

CASUISTRY IN OBSTETRICS.

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Casuistry is a word much less used now than formerly; but though the times change and we with them, the idea that the word expresses abides, and will continue as long as the race. Nay more, as the relations of human beings become more complex, and as the boundaries of science are extended, so the sphere of duty grows, and questions as to human conduct multiply, and often are more difficult of answer.

The word casuist was more especially applied to theologians occupied in resolving questions of conscience, and the famous order of Jesuits has probably stood most prominent some centuries in giving special study to casuistry. The disrepute into which the words have fallen has been attributed to Protestant revolt against alleged religious abuse of casuistry and of the office of casuist. It should, however, be remembered that before the Catholic church sought to give light to its suppliants in doubtful problems of duty, Cicero, as Voltaire has remarked, discussed in his *De Officiis*, some of the most difficult questions, and that long before him Zoroaster gave as one of the best guides in making human conduct correspond with

the claims of conscience, this maxim: "In doubt as to whether an action is right or wrong, abstain."

Admirable as Zoroaster's rule is, it may fail of adaptation in many of life's emergencies, and its light go out, leaving us in the darkness. Not to resolve may be to resolve; we may be compelled to do one of several things, being unable to fold our arms and reject all, because we do not know which is best. This is true in obstetric practice quite as much as in any of the departments of medicine.

One of the most eminent of Scotch moralists and metaphysicians, Reid, wrote as follows: "There are some intricate cases in morals which admit of disputation; but these seldom occur in practice, and, when they do, the learned disputant has no great advantage, for the unlearned man who uses the best means in his power to know his duty, and acts according to his knowledge, is inculpable in the sight of God and man. He may err, but he is not guilty of immorality." Here the writer admits that questions of casuistry do occur, and he also claims that if one does wrong after faithfully seeking to find out what is right, he is blameless; a conclusion that does not correspond with the generally received axiom, "ignorance of the law excuseth no man."

Let no one imagine that casuistry seeks evasion of the law, the compliance with its letter while its spirit is violated; and that the dominion of right is set at naught by quirks and quibbles such as lawyers sometimes use to secure the escape of the guilty. Undoubtedly men and women have made it a cloak with which they have sought to hide the nakedness of crime, as for instance, a wife who excused her adultery on the ground that while she resigned her body to her lover, her lips with which she had made vows of fidelity to her husband, were not touched. But such or any perversion of casuistry cannot weaken its power, or destroy its necessity. That necessity, as De Quincey has said, can be deduced from the very origin and genesis of the word; it is from *casus*, a case, and is really the science of cases. "After morality has done its very utmost in clearing up the grounds upon which it rests its decisions—after it has multiplied its rules to any possible point of circumstantiality—there will always continue to arise cases without end, in the shifting combinations of human action, about which a question will remain whether they do or do not fall under any of the rules. And the best way for seeing this truth illustrated on a broad scale, the shortest and most decisive is—to point our attention to one striking fact—viz.: that all law, as it exists in every civilized land, is nothing but casuistry." The enactment of laws, their enforcement, and the trial of civil and criminal causes, furnish at once proofs and illustrations of casuistry. Science is perpetually propounding new questions in casuistry, or demanding new answers to old ones. And this is true in medi-

cine. Another truth is this: in medicine the elements of time and place are often concerned in the responses to casuistical questions.

Writers of systematic works upon moral philosophy have quite frequently presented questions in casuistry. Among those which Kant propounded but left unanswered, were two at least which belong to medicine. The first was, "If a man has been bitten by a mad dog, and recognizes the symptoms of hydrophobia, ought he not to destroy his life, lest when the disease is fully established, he may injure others?" The second question was this: "The propagation of the species being Nature's object in cohabitation, ought this to take place when the purpose is impossible, as in pregnancy?" The latter question, as well as the more important one which from time to time is so often made matter of professional discussion, "May sexual intercourse occur and nature's purpose be thwarted by either party?" belongs to the casuistry of obstetrics.

