. What had I done? There were still three weeks to go to my due date, and it seemed to me that I had burst the waters. I ran to the telephone and called Dr. Sedley.

"I think I've just broken the waters," I told him nervously. "What should I do about it?"

"Are you sure it was amniotic fluid?" he asked calmly.

"I think so."

"What were you doing at the time?"

"Exercising. Excessively." I felt terribly stupid.

"Nothing to worry about. Just call me and let me know if you lose any more."

I waited anxiously the few days till my next office visit. When he had completed his examination, Dr. Sedley asked calmly when I would like to have the baby. The question startled me. "Naturally I'd like to have it as soon as possible," I said.

He looked at me thoughtfully. "Would you prefer Tuesday or Friday?"

"Why? Are you in direct communication with the higher powers?"

"You know, Marjorie," he said, "we could induce labor any time next week. The cervix is completely effaced—dilatation of two centimeters, and the baby is a pretty good size. I'm in favor of inducing myself. The labor will be much shorter."

"But induced labors are much harder to control, aren't they?" I asked. "They proceed so rapidly. I read about one in Dr. Vellay's book. The woman said the contractions kept surprising her."

"I don't think there's that much difference," Dr. Sedley replied.

I was still concerned about the water I had lost. Dr. Sedley didn't seem to think it was a significant amount if, indeed, I had lost any at all. Then I thought about having the baby. After all those months I wanted to learn who was inside there. The idea of picking out a birthday and giving birth on it was mighty tempting, and Dr. Sedley thought it was a good idea. I agreed to the induction. We set the date for Tuesday, the seventeenth. I was confident that if I went on practicing, this time with discretion, and rested well the night before, no matter how fast the contractions mounted in intensity I would be able to deliver this child in full control.

10 *It's a Girl!*

I counted off the days, each morning knowing that I could still call Dr. Sedley and change my mind. I was torn between my natural desire to have the baby and the superstitious feeling that nature ought to choose the moment when a child comes into the world. I half hoped the baby would arrive of its own accord before the date we had agreed on. I took long, long walks, which actually did stimulate contractions of a feeble sort. Unfortunately they stopped every time shortly after I finished my walk.

The night before my appointment at the hospital, Alex and I went to an excellent Chinese restaurant. We lingered over a well-proportioned and delectable feast, feeling comfortably smug in the idea that we were about to behave with very good sense. Unlike the last time, I would go to bed early, awaken from a night of refreshing sleep, and go to the hospital in a state of full vigor and alertness. On the way home we talked about how amazing it was that the next day an entirely new person would have come into the world. I was filled with this kind of happy anticipation right up to the moment when I snuggled down for that long night of salutary sleep.

I did a quick mental review of the techniques of the method, thinking that it was a good thing to have that be the last impression on my mind before I fell asleep. That trick had always brought me excellent results in examinations at school. This time it turned out merely to be the springboard for one of those nightlong dialogues that turn up the same ideas again and again as though they were something discovered for the first time. I caught a little sleep toward morning, and awoke not much more rested than I had gone to bed. I wonder if it is ever possible to start labor in that recommended state of dazzling freshness.

Still, there it was at last—Tuesday morning, September

the seventeenth, the day I was going to have the baby! A fine sooty rain was making a pleasant drumming on the air-conditioner. I was just beginning to wish I could curl up and spend the day in bed when the alarm began to buzz. "Can't be late today!" I said, poking Alex in the ribs and suddenly found myself leaping out of bed. I stood in the middle of the room for a minute wondering what to do next. The whole situation suddenly seemed improbable. I thought about what to wear, and then remembered that it didn't much matter. I got back into the clothes I had worn the night before while Alex made some coffee. Then I placed my suitcase squarely in front of the door so I couldn't possibly forget it and joined Alex in the kitchen. We swallowed the coffee, put on our raincoats, and silently left, leaving the apartment still dark and asleep.

We made the classic picture as we stood on the wet sidewalk and waited for a stray taxicab. Classic that is, except that there was no labor. I began to feel it was all a huge practical joke. I imagined a scene where we were met at the hospital door by a startled nurse who stared at us blankly and then in answer to my awkward attempts to explain snapped coldly, "Nonsense! What nonsense! No labor, no baby."

It turned out that the world is much more used to such occurrences than I had thought. A taxi came along and the driver even refrained from any comments—the first one to do so in weeks. The receptionist only nodded when I gave my name. She typed out a little card for the files and then escorted us to the elevator.

