

To the Editors of the Medical and Physical Journal.

GENTLEMEN,*

NOT having read any one of the pamphlets that have been published by Mr. HULL or Mr. SIMMONS, on the subject of the Cæsarean Operation, I have no intention in what follows to enter the lists in favour of these disputants. But what has been advanced by the latter gentleman, in the last Number of your useful Journal, appears to me to re-

* We were under the unpleasant necessity of omitting this valuable communication in our last, on account of the great press of matter previously received.—EDITORS.

quire some notice, as it tends to overturn an established rule of practice, by which our conduct ought perhaps on some occasions to be regulated.

I agree with him, that the only case in which a thought of the Cæsarean operation can be reasonably entertained, is, where the pelvis of a woman is so distorted as to prevent the delivery of a child, in any way, through its contracted aperture, and consequently where, if nothing be done, the woman must die undelivered, and the child of course, though known to be alive, must perish with her. I am willing too to concede, that from all experience hitherto had in this country, the operation will certainly be fatal; yet still the question is not brought to the point, as he has stated it; *whether the mother's life shall be sacrificed to save her child?* because such a question necessarily involves in it, at least a tacit acknowledgement, that the mother's life can be saved, if no regard be paid to that of the child; for how can that be said to be sacrificed, which is already allowed to be devoted to certain destruction? If the question be fairly stated, it amounts to this: *When the mother's life cannot possibly be preserved beyond an existence miserably protracted for a few days, is it allowable to run the risk of shortening this period for the sake of preserving the life of a child, which must otherwise perish with her?* Perhaps, when the question is thus put, Mr. SIMMONS will not so readily anticipate an answer in the negative. It is not improbable that Eliz. Thompson, the poor woman on whom the operation was performed at Manchester, survived as long as she would have done, if she had been permitted to perish undelivered, and suffered infinitely less both in body and mind. Human imagination can hardly conceive any thing more dreadful than the distressing anxiety of a woman in the pangs of labour, without hope of delivery: the few hours of her existence after the birth of her infant must have been comparatively happy.

What Mr. SIMMONS has said respecting laws human and divine, is totally irrelevant; none of your readers need be told, that taking away life does not in all cases constitute murder; and his whole reasoning on this point, applies with equal force against destroying the child, where that may be necessary, to save the mother.

Through the goodness of Providence, a pelvis so deformed, that a woman cannot, under any management, be delivered of a living child, is comparatively a rare occurrence; but one distorted to such a degree, as not to admit of delivery, even when no regard is paid to the life of the child, is so very rare, that I have never, nor I trust never shall meet with it. But as it is impossible to say what may happen, every

practitioner should have in his mind certain principles by which his conduct may be regulated under all circumstances. It may then, I believe, be laid down as a rule of practice generally followed in this country, that in no case shall the life of the unborn child be put in competition with that of the mother. The questions really occurring are therefore, Is the danger to the mother's life, such as to call for the sacrifice of that of the child? or, on the other hand, Is there good ground to believe that such sacrifice will be effectual in preserving the life of the mother? But not to take up your room unnecessarily, I beg leave to refer to Dr. DENMAN's excellent Introduction to Midwifery; a book that is, or ought to be, read by every practitioner in this country; where this whole business is discussed in so clear and comprehensive a manner, as I should have thought might have precluded all dispute, and will conclude this part of the subject in his words: "I am not willing to accept any other principle but necessity, as a justification of the Cæsarean operation; that is, whenever it is proposed, there shall be no other way or method, by which the life, either of the mother or child, can possibly be preserved; and the impossibility shall be confirmed, not by the opinion of one, but as many competent judges as can be procured. I should then consider this operation justified by every principle of religion, and the laws of civil society, by as decisive and satisfactory evidence, as any other operation, which we never hesitate to propose or to perform."