It certainly is discouraging to one who seeks a universal and immutable foundation for morals, and therefore immutable and universal laws for the government of human conduct, to find the same question differently decided in different ages and by different peoples. When the elder Cato was asked what he thought of usury, his reply was, "What do I think of murder!" But to-day the most enlightened people regard usury as just and right. Pascal's words were an exaggeration, but no one can deny their expressing partial truth: "In the just and the unjust we find hardly any thing which does not change its character in changing its climate. The degree of the elevation of the poles reverses the whole of jurisprudence. A meridian is decisive of the truth, and a few years of possession. Fundamental laws change. Right has its epochs. A pleasant justice which a river or mountain limits. Truth on this side the Pyrenees, error on the other." Obstetric art presents at least approximate illustrations of some of the points referred to by the great French philosopher. When gastro-elytrotomy was revived by Dr. Thomas, and at the outset gave promise of brilliant success, the wise veteran obstetrician, Fordyce Barker, publicly remarked that if the value of the operation were established the subject of obstetric ethics must be re-studied. Outside of the United States the operation is scarcely known in practice, and one of the greatest of European obstetricians, Winckel, has recently said that it has no future. Porro's operation belongs almost exclusively to Italy, as also symphysiotomy, though the recent declaration of Mr. Tait in favor of the former will give it a wider acceptance. The recent successes of that operation and of Cæsarean section open questions which our fathers believed were settled.

The treatment of ectopic gestation in its early period is one of the pressing questions of the

hour. In this country faradism has the support of some of the most eminent in the profession, while abroad it meets with hardly any favor; on the other hand, there are in Europe some distinguished authorities who advocate and practice injection of morphia into the ovum, a treatment never employed in this country.

The progress of science offers new questions in casuistry to the obstetrician. In illustration, the ophthalmologist discovers albuminuric retinitis in a pregnant woman, and announces to the obstetrician that her continued pregnancy is at the peril of her vision, possibly of her life. What answer is the latter to make, what conduct pursue? This question will be considered in the course of the paper; its present introduction was only to illustrate, as was stated, the fact that progress in science inevitably originates new problems in practice.

Passing from these references to time and place, and the advance of science in their relation to casuistry, permit me now very briefly to consider some of the questions that may be presented the obstetrician as a casuist. Let us take first that propounded by Kant, as to cohabitation in pregnancy. I have more than once made earnest protest against this indulgence as injurious to the pregnant woman in many instances physically, as often repulsive or odious to her, and then and thus an injury to her moral nature; it is neither needed nor desired by her, and it has its origin, not in exalting love, but in degrading lust. Marital continence purchased by a wife's indifference, aversion, suffering, possibly peril to her own life, or that of her unborn offspring, is held by a mere rope of sand, and the first strong wave of passion may forever sweep it to ruin. It ought to be impressed upon man that woman when pregnant should surely be treated as well as animals in a similar condition are, and that continence for months, or even for years, is a possibility and no injury.

Means to prevent conception in married life are asked of the physician. Admitting his knowledge of such means, means that though intercourse takes place are certain to prevent its legitimate result, can he inform married men and women? Laws are frequently so made that much is conceded to human weakness, the standard of legal enactment not formed for perfect beings, but brought down to the level of the intellectual and moral development of its subjects. Even Divine law has stooped to the moral imperfection of man, for did not the great Teacher assert to the Jews that the conditions of divorce were lowered by Moses on account of the hardness of their hearts?

Moreover, let it be recognized that frequent childbearing is in some causing rapidly failing health and strength; that children come faster than the means to properly care for them is ac-

quired; that infants are born with feeble organization, or tainted with hereditary disease, and as time goes on they may prove to be defective in mental power, or of bad moral character, so that one involuntarily says, better they were dead than living, or better they had never been born.

Nevertheless, all the condescension of law acknowledged, and these conditions of fact admitted, and even though we may not believe that the back is always given strength for the burden it must bear, or the wind tempered to the shorn lamb, the physician takes a great responsibility who endeavors to thwart Nature's law—*lex, lex dura, sed lex*. If there are instances in which the physician ought to impart such knowledge, they must be exceedingly rare, and the nicest casuistry is necessary. The consequence of this knowledge, while it may protect woman from danger, and society from harm, does not exalt, but degrades, man; he has no restraint upon his passion, while his conscience, reason and will are thus weakened; continence, the sure way of avoiding conception, is no evil to his body, and exercised for his wife's health and happiness, ennobles him, exalting his spiritual being. This may be the voice of one crying in the wilderness, but ultimately it will be heard and heeded.

The knowledge given in those cases in which it may seem to be necessary, will not be kept secret by the parties informed, but will be imparted to others who have no just excuse for avoidance of childbearing. It will become general, and thus a strong defence to female virtue is taken away, and the purity of countless lives and the peace of countless homes be sacrificed upon the altar of man's unhallowed lust.

I have no right to put into the hands of another a loaded pistol when there is a probability he will use it for suicide or homicide. We are morally responsible for imparting knowledge when we know it will be used for evil. The recognition of this law by Galen was commended by the illustrious Sir Thomas Browne, in his *Pseudoxica Epidemica*: "We commend the wisdom and goodness of Galen, who would not leave unto the world too subtle a theory of poisons; unarming thereby the malice of venomous spirits, whose ignorance must be contented with sublimate and arsenic."

