

**Strictures on a paper published in the London Medical Repository, April 1815, intitled Observations on the Caesarean section, and premature delivery, by Odinoboethos : with observations on professional character and medical responsibility / by a surgeon.**

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PART I.

ORIGINAL COMMUNICATIONS.

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I.

*Strictures on a Paper published in the LONDON MEDICAL REPOSITORY, April 1815, intitled "Observations on the Cæsarean Section, and Premature Delivery, by Ωδινοβοηθος;" with Observations on Professional Character and Medical Responsibility. —By a SURGEON.*

"Est modus in rebus."---Horace.

THE promoters of Medical Knowledge, if they are sometimes compelled to lament the injuries done their art by the waste of time and talent in idle controversies, must more frequently rejoice at the successful use of the *Novum Organum*, and the exercise of impartial criticism on productions which might possibly tend to deteriorate, in the public-eye, the value of judicious practice.

We live now at an era in the history of science, in which we are surrounded by a generation of periodical writers and of watchful observers; and we must confess that we are often indebted to them for the publicity of insulated, but highly important facts; which would be lost to science without their arresting energy, and for the exercise of much useful animadversion. The man who communicates a successful method of practice, performed on rational principles in any case worth observation, is unquestionably entitled to the thanks of the community; and not less so is the man who relates a failure of his, not always, "all potent art;" for although there may be a more scanty offering of incense to the vanity of human nature, or the

pride of professional eminence, there will be the larger portion of praise to purity of motive.

The healing art is silently advancing towards perfection, in spite of the opposition of ignorance; of empyricism; of popular and vulgar prejudice; of a prevailing disposition to undervalue the labours of the Faculty, and to seize upon any thing like error, and exhibit it to their disadvantage, or to imply error and incapacity where they do not exist; and last, but not least, of a cause not less injurious than any of the former to the honour and dignity of the art, existing amongst its own professors—the jarring of interests,—disunion of views,—individual detraction,—illiberal opposition, and anxious rivalship: not in scientific attainment and professional enthusiasm; but in the art of getting patients, and of absorbing by every means as much practice as possible.

Zeal for the honour of the profession is most laudable. Medical men, however, do not seem to be fully aware, that very frequently the affectation of zeal for science may cover either overbearing vanity or personal invidiousness. The mask of zeal may serve to cover personal design: and a single sentence, even by implication, may permanently injure the practical celebrity of very worthy and competent practitioners.

I would by no means wish to deter any individual from the exercise of his judgment, on any statement of facts, or detail of practice offered to the public eye. The man who, dissatisfied with what he reads, takes up his pen, and boldly gives to the world his opinions, is more to be praised than he who, in private society, with a placid smile,

“Just hints a fault, and hesitates dislike:”

and both are preferable to the writer who attempts to conceal his severity by a thinly woven cobweb of softened phraseology.

I offer these remarks generally, and for the real honour of medical art; and having premised this much, let me now acknowledge, that these reflections form part of a train excited by the perusal of a paper in the last month's *Repository*, signed *Ωδινοςβονθος*. I do not assert that all these reflections apply to that paper, and to its anonymous author; but I leave it to him and to your other readers, to apply just as much of them, as the apparent tenor of the production induces them to think applicable.

After perusing and re-perusing that paper from the beginning to the end, it appears to me to have been evidently written with a design to prove, that the doctrine taught by Dr. Clough, in

his paper, is immoral; that it countenances illegal practice; that he would have put that illegal practice in force in the individual case he details; and that had he done so, the woman had an equal chance of dying, and the child no better one of living; but that her death was caused by an accidental unforeseen circumstance, unconnected with either the doctrine or the practice animadverted on.

These are the only general conclusions I can possibly draw from the paper.

Such conclusions, if the premises from which they are drawn are established in truth, are highly injurious to the reputation, and trying to the feelings of any individual. It is, however, my opinion, that they are not drawn from a correct view of the data on which the paper is founded; that the writer has given the highest possible colouring to the whole; and that his paper, instead of being, as he states, "observations thrown hastily together," exhibits every feature of an elaborate production.

