A detection of the fallacy of Dr. Hull's defence of the Cesarean operation.

A

DETECTION

of the

FALLACY

of

DR. HULL'S DEFENCE

of the

CESAREAN OPERATION.

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Tollere scit morbos, sed quomodo? Tollit et Agros!

Experimenta per mortes agunt!

We rip up big-bellied women!

Manchester:

PRINTED BY SOWLER & RUSSELL.

Sold by CLARKES, Manchester; VERNOR and HOOD, Poultry, London;
CREECH, Edinburgh.

It is the nature of an hypothesis, when once a man has conceived it, that it assimilates every thing to itself as proper nourishment; and from the first moment of your begetting it, it generally grows the stronger by every thing you see, hear, read, or understand.

TRISTRAM SHANDY, vol. 2. ch. xix

His pride is greater than his ignorance, and what he wants in knowledge he supplies by sufficiency. When he has looked about him as far as he can, he concludes there is no more to be seen; when he is at the end of his line, he is at the bottom of the ocean; when he has shot his best, he is sure none ever did, or ever can shoot better, or beyond it. His own reason he holds to be the certain measure of truth, and his own knowledge of what is possible in

A DETECTION

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CÆSAREAN OPERATION.

I TRUST that the Public will excuse me for intruding on their patience with a few remarks on a "Defence of the Cesarean Operation," written by Dr. Hull. Of this defence, though addressed to me in the form of a letter, I never received a copy from the writer, either before or after its publication. This circumstance proves that Dr. H. is as little acquainted with the decencies common among authors, as his book shews him to be ignorant of the language and manners of Gentlemen. In spite of the high tone which the Dr. has assumed through the

whole of his work, his boorish vulgarity, and desire of misrepresentation, are so conspicuous, that they leave me no anxiety, as to the impression which it must make upon the mind of every gentleman, at all known to me, or qualified to judge of the subject in discussion. But it is incumbent on me to look beyond the limits of my own acquaintance, and to guard against the effect, which the circulation of so bulky a libel might produce, among common and hasty readers, uninformed on the question, and equally ignorant of my moral and professional character.

The Doctor's indignation against me is extreme, for having anticipated the publication of the *learned*, and voluminous treatise on *Cæsarean Births*, with which he has threatened the world for twelve months past. But, I hope his resentment will be softened, when I candidly confess the sympathy which I feel in his misery, in consequence of being informed by his friends, that he had studied the German language, for the express purpose of preparing himself for that elaborate performance. When I read in his book, that his delivery of this mighty conception was retarded by the want of "important publications from Germany," I could not help thinking of a humorous anecdote which I shall

relate for the amusement of my readers. After Henry IV. of France became a convert to the Roman Catholic religion, he ordered the Cardinal du Perron to write an apology for him. The Cardinal delayed the execution of this commission, and when asked by the king how his book went on, replied, that he was waiting for some manuscripts from Rome. One day the king took the cardinal with him to see his new buildings at the Louvre, and on his finding fault with the architect for neglecting to finish one part of the work, the man excused himself, by saying, that they wanted some large blocks of stone. "No, no," replied the king, looking at the cardinal, "it is because you are waiting for manuscripts from Rome."

If my unlucky pamphlet has produced the Dr's. abortion, he might have reconciled himself to his misfortune, by reflecting on the occasion which it gave him of escaping that worse than Cæsarean section, which must have awaited him had he travailed to his full period.

When I read his extracts intended to prove that the Cæsarean operation should be performed without delay, and even in cases where instruments, to a moral certainty, may be used with success, I was not at all surprised that the noble

contempt of life which such doctrines imply, should lead him to suppose it impossible for a professional man to write a pamphlet, with the view of preventing, as far as his influence might extend, the revival of an operation which has proved so fatal to his countrywomen. The revival! I beg the Dr's. pardon for repeating a word, the use of which had before drawn on me his indignant reprehension; and I am ready to acknowledge that the word *revival* has no relation, and ought never to be applied to any case of the Cæsarean operation.