The room on the seventh floor was pleasantly remote from the world. Alex and I sat and looked at each other. There was nothing to say. We opened books, but it was difficult to concentrate. I put on the little hospital gown that was waiting for me and sat down on the bed. Alex said it looked very chic, but I presume that was meant only by way of conversation.

Nothing happened for some time. Once someone

popped a head in and looked surprised to see us. "Oh, you're here?" she said. "How are your pains?"

"I'm not having any," I answered, feeling a little foolish.

"Oh," she said, and vanished. It idly went through my head that it was supposed to be psychologically bad practice to ask about "pains," but by this time I was so thoroughly acquainted with the question that even my intellectual interest was very mild.

We had arrived promptly at eight; it was now after nine. I had finally decided that the doctor must have had an emergency call elsewhere when a nurse marched in the door to do the preparation. She asked Alex if he wouldn't like to step outside for a cigarette. He blankly answered that he didn't smoke. I had forgotten to warn him that in America the husband is constantly being sent out for a smoke. "Yes, darling, why don't you go have a cigarette?" I urged.

"There's a nice waiting room just down the hall to the right," the nurse explained delicately. Alex finally got the idea and departed.

The prepping was carried out in a pleasantly deft manner. The nurse was a paragon of gentleness and consideration. After all the complaints I had heard about the unpleasantness of hospital prepping, I was delighted. Then it occurred to me that I was not in labor, and that that might make all the difference. It might be quite another experience coming in the middle of a contraction. The nurse stayed to chat awhile until Alex came back from the waiting room. Then she left us to wait some more.

A resident physician dropped around to ask the routine questions. A lot of them seemed terribly unnecessary, and my answers were perfunctory. It wasn't till he left that I began to wonder if they hadn't been so perfunctory as to be inaccurate. Looking back over my limited hospital experience I can't remember ever having given a resident physician a straight story. There is something about them that makes me want to list an extra grandmother on the paternal side or say I had twin aunts who died of hiccups.

For all their gravity I had the impression that they are superfluous. A nurse has just taken your blood pressure and written it down, when one of them marches in, takes it again, and writes it down again. Two minutes later the doctor arrives. He does not look at what the others have written but takes it a third time. Nor does he write it down. This gives you plenty to think about.

In the midst of this harmless speculation Dr. Sedley arrived with the intern trailing along after him. We passed the time of day for a few minutes, and as they left I gathered from their conversation that I had been granted an appointment on the ninth floor at eleven o'clock for the purpose of rupturing the membranes.

At five of eleven we marched down the corridor to the elevator. We made a charming procession, a nurse at the head, looking official, me behind in my fetching hospital robe, and Alex bringing up the rear with his book in one hand and my powder and sponge in the other. We stepped out on the ninth floor and stood waiting awkwardly in the corridor. They were having a busy morning and they hadn't quite decided where to fit us in. At that Alex opened his book and began to read. He can read in the midst of anything.

At last they were ready for us. Alex was sent out for another smoke and the nurse outlined the procedure. The doctor would rupture the membranes in one of the delivery rooms after which we would all move into a labor room. I shuffled along after her to a delivery room where I shed my paper slippers and was maneuvered into position on the fancy table. For the first time I got into those funny white leggings that one sees in pictures of deliveries. I had always imagined they were part of the sterility measures but the nurse said they were to protect my legs from the cold metal. After she had strapped me into the stirrups she set about adjusting them to a nice even position. "A little lower?" she asked, fiddling with the assorted screws and bolts. "No, no, but more to the right," I answered. It was rather like hanging a picture. "Do we go through this

again during the delivery?" I asked. "Don't worry about that," she answered cheerfully. "It doesn't take any time at all."

The entrance of Dr. Sedley and the intern spared me any further consideration of the subject. They set right to work on the rupturing. The nurse began the ceremony by baptizing me with what seemed to be at least a gallon of icy pink solution. This little ritual was to recur very frequently right up to the expulsion of the baby. Every time I commented on the chilly temperature of the water I was informed that it was actually at body temperature. The rupturing itself was not quite the rapid sensationless puncturing that I had expected from Mme. Cohen's description given over two years before. Instead it felt like a long examination with a lot of poking, twisting and pushing, during which it took all my concentration to remain relaxed. I tried to remember the appearance of the puncturing gadget I had seen at the Belvédère and to form some picture in my mind of what was going on. I find that a good mental image is almost always an effective tool against tension. Finally it was over and the nurse began detaching me from the armor.