I shall begin with quoting what he says respecting the cæsarean operation, generally, and particularly in this instance.

"It is, I apprehend," says he, "attempted to be proved by this case:

1st. That sometimes the cæsarean operation is to be preferred to the operation of perforating the head of the child; and that in the woman who is the subject of this case, such an operation would have been expedient." And he afterwards proceeds to observe: "I am not at all inclined to question the propriety of sometimes having recourse to the cæsarean section, because it has been proved, that there are women with pelves so extremely distorted, as to render the delivery with the perforator and hook impossible; and, consequently, no other means of bringing the child into the world remain but by this operation. When, however, it is recollected, that with scarcely a single exception, this dreadful operation has in England proved always fatal to the mother, it is impossible to contemplate it without horror, or to recommend it, except in cases of the most urgent necessity. But in the case before us, did this necessity exist?"

"We are told that 'the pelvis was preternaturally small, but not distorted.' Are there any cases of preternaturally small, *but not distorted pelves*, in which the cæsarean section can be necessary or justifiable?"

Your correspondent has done any thing but given force to the suggestion, that no necessity existed in this case for the cæsarean operation; for, after stating the constant fatality of

the operation in England, and observing "that it should not be recommended except in cases of the most urgent necessity," he asks: "but in the case before us, did this necessity exist?"

I feel convinced that the greatest necessity for the operation in this very case was proved by the death of the patient. The fœtus was wedged in a pelvis preternaturally small, without any practicability of extracting it even after the operation of cephalotomia; and uterine action was unavailing. If the cæsarean operation be defensible on *any* grounds in this country, it would have been so in this case. The only chance for life within the limits of probability, or even possibility, was the extraction of the fœtus by the cæsarean section; for turning and extraction by any other method were alike impracticable. As to the question, "are there any cases of preternaturally small but not distorted pelves, in which the cæsarean section can be necessary or justifiable?" I shall submit an observation to your readers, that the case in question was a case of preternaturally small, although not distorted pelvis, where the cæsarean operation would have been justifiable in consequence of the impracticability of turning the fœtus or extracting it, after the operation of cephalotomia had been performed; and the increasing exhaustion of the patient.

The cæsarean operation, although it has always failed in these islands, yet has *not always* failed on the Continent. What is the reason of this? No person, I presume, can do more than form a conjecture regarding it. If a successful instance of the operation should occur here, it might be as difficult to say why it succeeded, although I cannot help thinking, that the *possibility* is, that a comparison of all the circumstances attending the case, with the fatal ones which preceded it, might tend to throw light on this awful subject; and that one instance of success would be the precursor of many.

As yet, I cannot see sufficient reason for neglecting the operation in every case; for we have not arrived at the undeniable conclusion, that it never will succeed in any case in England; and in all the cases where it becomes justifiable, the death of the mother must inevitably follow its rejection, while its adoption holds out a small degree of probability of saving her life, and a great one of saving the life of the child, if it be early performed.

In cases of actually distorted pelves, where, *a priori*, the dimensions are known or approximated, the sooner the operation is performed the better. Indeed in such cases, where no possibility of getting the fœtus through alive or dead exist, would it not be preferable to perform the operation before the full period of delivery, uterine action not having commenced

at all? for I can hardly avoid thinking, that delay in performing this operation, in cases where other ineffectual attempts at delivery have been made, may be the cause of its having proved unsuccessful. But I hazard this opinion merely as a query.