Thus far I have proceeded upon the supposition, that the operation is to be considered as certainly fatal to the woman upon whom it is performed; but although it has uniformly proved so in the cases that have occurred in this country,* these cases, about twelve in number, are by no means sufficient to warrant a conclusion, that there is no possibility of a more favourable event. A rupture of the uterus has been generally considered to be certainly mortal, and probably has proved so in twelve times twelve successive cases; yet we now know that women have repeatedly recovered from this most dangerous accident. A wound of the uterus then is not, nor can we conclude from twelve, twenty, or even fifty unsuccessful cases, that the Cæsarean operation is, in its nature, necessarily mortal. In so deplorable a situation therefore, even when we speak of the mother only, and set aside all consideration about the child,

* It has been said to have been twice successfully performed in England; but as I have not seen any satisfactory evidence of such operation, I forbear to mention these cases.

we may apply CÆLſUS's rule, *Melius eſt anceps quam nullum experiri remedium.*

Having then, I truſt, brought the buſineſs fairly to this iſſue, that as caſes have occurred,* and may occur again, which allow of no other poſſible way of delivery than the Cæſarean operation, and that as this operation affords an opportunity of preſerving the child, and though a very remote, yet the only, chance of ſaving the life of the mother alſo, therefore this operation may be juſtifiable and neceſſary: It remains next to conſider, whether the operation has been conducted in the beſt poſſible manner? or whether means may not be deviſed of affording a ſome-what better chance of recovery to the unfortunate patient than has been hitherto done?

We can infer a priori, that wounds penetrating the cavity of the heart muſt neceſſarily be fatal, but no ſuch reaſoning will apply to wounds of the uterus; we muſt therefore ſeek for ſome other cauſe for the fatal termination of this operation. This perhaps may be found in the conſideration that the ſubjects are generally ſuch as no one would ſelect to try the ſucceſs of any operation upon; that this too is to be undergone in the time of labour, when the irritability of the conſtitution is very much increaſed. Theſe circumſtances, joined to the baneful effect of atmoſpherical air admitted into the cavity of the abdomen, may perhaps be ſufficient to account for the general want of ſucceſs. With regard to the ſubject on whom the operation is to be performed, all that can be in our power is, to take care that it be executed as early in the labour as poſſible. But to prevent the admillion of air into the cavity of the abdomen, it appears to me ſomething eſſential may be done which has not, as far as I know, been hitherto attempted. As, for inſtance, all the parts concerned

* It has not appeared to me neceſſary to prove that ſuch caſes have occurred, becauſe in the paper published in the laſt Number of the Journal, Mr. Simmons ſeems to allow this. But the Monthly Reviewers, in their criticiſm on another publication of his, Art. 8, for September, ſy, that they coincide with him in opinion, that this operation is now ſuperſeded by ſafer means, alluding to the remarkable caſe published by Dr. Osborne. Where theſe ſafer means can be applied, I perfectly agree with this opinion; but ſurely, in ſuch a caſe as that of E. iz. Thompſon, where no part of the child could be touched with a finger, even when the whole hand was introduced into the vagina, no one acquainted with ſuch operations can believe, that the greateſt ſkill could, by any known means, have extruded a full-grown child through ſuch a pelvis. I have by me caſts of the pelvis of two ſubjects upon whom the operation was performed in London, a mere inſpection of which will lead to the ſame concluſion.

concerned in the operation might be kept under water of a temperature duly regulated, not only during the performance of it, but until the wounds were healed, the process for which would probably go on as well under water as we know it does under a poultice; at the same time a free outlet would by these means be given to the discharges from the vagina. If this scheme should be thought impracticable, still an attempt might be made, though in a less perfect way, to exclude the atmospheric air. When the line of incision through the integuments should be fixed upon, two slips of adhesive plaster, spread upon thick, soft, and elastic leather, such as doe or buck skin, of a sufficient breadth to secure a firm hold of the skin, might be fixed close to this line; and immediately after the operation, these strips of leather might be neatly sewed together with a glover's needle, and the suture covered with wax softened with oil. Or perhaps it may be thought better to cover a large portion of the abdomen with such a plaster, and to make the incision through the leather and the integuments at the same time, sewing the edges of the leather together after the operation as before proposed. Nor is it sufficient to guard against the admission of air by the incision made through the integuments; this will likewise readily find its way up the vagina, and through the wound in the uterus. This would be effectually prevented by the first scheme of keeping the parts immersed in water; or the air might be in a great measure excluded, by keeping the external parts closely covered with any oval vessel filled with a soft poultice, that might fit close and sit easy. Wishing only to give the principle of what is to be done, and to leave the means of executing it to the ingenuity of the operator, these hints may suffice.