I lay there waiting while the three of them discussed the relative merits of one brand of something or other over another. Dr. Sedley defended his choice on the grounds that it was made up of natural rather than synthetic ingredients. I was just thinking how much I approved of his reasons, when I realized that the product in question was something he was about to inject into my arm. "Help!" I said, terrified by the sight of the needle. "What's that?"

Dr. Sedley patiently explained that it was a necessary part of inducing labor. From time to time he was going to give me small amounts of oxytocin, a hormone extract from the posterior pituitary gland that stimulated uterine contractions. It occurred to me how ridiculous I was to have seriously thought I could get in and out of a hospital without being stuck with a needle.

"We'll go to the labor room now," the nurse said, when the injection was over. I started to get up. "No, no," she stopped me. "Don't get up. Just slide over onto this bed and travel in style." I was just about to protest that I was not an invalid, when I felt my uterus pull up into a great, taut mound, and stay there. Is this the first contraction? I wondered. It wasn't like any of the contractions I had had before. It didn't begin slowly, then rise to a peak, then fade away. It just appeared, a big hard lump, and stayed. It astonished me to think that a shot in the arm could bring on a contraction so quickly. For the first time it occurred to me that induced labor might not follow the pattern I had been taught to expect.

I remembered a sentence from Mme. Cohen's manual. "The different stages of labor may occur more quickly than you expected, and the alert mind of a well-trained woman must adapt itself immediately to each situation." It was clear that the first thing to do was to try to analyze the contractions so as to be able to anticipate their behavior. I reached under the sheet and placed my hands lightly on my abdomen. I felt the uterus soften and return to normal. In less than a minute, however, it had pulled up taut again. The contraction was very weak, but it lasted a long time.

I began to do deep, slow breathing and a very light *effleurage* as a kind of anticipatory insurance. It turned out to have an excellent effect. Doing the familiar rhythmic breathing was calming and reassuring. As long as my hands were on my abdomen, I knew that there was no chance that a contraction would catch me unaware. I felt a little conspicuous rolling down the corridor with what I thought must be a glassy stare of Pavlovian concentration, but I didn't much care.

By the time I was established in my labor room I had experienced at least three such contractions and it seemed that the pauses between them were lengthening. I asked the nurse for something to put under my knees. She immediately produced a blanket from somewhere and rolled

it up and put it under my legs. Unfortunately it was not quite long enough so that one leg or the other was constantly sliding off to the side. When Alex came back I asked him to reroll it. This time one end was higher than the other and I listed a little to starboard. He rerolled it and I listed to port. It was just like being on a camping trip and trying to find a really level spot for your sleeping bag. Still, it had the advantage of keeping Alex from being bored. Every fifteen or twenty minutes he could readjust the blanket roll.

No sooner was I comfortably settled than Dr. Sedley reappeared. "How are you doing?" he asked. I had to confess that nothing much was happening. Whereupon he got out the needle again and injected another dose of that non-synthetic oxytocin preparation. Just then I noticed a large bottle that stood on the table by the wall.

"You aren't planning to pump all of that into my arm?" I asked warily. His only answer was a noncommittal laugh.

Almost immediately the contractions picked up with redoubled force; again there was very little time in between. I began to breathe as deeply as possible. Dr. Sedley watched me with interest. "How long do you suppose it will be until the baby is born?" I asked when the contraction was over, trying to sound as nonchalant as possible.

"Oh, an hour or two," he answered casually. I couldn't tell whether he was joking or not. Compared to my first delivery that seemed incredible. Alex went off again to get costumed properly, and Dr. Sedley went to look in on another patient. The contractions had become more regular and much more intense. The time between them had lengthened to what seemed to be about three minutes. I kept very comfortably in control of them by doing the *effleurage* and the deep and slow breathing. My only concern was that if they got much stronger I might be forced to switch to the rapid superficial breathing. Since I didn't really believe that labor could be so short, it seemed a little early for that.

Every few minutes a nurse would peek in to see how I

was coming along. It was nice knowing that I hadn't been forgotten, but it was a little disconcerting to my concentration. For example: a contraction had just got under way. I had been alert, caught it at the very beginning, begun the *effleurage* and breathing in plenty of time, and was following its course uphill toward the peak when—the door opened. A bright pretty face looked in at me and a cheery voice said, "Hello there! How are you? Who do you think is leading at the Polo Grounds?" Normally I would have answered something like "Fine thanks! Who's playing?" But if I said even that now, I might fall behind the contraction. So I was forced to be rude. I went on massaging with one hand and held up the other, finger pointed, in a gesture that I hoped would be interpreted as a request to wait. But by the time the contraction had subsided the face had disappeared again.