Respecting this operation, and a point of moral right involved in it, and of law, which, if not in existence, might arise out of the circumstances I am about to mention, I shall offer a question:

Suppose the operation, from its alledged uniform fatality, were to be abandoned altogether; or suppose that it was considered as much certain death to the mother as the impossibility of delivery by art, then a woman with a pelvis distorted to the utmost, is consigned to certain destruction in the event of her pregnancy, unless abortion be procured before the fœtus shall have arrived at an age capable of surviving to maturity, or even of being born alive. Now as this is the fate of almost every woman so situated, is it more justifiable in a *moral* point of view, to suffer her to die, than to procure abortion before, or even after she has quickened? Or if she were fortunate enough to survive the operation once, would it be justifiable to let her run the risk of death again, when, by procuring abortion, her life might be saved? If there should exist a law, making it a capital offence to procure abortion in this case, I cannot bring myself to pronounce it morally just; and if such a possible case as I have supposed be not excepted, it must be included in the law to that effect. The consideration of right in all things must be preferred to expediency; and though it may not be expedient, yet is it right in all and every possible case involving the inducing abortion to avoid destroying a living fœtus, to save the life of perhaps a valuable and (as far as moral conduct and relations go), an upright member of society\*?

"Unless," continues your correspondent, "the deviation from the size of a well-formed pelvis be very great, it would be desirable to let a fortnight or more elapse, after the seventh month of gestation is completed, before labour be artificially excited. In this very case it appears, that when the pains of labour came on, the pelvis was sufficiently large to admit both arms and one leg to pass through it, and yet there was still room for the head to be strongly wedged in the brim; may it not then have been safely inferred that there would have been space sufficient for a child of this growth to pass, had the pre-

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\* It is on this expediency of suffering positively a few small evils to occur to prevent, not the certainty, but the chance of many great ones, that the law would be general in this case.

sentation been natural?" To this I reply, that the deviation from the natural size in this pelvis was very considerable; that a fortnight's growth at this period of utero-gestation may prove a great impediment to the delivery of the child alive through such a pelvis; that if thirty-one weeks\* of utero-gestation be completed, the child does not stand so very small a chance of surviving to maturity as the writer suggests; and that "from the impossibility of getting the hand into the uterus from the narrowness of the pelvis, (to use Dr. C.'s own words) to bring down the lower extremity; the probability is, that labour, excited a fortnight sooner, might have admitted, even in the event of mal-presentation, of returning the extremities and introducing the hand; nor do I think that, all things considered, "we may safely infer that there would have been room for a child of this growth to pass, had the presentation been natural."

Again, "The poor woman, it is said, fell with child about the beginning of February 1814; and on the 25th of September the labour was artificially induced, a period of, at the utmost, thirty-three weeks and six days, but probably not so long, as the above reckoning was made from the beginning of February; was this too long to wait before labour was artificially brought on, in a pelvis preternaturally small but not distorted?"

Now I do beseech the reader to observe the tenor of this sentence, "a period of, at the utmost, thirty-three weeks and six days;" how much does that time want of thirty-four weeks? One day certainly; but ninety-nine pounds nineteen shillings has not on the *ear* the sound of one hundred pounds, although it is that sum minus only one shilling. The writer adds, "but probably not so long." Why? I may with as much certainty say, but probably longer, as women err in their calculations one way as well as another; and this gives more strength to Dr. Clough's conjecture of the possibility of that step having been too long delayed (meaning premature labour): and with regard to the general principle of inducing premature labour, I candidly confess, that an error in favour of the mother regarding the precise time of inducing it, is much more venial than one designedly in favour of the child, but tending to injure both the mother and the child.

The writer of the paper now before me says, "that the principle of saving the life of the child is as much set at nought by

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\* Dr. Clough's patient had completed positively thirty-four weeks, minus one day, and probably thirty-five full weeks; if so, she still would have completed thirty-two weeks, had delivery been accomplished artificially three weeks before it was excited.

inducing labour too soon as by delaying it too long;" or, in other words, by bringing the child into the world incapable of living, and bringing it into the world dead. This unquestionably is as true as it is possible for a truism to be; but I do conceive that, the character and the responsibility of the practitioner being taken into account, with the circumstances of the patient's health, and the probability of the child being very large, a fact which must be decided by the pelvis being small, a short delay may prove highly injurious; and the risk of that injury is heightened by the chance of erroneous reckoning on the part of the woman.