NEW BRIDGE STREET,
O^r. 21, 1799.

JOHN SIMS.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

IT was my original intention, in discussing the subject, not to advert to any particular instance of the Cæsarean operation; but, in consequence of the introduction of my name, and that of Mr. OGDEN, into the account of the case lately published by Mr. WOOD, in the fifth volume of the "Memoirs of the Medical Society of London," I feel myself

called upon to say a few words in reply. It is the more necessary, in the present instance, as some facts are omitted which bear materially on his conclusion; and as the propriety or impropriety of performing this operation must rest on the result of well-authenticated cases, the public have a right to expect the fullest evidence upon each of them respectively. At the request of Mr. OGDEN, I visited the poor woman, as stated by Mr. WOOD, and from the information I gained upon an inquiry, it appeared to me to be one of Dr. OSBORN'S crotchets-cases; this was the opinion I gave to Mr. OGDEN, who thereon determined, for reasons of a private nature, in which I was personally unconcerned, to send her to the Lying-in-Hospital in Manchester; of course, no attempt was made to deliver her.

From the manner in which our names are introduced, coupled with his remarks on the case, Mr. OGDEN and myself are compelled to infer, that it was the writer's intention to impute the woman's death to our mismanagement. Whether this imputation be well founded, the public will now be enabled to determine.

She was conveyed in a cart, as stated; but it should have been also inserted, that she was placed on a feather-bed, which was slung with cords in imitation of a hammock, by which the ruggedness of the road would be counteracted. Mr. WOOD'S general conclusion is, that "her death was not occasioned by the operation, but by a gangrene that had taken place in the *cervix uteri*, which in my [his] opinion, must have been occasioned by the pressure of the child's head prior to the operation; and I am induced to believe, had the operation been performed earlier, and at the patient's house, she would have stood a great chance of recovering."

We are still left to conjecture what time is deemed early enough to give the patient a "great chance of recovering" after this operation; twenty-four hours is usually deemed the term of a natural labour, when no adventitious help is required. This woman was taken in labour about one o'clock on the Monday morning;—I saw her, in company with Mr. OGDEN, at nine;—she arrived at the Lying-in-Hospital about one; and the operation was performed at nine the same evening. The delay then occasioned by her removal was *four* hours;—the time that elapsed after her arrival at the Lying in-Hospital, before the operation was performed, was *eight* hours;—and from the commencement of labour to the time of the operation was *twenty* hours.

If inflammation had existed prior to the operation, as Mr. WOOD has stated, it must have been marked by the usual symptoms; Mr. OGDEN and myself are certain that it did not exist at the time we saw her, both from the calm state of her pulse, and the perfect intermission between the pains. No notice is taken by Mr. WOOD of the state of the pulse prior to the operation; nor is it observed that the pains had any peculiar character, which must have been the case, had inflammation existed from the cause alledged; it is simply stated, that they were *very frequent*.

But, if inflammation of the uterus had come on after we saw her, yet previous to the operation, how comes it that it was not discovered? The day after the operation, she was thought to be in no danger; and twenty-five hours from the time of performing it, her pulse beat only 108 strokes in a minute. The following morning, we find that the pulse had increased to 120; at noon of the same day it beat 144; and on Thursday morning, at seven o'clock, it beat 150. Thus most distinctly marking the progressive increase of the disease, as caused by the operation; for it is impossible that the pulse should have continued at so low a number, for so long a time, if inflammation of the uterus had existed prior to it.

Gangrene is said to have been discovered, on dissection, in the “inferior portion of the body and *cervix uteri*.” If it had been occasioned by the pressure of the child’s head, as asserted, it must have had an appearance corresponding to the form of the body which produced it; but this circumstance, which would have been almost decisive of the cause, is not alluded to. That it should have been occasioned by the pressure of the child’s head, is, indeed, extraordinary. In other instances, the head shall be jammed in between the bones of the pelvis, for twice the length of time that elapsed from the coming on of labour to the performance of this operation, without any material inconvenience ensuing to the mother after her delivery. In this case, in Mr. WOOD’S opinion, and I should be sorry to mis-state it,—the intermitting contractions of the uterus, pressing the child’s head against a part of its own body at each contraction, which was again resisted by the soft, elastic substance of the abdominal muscles, brought on inflammation, terminating in gangrene, though suffered to continue but for a few hours. It should be remembered, too, that the upper part of the head of a child, at the time of birth, is composed of distinct bones so loosely connected together as to admit of being lapped over each other when compressed, and yet so elastic as soon to recover its original shape on removal of the pressure,