Alex came back. He handed me the talc from time to time, but there was nothing much more for him to do. They had given him a pretty white hospital outfit, and he was looking immensely pleased with himself. He proudly pointed out a little attachment he was wearing on the soles of the shoes. It was to ground him in the delivery room, he explained. Apparently there is so much equipment in the delivery room that if you aren't properly grounded you are likely to be electrocuted. "Don't worry," he said, "you won't ever touch the ground." The whole idea delighted him; it horrified me.

Dr. Sedley was back again. I was beginning to wonder if he would go away again without giving me another shot if I said the contractions were tremendous. I brooded over this question for some time. Later on I realized that he was probably giving me the shots on a schedule, and it wouldn't have made any difference what I said.

Things began to move ahead much more rapidly. I had to switch over to panting, and my tolerance for jokes and conversation about the weather dropped off sharply. I stopped caring whether or not people thought I was rude. I stopped holding my finger up for silence, and simply re-

lied on a sharp hiss and Alex's explanations. Even that consisted mostly of "Wait till the contraction's over." He also asked the nurses to listen to the foetal heartbeats only in the moments between contractions.

About this time people began to ask me solicitously if I wouldn't like "a little something to take the edge off." I don't know if my panting looked like a sign of suffering or if it was just a routine offer. I had the impression that they considered it a moral duty to keep reminding you that they could ease your sufferings whenever you needed relief. Actually I am certain that almost any woman in labor is capable of shouting for something if she really wants it. At least, judging from the moans and pleas that drifted in whenever the door was open, women in labor are not shy. By concentrating, panting, and doing the *effleurage*, I was riding safely on top of the contractions. It was beginning to be hard work, but their offers were about as tempting as a glass of fish oil.

Each time I began to feel overconfident, Dr. Sedley returned with another shot. Off the contractions raced, and off I went after them. They were mounting steeply, but just as I was afraid that they might get out of hand, they tapered sharply and were gone. I found that it was more restful to pant only up to the peak and then drop back to the slow, deep breathing. The *effleurage* was still very helpful. I'm afraid that at the peaks my breathing was no longer beautiful, silent, and rhythmic. But it was marvelously effective all the same.

About this time I had my first encounter with differences of technique. A nurse walked in and saw me panting and massaging. A look of deep sympathy swept over her face. "There, there, dear," she said. "Just let your hands drop limply at your sides, breathe deeply way down into your tummy, and relax." Fortunately Alex told her that I was doing it my own way, and she left. I was beginning to get positively intolerant, not only of advice but of jokes and small talk, indeed of anything that might interfere with my concentration.

I was well into the second hour of labor when I experienced a discomfort quite unlike anything I had felt before. Perhaps it was related to the sensation that is known as back labor, but actually it felt more like side labor, if there is such a thing. Massage didn't do very much good. I turned on my side which seemed to relieve it, but Dr. Sedley asked me to get back on my back as the side position seemed to be slowing up the contractions. Fortunately it was only a minor irritation.

The contractions had become very strong. I was quite cantankerous about making nurses wait till they were over to listen to the foetal heartbeat. Then a new nurse wandered in to take her crack at me. She had short red hair and a delicate twinkle in her eye. Seeing that I was doing some sort of activity of my own, she stood by the bed and waited until the contraction in progress was over. "Well," she said to Alex. "Just look at that! She seems to have worked out a little system all her own. She's patting her tummy and panting like a puppy. Look," she added to Dr. Sedley who had just come in. "She's patting her tummy and panting like a puppy, and it seems to do her good!" She was the first person who had noticed what I was doing and the effect it had before leaping in with routine suggestions of her own. She was someone I should have liked to see more of.

Suddenly an absurd thing happened. Between contractions I found myself shaking in a most alarming manner. My teeth chattered loudly; my arms and legs seemed about to fly off by themselves. It was not painful but it made me afraid that I would miss the beginning of a contraction and lose control. Alex offered to try to hold my legs still, but they jumped around despite his grasp on them and the restraint gave me a feeling of terrible nervousness. A nurse who looked in told me that this was a fairly common phenomenon. Fortunately it turned out that the moment I began to pant the trembling stopped completely and only resumed when the contraction was over. I wondered if it were not some sort of automatic release of stored-up

tension, because once I got used to the idea, the shaking was almost pleasurable. But it did mean I had to work even harder on concentrating.