To the Public at large, particularly to those who are called upon to witness the severe sufferings incident to the other sex, in which, I must acknowledge that I feel an interest, and a sympathy, that the circumstances of my own cannot produce, the motives which I have assigned for my conduct will appear natural, and honourable, and just. Let Dr. Hull, in a cold and mean spirit of professional jealousy, regard the conduct issuing from these motives, as an evidence of rivalry, with a man equally unknown to me and the Public; I will never condescend to apply the language of apology to it, but shall feel myself bound to defend the sex, whenever occasion may require it, against professional

cruelty, as every man's honour requires him to do against private insult.

The Dr's. book consists, in a great measure, of an extraordinary assemblage of quotations, of which, if he can see the application to his own purposes, I must confess that he possesses a degree of ingenuity, that his readers must despair of attaining. As far as I am capable of judging, he estimates quotation by its quantity, like the glutton, who

> ——with more than harpy-throat endued
> Cried, send me, Gods, a whole hog barbecu'd!

Not aware of this *Canine appetite* of the Dr's., I could not foresee that I should incur such outrageous reproofs from him, for extracting only what was sufficient for my purpose, from the authors to whom I referred. His conduct, indeed, is perfectly consistent; for with the cruelty of a Cæsarean operator, he dismembers the unhappy writers that fall into his hands; while their mutilated fragments serve no other purpose than to swell his work, and prevent the reader from discovering the scantiness of his own materials.

As an evidence of this assertion I might refer the reader to pag. 8. of the Doctor's book, in which he gives the following quotation, on the

subject of hernia, from Mr. Bell, to prove that the Cæsarean operation ought to be more early performed, and that its fatal consequences are to be attributed to its delay. "In the treatment of herniæ it has been remarked, that the French surgeons prove usually more successful than German or British practitioners, and so far as I know, no reason can be assigned for the difference, but that the French *proceed more early to the operation* than the surgeons of almoſt any other nation."*

In the strangulated hernia, a tumour is formed without the cavity of the belly, by the displacement of some of its contents, and, generally, by the descent of a portion of intestine, through either of the abdominal rings, or under Poupart's ligament, attended with excruciating pain, great tension of the abdomen, incessant vomiting, and a total suppression of stools. These symptoms are occasioned by a stricture upon the intestine, and unless it be speedily removed by an operation, if the prolapsed part cannot be returned by other means, mortification and death will, most probably, ensue. This disease very commonly attacks a person in perfect health, owing to some previous bodily exertion. In performing the operation, on

* Bell's Surgery, vol v. p. 300.

dividing the ring or Poupart's ligament, in the case of an inguinal or femoral hernia, avoiding, however, to expose the cavity of the abdomen, the symptoms will be immediately relieved, and, if the bowels be then copiously emptied, the patient will soon be restored to perfect health. On the failure of the attempts to replace the gut, as gangrene sometimes comes on rapidly, recourse is very properly had early to the operation. But it is generally admitted by practitioners in this country, that the French surgeons are too hasty in their determination, and that they sometimes perform this operation, when the protruded part might be returned by persevering in the means usually prescribed, even before there is any danger of the inflammation terminating in mortification, the approach of which the symptoms would indicate.

During pregnancy a peculiar state of the system prevails, commonly of an inflammatory tendency, which is considerably increased previous to the coming on of labour, at the full time; after even a natural labour, certain changes occur in the womb, which are connected with a determination to the breasts; this usually happens in a few days after the birth of the child, and it is not uncommonly attended with a smart attack of fever. Should any of

these salutary changes be interrupted in their course, indisposition, more or less severe, but never without danger, will certainly ensue. The state of the system then before and after labour, has no resemblance to the state of the system before the coming on of a strangulated hernia, or after the removal of the strangulation by an operation.

In the Cæsarean operation, the cavity of the abdomen is largely exposed, a large wound is necessarily made into the womb, which has been ranked, by Chirurgical writers, in the list of mortal wounds, besides the danger arising from extravasation into the cavity of the belly; this, however, is a matter of light concern, for the Dr's. absorbents grow so ravenous after the Cæsarean section, as to eat up a pretty large clot of blood before any mischief can arise from its acting as an extraneous body.

But, notwithstanding these operations, as I have shewn, are entirely distinct in their nature and consequences, yet, according to the Dr's. logic, the recommendation of one of them, by a writer, is sufficient authority for the peformance of the other.

He is equally unfortunate in his next extracts, which he brings forward, to shew that Queen

Jane Seymour was delivered of Edward VI. by the Cæsarean operation.