The profession generally recognize the law that when pregnancy seriously imperils a woman's life, abortion is justifiable. But suppose the peril be not to life, only the integrity of an important organ is threatened; may the physician end the pregnancy? My friend and colleague, Dr. Wm. Thompson, informs me of his having been consulted some years ago in the case of a pregnant woman because of impaired vision. Upon examination he found albuminuric retinitis, and informed the family physician that longer continuance of the pregnancy would cause permanent

injury. The pregnancy went to term, the mother becoming hopelessly blind. It is generally conceded by both ophthalmologists and obstetricians, that such condition of the eyes in a pregnant woman demands the induction of premature labor. Let us remember, however, that premature labor is a sort of compromise, for the infant mortality is very great; in one-third to one-half the cases we, by it, only succeed in preserving the child's life for a few days or a few weeks.¹ Bearing this fact in mind, are there not cases of albuminuric retinitis in pregnant women which justify, not merely consent but desire being expressed by the sufferer and her friends, the physician in ending the pregnancy even by procuring abortion?

Craniotomy upon the living foetus has been for years the subject of much professional controversy. One of the most recent utterances upon the subject is by Mr. Tait, who after three successful cases of amputation of the pregnant uterus—the so-called Porro operation—having previously had four fatal cases of Cæsarean operation, one of them having been done seven years ago according to the method now claimed by Sanger as a new operation. The great Birmingham surgeon predicts that this amputation "will revolutionize the obstetric art, and in two years we shall hear no more of craniotomy and evisceration, for the new method will save more lives than these proceedings do, and it is far easier of performance." In a footnote he admits craniotomy for hydrocephalus. Destruction of the life of the foetus may be necessary in other pathological conditions besides hydrocephalus; thus there may be ascites presenting delivery, or the child may be a monster.

Beside these cases, the practitioner may be called to one of neglected shoulder presentation, and the forerunners of uterine rupture are at hand; or to a case of face presentation, posterior rotation of the chin having occurred, and delivery impossible through the natural passage without the head is lessened. Uterine rupture may be threatened in simple pelvic narrowing, or from unusual size of the head, or from too advanced ossification of the cranial bones. Now the general rule of treatment accepted by obstetricians, is that in case there is imminent danger of rupture of the uterus, embryotomy is to be done at once. Some time since I was sent for to perform craniotomy, the mother having previously given birth to three or four living children, though the labors were long and difficult in consequence of some contraction of the pelvic inlet. But the child was living, the condition of the uterus normal, and the woman's strength good, and I declined to do the operation then, though the family were quite willing, rejecting the suggestion of a graver

¹ It is, however, highly probable, if not absolutely certain, that when the *couvse* and *gavage* are more generally used in the case of feeble, prematurely born infants, mortality will much decrease.

one, and left the patient with the gentlemen in attendance, one of them an obstetrician of skill and large experience. Eight hours afterwards I was sent for again, and found a woman dying from ruptured uterus; the physician recognizing the injury, had endeavored to deliver by podalic version, but the head could not be brought through the superior strait until craniotomy was done. Could that result have been foreseen, there was a time when the lessening of the foetal skull, supposing the woman and her friends to have refused abdominal section, would have saved her life and been justifiable.

Here I wish briefly to refer to a rarely occurring condition which involves one of the most painful, serious and difficult questions in casuistry. Three facts in illustration will be given. Thirty-nine years ago, when first coming to Philadelphia to attend medical lectures, my preceptor took me to the residence of one of the professors in the medical department of the university, a former fellow student of his. In the conversation that ensued between the two gentlemen this medical teacher narrated an obstetric case that he had just attended. The patient was the wife of his coachman, and had a deformed pelvis. The honored Professor of Obstetrics in the university, the late Dr. Hodge, was called, and, after performing craniotomy, delivered the child; but upon being born it cried vigorously, and the narrator said that he instantly took the crotchet and thrust it through the opening in the head into the medulla. A very eminent American obstetrician was called to a case of labor in which delay arising from rigidity of the os, the gentlemen in attendance had done craniotomy. By the advice of the consultant the woman was given morphia, and after a few hours' rest labor pains were efficient and the os readily yielded. Before the birth of the child, however, recognizing that it had survived the mutilating operation, he destroyed its life, those by whom he had been called in consultation consenting. I myself once performed craniotomy in a case in which I was assured by the physicians who had been in attendance several hours that the child was dead. The os was perfectly dilated, the presentation normal, but the head did not engage and uterine action almost ceased, the patient showing symptoms of exhaustion. Some minutes after the child was delivered it made a slight movement and emitted a faint sound. I took it into an adjoining room—no repetition of sound or movement; but that there might be no doubt I repeated what one of my honored teachers, long since in his grave, said he had done. I could think, in the emergency, of no other guidance. Let me repeat that this is one of the most painful, serious and difficult questions in the casuistry of obstetrics.

