

charming and fashionable frocks.

A tennis girl whose up-to-date sport clothes attract attention at Chicago country clubs is Miss Laura Johnson, whose favorite tennis suit is made of white tricot or Italian silk. The coat is made Norfolk style, pockets, belt and all, and the rather full

skirt is finished at the bottom with square scallops about 2 inches deep. It's not at all an impracticable suit, as the silk "washes like a handkerchief" and wears very well.

The saucy little satin hat takes its name—Chin-Chin hat—from its oriental model, the cap of the East Indian soldier.

TWILIGHT SLEEP GIVES BETTER BABIES, WITH BETTER BRAINS AND BODIES

Today Mrs. Mary Boyd concludes the series of articles on "Twilight Sleep," written for The Day Book. The previous articles were "What Twilight Sleep Means" and "What Twilight Sleep Means to the Mother."—Editor.

BY MARY BOYD

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True twilight sleep presents no dangers to the child.

In rescuing the mother largely from the high and medium forceps it rescues the child also often from death or injury. On the occasion of a discussion of the use of the forceps to end the birth in the case of a mother exhausted by pain, complaint was made of the injury and destruction of babies by this means. It was Dr. Kronig of Freiburg who laid down the law emphatically. "We must find a method that will save the mother and the child."

Freiburg hospital has a lower death rate of babies, as well as of mothers, than any other lying-in hospital in Europe.

The reason of this is that the baby is saved later from any shock and from many dangers to brain or limbs by being born in an easy, normal way, in a painless birth. For where the forceps does not kill it often maims.

The same woman doctor whose painful birth I told of in my last article says that she believes that a generation of twilight sleep will

lower the number of epileptics and idiots and cripples in our population.

One thousand of the babies born under true twilight sleep in America have been studied side by side, with one thousand babies born in pain. Of the twilight babies only 39 died in the first two weeks of life, whereas 49 of the babies born in pain died within this period. More of the twilight babies had regained their weight in ten days, as against only 470 of the babies born in pain.

We hear a great deal of the blue baby born under twilight sleep. This blue baby is a baby either asphyxiated or breathless or pretty near it.

Asphyxia is never due to twilight sleep.

In the two groups of a thousand babies, one set born under twilight, the other not, the same number in each showed heart and breathing difficulties.

The Blue Baby is the result either of some difficulty with the birth itself, entirely unconnected with Twilight Sleep, or of over-dosing with scopolamin-morphin to a degree which is quite the opposite of the method of Twilight Sleep.

The dose given in Twilight Sleep is 1-150 to 1-200 of a grain scopolamin and 1-16 to 1-8 of a grain morphin, according to the constitution of the different patients. The later doses, kept far apart by the "memory test" are only 1-400 or less of a grain scopolamin, no morphin.

Yet one doctor who CLAIMS to be using Twilight Sleep is giving 1-100