Dr. Sedley sent Alex out for another smoke, and proceeded to examine me. In the course of his probing I found myself nearly overwhelmed by a violent contraction. In spite of myself I became tense and made a lot of noise huffing and puffing. I felt I was losing control when I heard Dr. Sedley say something about the dilatation. The word made a sudden mental image in my mind. "Dilatation." There was the baby's head pressing down on a ring that had stretched to a diameter of eight centimeters. As the contraction mounted in force I imagined the ring being pulled open larger and larger. As I watched this work being accomplished in my imagination, the threat of pain vanished. When the examination was over, Dr. Sedley predicted it would be only another half hour or so for the dilatation to be complete. This was vastly encouraging news. When the next contraction came, I experimented with my new discovery. As long as I went on visualizing what was happening my control was perfectly secure; as soon as I lost the mental image the force of the contraction began to threaten me. I was so elated by that discovery that I felt that I could carry on for hours more, if necessary.

A few contractions came and went and a new nurse entered the room. "Relax," she commanded, after the most fleeting glance in my direction. "Try to relax and breathe deeply with the abdomen—like this." I almost laughed, the thought of abdominal breathing was so impossible. Then suddenly I had what struck me as a funny feeling. Something made me think that the baby had dropped through the cervix. Certainly not more than ten minutes of the half hour Dr. Sedley had predicted for me had passed, and I didn't feel any wild desire to push. Still, it was a peculiar sensation, and I thought I'd better mention it to the nurse. She immediately rushed out to find the doctor.

What followed was a scene of almost classic confusion. The nurse came back with the young intern in tow. For some reason he pulled my bed out from the wall. Some other people popped in and out, all talking at once. Someone asked in a joking tone if I'd mind terribly having my baby in the labor room as none of the delivery rooms was free at the moment. There was a grim edge to the voice that indicated it wasn't really a joke at all. I couldn't have cared less. Suddenly my only interest had become getting permission to push.

"Certainly," I answered, "only get my husband in here and tell me if it's all right to push now."

No one paid attention to my little speech. Most of it was drowned in the general confusion. The desire to push was fast becoming urgent. I blew out forcefully a couple of times, and panted a little in between. I really hadn't much idea of what they all were doing. I had to mark time somehow, and I was succeeding.

Dr. Sedley appeared in the doorway and asked me if I would mind having the baby in the labor room.

"Not at all," I repeated, "but may I please push now?"

"Ha! Ha! He isn't joking!" someone said.

I wasn't joking either. I pulled at the intern's sleeve and repeated my request. For the first time he appeared to be aware of my existence.

"What is it?" he asked.

"May I push now?"

"What? Oh yes, go ahead."

That was all I needed to hear. I took a deep breath, blew it out, took another and held it. I began to push. I didn't push unduly hard—I was in no great hurry to expel the baby until they had decided which room they preferred. I discovered that there was a point at which I felt superbly comfortable and happy, and beyond which there was no need to push unless I wanted to. So I just pushed to that pleasant point and waited happily while everyone conferred. As I felt the desire to push grow stronger, I increased the force of my push just enough to keep feeling

happy. I was confident that if the baby actually began to come out they would all quiet down and help.

From somewhere down the hall came the cry of a new baby. It gave me a tremendous feeling of elation. I felt marvelous. That seemed to be the signal to set me rolling. Dr. Sedley walked beside my bed. He talked to me slowly, clearly and distinctly, as if, for some reason, he thought I couldn't hear him. Or maybe it just seemed that way to me. "Are you sure you want me to deliver the baby without an episiotomy?" he asked.

"Yes," I answered somewhat impatiently. It seemed to me the question had been settled.

"Then I'll do it without one," he answered. "I expect you to give me your complete cooperation."

I thanked him and promised to do my best. They started to push me down the corridor. Alex joined the cortege. I greeted him briefly and went on pushing. I could feel the baby moving along, and I was wonderfully happy. The clock in the delivery room said 2:40 as we entered. I didn't want to waste another minute.

I was surprised to find the stirrup adjustment was much easier than it had been earlier. Dr. Sedley was in the corner washing his hands. The anesthetist was behind the table. The intern was fussing with the little mirror that hangs near the light. "Can you see?" he asked me.

"What?" I answered.

"What way would you like the mirror turned?"