As the Dr. has a great antipathy to my translations I shall quote one of his own.

" When the Queen was in labour of her firſt child, the King was asked whether he would have the life of the mother or the infant preſerved, for it was judged impoſſible to save both. The child's, replied he, for I ſhall be able to find mothers enough. This anſwer did not fail to aſtoniſh, although no other ought to have been expected from a prince, who of his ſeven wives, divorced ſome, cauſed others to be beheaded, or to die miſerably, and who renounced his religion." p. 14.

To do him all poſſible juſtice, I ſhall add two of his extracts from Hume's Hiſtory of England, which, he ſays, will *go a great way* in ſupport of his aſſertion. " Speaking of Anne Bullen," he ſays, " Anne's enemies ſoon perceived the fatal change, and they were forward to widen the breach, when they found that they incurred no danger by interpoſing in thoſe delicate concerns. She had been delivered of a dead ſon; and Henry's extreme fondneſs for male iſſue being thus for the preſent diſap-

pointed, his temper, equally violent and superstitious, was disposed to make the innocent mother answerable for the misfortune." Chap. 31. " Soon after this prosperous success, an event happened which crowned Henry's joy, the birth of a son, who was baptized by the name of Edward. Yet was not his happiness without allay : the Queen died two days after. But a son had been so ardently wished for by Henry, and was now become so necessary, in order to prevent disputes with regard to the succession, after the act declaring the two princesses illegitimate, that the king's affliction was drowned in his joy, and he expressed great satisfaction on the occasion." Chap. 31.

If the extract from Dionis, in which there is nothing like an assertion that the operation was performed, appear to the Dr. an affirmation that Edward the Sixth was brought into the world by the Cæsarean section ; and if the two extracts from Hume, which do not contain the slightest, or most remote hint respecting it, *go a great way* according to his judgment, in support of the same conclusion, it is plain that his perversion of mind is such, that the total want of evidence affects him in the same manner, that moral proof acts on other men.

I have made use of a strong term, but I will produce another passage, which will fully justify it. It is the Dr's. general conclusion from his *own extracts*, one of which from Mauriceau that I have not copied (p. 13.) expressly intimates that the supposed operation was performed to save the child, at the hazard of the mother, " qui mourut quelques jours après cette cruelle operation ;" *who died some days after that cruel operation.* The Dr. then says, " You may perhaps fancy, that I have given myself a good deal of unnecessary trouble, in order to throw light upon an immaterial point of English history ; but you must now learn, that my views extend rather further. For if you admit the authorities brought forward, as proving satisfactorily the operation to have been performed upon Queen Jane Seymour, it will follow by your own concession, that it has been performed once, at least, without endangering the life of the mother even in England. And if you reject the authorities as insufficient and unworthy of belief ; remember that from Mauriceau and Dionis you draw your principal arguments, or rather invectives against the Cesarean operation." p. 16.

It seems then, that if a patient dies two days after an operation, it is sufficient proof to the Dr.

that her life was not endangered by it. It is rather unfortunate for gentlemen, who reason in this way, that the law of the land might draw a different conclusion; unless indeed the satire of Pliny be applicable to professional men in this country;

"Nulla præterea lex, quæ puniat inscitiam capitalem, nullum exemplum vindictæ: discunt periculis nostris, et experimenta per mortes agunt." *

I will not venture to provoke the indignation of this extraordinary scholar, by attempting a translation of the above sentence. But, I hope that he will permit me to introduce a satire of a lighter character in our own language, which it might be convenient to insert in the Diploma of a Cæsarean operator.

"And we do further charge all mayors, justices, aldermen, sheriffs, bailiffs, headboroughs, constables, and coroners, not to molest or intermeddle with the said doctor, if any party whom he shall so pill, bolus, lotion, potion, draught, dose, drench, purge, bleed, blister, clister, cup, scarify, syringe, salivate, couch, flux, sweat, diet, dilute, tap, plaister, and

* Plinii Secund. vol. 3. Lib. xxix. cap. 1. pag. 190. Ed. Elsevir.

poultice, should happen to die, but to deem that the said party died a natural death, any thing appearing to the contrary notwithstanding." *

As I have not studied English history in French books of midwifery, I shall favour the Dr. with an extract from an authentic English historian, that will probably correct his opinion, which is certainly of no consequence to the point in question. Indeed if the Dr's. book had not given me a just idea of the character of his mind, I should have been somewhat surprised at an avowed advocate for the Cæsarean operation expressing so inconsistent an anxiety to prove, that the operation had been performed in a case, where the consequences were fatal according to his own acknowledgment.