I shall offer no further remarks on the practical part of this paper. Let readers form their unbiassed judgment on what I have advanced, which they will do the better, from not knowing the names of the writers either of the observations or these strictures. But I have another part of my design to fulfil—to offer some observations on Medical Responsibility; and on what *Ἀνεροβανθος* advances respecting moral conduct and legal opinion.

"In reference to this subject," says the writer, "it is proper for all practitioners of midwifery to understand exactly how they would be affected by the law relative to the criminally procuring abortion."

What, I demand, has the criminally procuring abortion to do with Dr. Clough's case, or this writer's remarks on it? I know not whether Dr. Clough was acquainted with the *lex scripta*; but his acquaintance with it could not have influenced his practice. I sincerely hope that the medical profession has no members belonging to it who require or care to know this law; and I am sorry your correspondent should have sullied your pages with the word *criminality*. Who will thank him for letting him know the *lex scripta* in this case? Who so criminal? And how can the knowledge of this law concern a responsible person, acting up to his judgment and to the rule of rectitude?

Again—"The inducement of premature labour is a practice valuable or otherwise, exactly as it is properly or improperly undertaken." No one can doubt this. It is another undeniable truism. "In the hands of a discreet and upright Accoucheur it may be productive of much public and private benefit." So, the writer allows this; but does he really mean, that unless this discreet and upright Accoucheur know the *lex scripta*, his discretion and his rectitude may answer no other end than, some day or other, to get his neck into the pillory? Now he does, he must mean this; or else he must mean, that Dr. Clough is among those referred to in the next sentence; or



why say, in one person's hands it may do *good*—in another's, *harm*—and yet plainly tell us, that it is requisite *all* should know the sentence of pillory and death? I shall thank any correspondent, if he can, to extricate the author of the paper out of *this* dilemma. I cannot, I will not think that our profession contains any such unprincipled, although it may many inexperienced persons. "It behoves all," he again observes, "who are engaged in obstetric practice, to understand fully the principles of this method, that it may never be adopted but upon right and proper occasions; and they ought to know (what, I presume, few of us do) how the laws respecting the crime of procuring abortion apply to this practice, in the event of an appeal to a magistrate."

The principles of the method, I believe, are known to every practitioner acquainted with the method. But as to "few of us" knowing how the laws apply, &c. I must say that it matters not how they apply. I, for one, am not a jot the wiser for any thing your correspondent has told me; nor do I think it worth knowing or inquiring into. If ever any practitioner procure abortion to answer any disgraceful end, let him be punished as he deserves. The law, in my opinion, applies to motive; and if it does not, in this case, as clearly as in murder, or manslaughter—it is a *blemish* in the law.

The information given us respecting the pillory is requisite for only two classes of persons—I trust neither exist amongst us—knaves and fools; for who but a knave would require to be told of the pillory, lest he should apply premature labour to disgraceful purposes? and who but a fool would so err as to involve his reputation, and be incapable of defending himself legally, whether he knew it or not? That the breach of enacted laws is punishable of course in *medical* men as well as in others, I grant; but there is surely very little chance of men, whose fame, whose fortune, whose peace of mind, depend on a fair character, prostituting such a principle as the one under discussion for disgraceful purposes.

When the College of Physicians confer a degree and power to act professionally on an individual, he becomes most responsible:—first, to the laws, as a matter of course; then, to domestic society; and, lastly, to his own conscience. But the more you detract from the latter high and solemn responsibility, the more you lessen the energies of the mind, freeze the "genial current" of noble and virtuous emulation! The more you make a man ponder and muse upon his amenability to law, the more narrow and confined are all his energies. Whilst a good and great man obeys the laws, because the breach of them is foreign to his heart, he, in addition to the tribunal erected for the