which must materially lessen the chance of mischief from its acting mechanically. And from the position of the child in utero, and the peculiar curvature of the spine, it is highly probable that the mere weight of the lower parts of its body, would retract the head from pressing against the uterus, at each interval between the pains. Yet this was the part, according to Mr. Wood, that by its pressure for so short a time, produced gangrene of the uterus. It is obvious, from the extreme narrowness of the pelvis, that the head could not descend, so as to press the uterus against any of the bones of which it is composed. Mr. Wood does not mention that the natural shape of the head was at all changed.

In performing the operation, Mr. Wood made an incision through the common integument and abdominal muscles, to the extent of six inches; he then made a corresponding incision through the body of the uterus. An incision of the nature of the former, as largely exposing the cavity of the abdomen, has been usually deemed dangerous; and a large wound of the uterus has been commonly looked upon as mortal. The diseased appearances observed in the abdomen prove the existence of peritoneal inflammation, and of inflammation of the intestines; ten or twelve ounces of bloody serum were found extravasated into the cavity, together with some coagulated blood. By referring the cause of her death to inflammation of the uterus, terminating in gangrene, and caused as abovementioned, Mr. Wood has regarded these appearances as of little moment, though peritoneal inflammation, or inflammation of the intestines, when singly existing, proves frequently mortal, even when not attended with any extravasation of blood.

The quantity of blood lost during the operation was about eight ounces; how it was disposed of, he does not tell us; neither does he mention how long the cavity of the abdomen was exposed; nor whether the epigastric artery was divided in the operation, which is probable from the direction of the incision; yet these are points which some may think material, as tending to ascertain the real cause of her death.

But admitting that inflammation existed in the uterus prior to the operation, let us next inquire into the propriety of the after-treatment, under these circumstances of accumulated danger. In inflammation of the uterus, as well as of the intestines, the disease is most powerfully combated by bleeding, which is directed to be employed in such cases, as far as the constitution of the patient and strength of the pulse will bear. It is observed that the pulse was *hard* at different periods of the disease,

disease, yet both general and topical bleeding were entirely omitted. In inflammation of the uterus, and of the intestines, the frequent injection of clysters is generally insisted on. In this case, though inflammation of the uterus is said to have existed at the time of the operation, the first clyster was not injected sooner than seventeen hours; the second, not till Wednesday noon, after an interval of thirty-nine hours; and forty-eight hours had elapsed from the time of the operation, when the blistering plaister was directed to be applied to the abdomen. Indeed, it does not appear that the precaution of injecting a clyster previous to the operation had been attended to, though the woman had been then eight hours in the hospital.

Upon the mature consideration of the above, which are the leading circumstances of this case, the professional reader will be enabled to decide upon the probable cause of the patient's death; and whether it was occasioned by gangrene of the uterus, brought on by pressure of the child's head prior to the operation; or what greater chance for success there would have been, had the operation been performed earlier, and at her own house.

Mr. Wood's opinion pre-supposes little danger to attach to the operation itself, as her recovery would, in that case, have been confidently reckoned upon. A large incision made into the uterus and its consequences, extravasation into the cavity of the abdomen, peritoneal inflammation, and inflammation of the intestines, are as confidently rejected, as being insufficient to account for her death.

Upon such inconsequent reasoning is this operation to be persisted in? an operation which, in my opinion, is *in itself mortal*, and which has certainly proved mortal in this country in every instance. When a question is to be decided by numbers, the voice of an individual will be of trivial import; but whether this operation will be permitted to be performed in opposition to reason and fact, time will shew.

These observations would have been more properly placed in the volume containing Mr. Wood's account; but as that is now impracticable, I am persuaded, from the zeal to promote the true interests of the profession which you have manifested, and from your candour and impartiality, that you will give them insertion in an early number of your publication.

MANCHESTER, Oct. 27, 1799.

W. SIMMONS.