"I don't want any mirror," I said. "I just want to have my baby." He looked at me dubiously, and turned the mirror to the ceiling. I'm sure he found me wanting in intellectual curiosity.

I felt another urge to push. I inhaled, exhaled, inhaled, held, and this time really leaned into it. The nurse who previously had instructed me to breathe abdominally began a little speech about bearing down, but after a few words she stopped and said, "Well, well, she does know how to push!" (All through the expulsion people referred

to me as though I weren't actually there. I felt a little like an eavesdropper.)

The anesthetist asked me if I wanted something "to take the edge off." The contraction was finished and I felt very relaxed and as though I had all the time in the world to talk.

"What do you have?" I asked, wondering if she was going to offer me oxygen. It was like the "What do you have?" that I use to learn about the possibilities of the liquor closet when I know perfectly well that whatever there is I'll have a bourbon.

"How about some nitrous oxide?" the anesthetist suggested.

"No, thanks," I said. "I don't want anything."

The next contraction came. I took a deep breath and pushed as hard as I could. In the middle of the contraction Alex had to remind me to take in more air. I was so intent on pushing that I quite forgot. When the contraction was over we waited in silence. It was delightfully restful to have that moment of absolute quiet. Nobody thought of spoiling it with friendly chatter.

On the next contraction there was a minor crisis. I pulled so hard on the hand grip that it came loose and slid up the side of the table. "Will somebody fix this damn thing!" I exclaimed. The anesthetist was the first person to see what had happened. She quickly shoved the grip back in place and screwed it down again. I was very pleased to have had her there.

Another push. Suddenly Dr. Sedley's voice said, "Stop pushing." I stopped and began to pant. He manipulated the baby's head while the nurse put her hand on my abdomen. Then I heard him say, "Push down." Almost automatically, I did so.

"She's pushing, I think," the intern said a moment later.

"Stop pushing," Alex told me. I stopped again.

"Push down over here," Dr. Sedley said again. I didn't quite understand what he meant, so I pushed very tentatively. "Push down here," he repeated.

"She's pushing again," the intern said.

"What do they want?" I asked Alex.

"Just relax," he said. "Pant." I did so.

"Push," Dr. Sedley said.

"He's talking to the nurse," Alex explained. So that was it! Once I realized what was going on, I relaxed and waited for the baby to be delivered. It was done with marvelous skill and delicacy. I felt the head come out and then the shoulders. Then he held her up in the air. She began to cry. She didn't say, "La!" because it wasn't France. She sang out with a very penetrating "Waaaaa!" There she was! Marianne Margaret! The nurse put her down on top of me half wrapped in sterile sheets. I held her precariously by one arm. I was so amazed by the discovery that she didn't look anything like Pepi that I nearly dropped her. The cord was cut, and then the intern snatched her away again and started to put drops in her eyes.

"Push again, Marjorie," Dr. Sedley commanded.

"What?" I asked stupidly. "What for?"

"The placenta," he answered. I had forgotten all about it in my excitement. It came out in one push. Dr. Sedley examined it, seemed satisfied, and went to wash his hands. "Congratulations!" he said, shaking hands with Alex. Then he dashed out of the room before I had a chance to thank him. "He has another patient across the hall," the nurse explained. "She chose the same moment you did to produce."

The nurse reminded me that I would have to spend the next hour in the delivery room under observation—standard practice. She showed me the placenta and the intern asked me more questions and filled out a little chart with the answers. He told me the moment of birth had been 2:59. That was something I would never have believed earlier in the day. It had been 11:30 by the time they had ruptured the membranes. The whole process had taken only three and a half hours.

Marianne was lying in the electrically warmed cradle

at the side of the room. I couldn't wait to have another good look at her. I asked the nurse if I could see her, and she picked her up and brought her over to me. She seemed bigger than Pepi had been, even though she had come earlier (actually she did weigh a pound more than he had). Alex stood next to me and we both stared at her looking for family resemblances. Then the nurse put her back in the cradle.

I was impatient at having to lie there on the delivery table. I had never felt better in my life. All I wanted to do was have a big lunch and call my mother to tell her how splendid life was.

Alex and I looked at each other and laughed. "There you are," he said. "The Pavlov method works in America too."

"It certainly does," I answered. "But I'm starved. Why don't you go out and get me a chocolate milkshake?"

And he did.

Manual of Information and Practical Exercises for Painless Childbirth

By MMES. RENNERT & COHEN

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