Those who justify craniotomy upon the living foetus do not all agree as to the pelvic narrowing

which forbids it, and renders abdominal section imperative. For example, a very distinguished British² obstetrician in a recent contribution to the subject states in one place that the conjugate must be two inches at least, possibly two inches and a quarter, to justify craniotomy, but elsewhere he distinctly states that he "would not hesitate to perform Cæsarean section upon a patient with a conjugate of two inches and a half, and of course under, feeling that her chance of survival would be just as good as after a difficult cephalotripsy." My own conviction is that the opinion expressed is right; only an expert in operating and with all facilities for operating, and when the operation is timely so far as the strength of the patient is concerned, is likely to save the mother's life when the conjugate descends to two inches, or near it. Therefore in the mother's interest abdominal section is indicated in such narrowing.

One portion of Dr. Phillip's interesting paper considers the degree of pelvic narrowing which is to be met by the induction of premature labor, and his conclusion is that this is indicated if the conjugate is two inches and three quarters to three inches. Thus it will be seen that comparing the less figure with the greater that he gives for the Cæsarean operation, two inches and three quarters with two and a half, this restricts craniotomy to one quarter of an inch—a limitation that is so near a victory in this field for those who condemn craniotomy upon the living foetus, that final success seems almost attained. In the course of the paper referred to, the author presents a question in casuistry which is remarkable not in itself, but in the ambiguous answer given. Let there be two women, each having such pelvic deformity that a living child cannot be born, but delivery can be safely effected by craniotomy; one of them is poor, and cannot take suitable care of a child, and therefore does not desire one, while the other is in comfortable circumstances, and desires to have a living child. "The question then arises: Ought an obstetrician to be in any way guided by these maternal desires? A direct answer is necessarily difficult, and would vary in different cases. My own opinion is that provided they be consistent with the practitioner's course of procedure, they should not be passed over." One is reminded of the answer made by the Delphic oracle: "If Croesus should make war upon the Persians, he will destroy a mighty empire." Encouraged by this reply he made war upon the Persians, and a mighty empire was destroyed, but it was the empire of Croesus, not of Cyrus. If consistent with the practitioner's course of procedure these desires should not be passed over! One practitioner will perform craniotomy in both cases, and another abdominal section; the

² Dr. Phillips, British Medical Journal, June 1, 1889.

one procedure will respect the desires of one patient and the other those of the other patient.

Three recent successful Cæsarean operations in Philadelphia, one by Dr. Goodell, the second by Dr. Kelly, and the third by Dr. Anna Broomall, give promise that the future American statistics for this operation will be much more favorable than they have been. But just as in the past years one occasionally heard of a woman escaping ovariectomy by giving birth to a child, in defiance of the diagnosis, so now there will be instances of women who in their perversity disappoint Cæsareans by the same natural process. Yet errors of diagnosis and proposed treatment put aside, there can be no question that craniotomy is steadily having its field more and more restricted; nevertheless that it will entirely disappear unless for hydrocephalus, and that according to Mr. Tait's prediction in two years, few are sanguine enough to believe.

What ought we to tell a patient when election must be made between craniotomy and a Cæsarean section? Answering from Leopold's statistics, 8.6 per cent. perish, whereas only 2.8 per cent., or a little more than one fourth as many die after craniotomy. Theoretically all the children are saved by the Cæsarean operation, but Leopold's statistics show that 13 per cent. are lost. These are the facts from which her conclusion may be drawn, not urged, but only advised by the obstetrician as to which he believes the better. It is probable the majority of women will select that which is least perilous to their lives.

It is probable that amputation of the pregnant uterus is destined to occupy a more prominent place than it yet has, and it may be a large experience, and that of many, will confirm the position which Mr. Tait has assigned it. The simple method of performing it advised by him, will certainly commend it to all practitioners. He declares it "the easiest operation in abdominal surgery, and every country practitioner ought to be able and always ready to perform it. No special instruments are required—nothing but a knife, a piece of rubber drainage tube, two or three knitting needles, and a little perchloride of iron."

The future will soon answer the question as to whether hysterectomy or hysterotomy will save the larger number of patients, and have a mortality more nearly that of craniotomy; by that answer the obstetrician will have clearer guidance than he now has in one of the most important questions belonging to the casuistry of obstetrics.