Burnet, speaking of the birth of Edward VI. and of the death of Queen Jane Seymour, his mother, says—" He was born at Hampton Court, on the 12*th* of *October*, being St. *Edward's* Eve, in the year 1537, and lost his mother the day after he was born; who died, not by the cruelty of the Chyrurgeons ripping up her belly to make way for the Prince's birth, (as some writers gave out, to represent King *Henry* bar-

* Foote, Devil upon Two Sticks, Act 3.

barous and cruel in all his actions; whose report has been since too easily followed,) but as the original letters that are yet extant, shew, she was well delivered of him, and the day following was taken with a distemper incident to women in that condition, of which she died."*

The Dr. has endeavoured to impute to me, an adoption of certain modes of practice, which I had stated merely as being recommended by Hippocrates, and which were certainly judicious at that period, as I had represented them, or as the Dr. himself remarks (p. 29.) "they were justifiable, because the practitioners of that period were not acquainted with better." The passage is as follows—"Hippocrates, who practised medicine in the fifth century before the Christian Æra is silent on this operation. His directions are few but judicious on the management of labours. Considering the head as the only natural presentation, when any other part presented, he directs it to be returned, and the head to be brought down "ut prodeat secundum naturam." When the child was dead, and the head presenting could not be delivered by the pains, he orders it to be opened, and the bones of the cranium to be picked away with forceps or the crotchet; and when further

* Hiſtory of the Reformation, vol. 2. p. 1.

resistance is made from the swelling of the body, he directs to lessen it, by cautiously introducing a sharp curved instrument affixed to the larger finger, and then to extract it piecemeal with the embryulcus. If the hand or foot presented and could not be returned, he directs it to be amputated, and the head to be brought down; should this attempt fail, recourse to be had to the division of the parts, and then to the crotchet."

With the view of misrepresenting me in the interrogative form, he asks me these two questions—

Do you maintain, Sir, that when any other part presents it ought to be returned, and that the head ought to be brought down ?

Will you persist in declaring, that if the hand or foot present, and cannot be returned, it is a judicious direction to amputate the presenting member, and to bring down the head ?

Yet in two pages afterwards he gives my own words, in my remarks on Celsus, which I shall shortly have occasion to introduce, and which contain a full reply, both to these questions and to the inference that he had affected to deduce from my quotation from Hippocrates.

Thus it is plain, that his love of misrepresentation is so obstinate, so devoid of sense and decorum, that he will persist in misinterpreting my meaning, at the very time that he brings forward my own words to refute his perverse and wilful misconstruction of it.

The Dr. next gives us three quotations from Hippocrates, (p. 18, 19.) which are intended to prove that the practice of delivering by the feet was known to him, and that the labour was occasionally, at least, terminated, without returning them, and making the head present; and these also, like the Dr's. *historical proofs*, make against him.

Children must have been born with the feet presenting in all ages, and it not uncommonly happens, I believe, that the child comes by the feet at eight months; and, if the pelvis be well formed, little difficulty would occur until the head came to be delivered, and even this would present no material obstacle, from its size being relatively small. When the body was born, and the head stuck in the passage, it would naturally occur to attempt its disengagement by taking hold of the body and endeavouring to extract, which would, very generally, accomplish the delivery.

As the Doctor is so fond of figuring as a translator I will gratify him by giving his translation of the passage (p. 18.) taken from the book *de Octimestri Partu*—" All children are formed with the head uppermost, yet many are born with the head first, and pass more safely than those, which are born with the feet foremost: for the bendings of the body do not obstruct the child, which is coming into the world with the head first: But it is rather, when it presents the feet, that obstacles take place."

There is not one word in this passage of an operator's delivering by the feet; the Doctor, therefore, not only does not understand Hippocrates's Greek, but is ignorant of the meaning of his own English.

His next quotation (p. 19.) is taken from the book *de superfœtatione*, and here the direction given is *not* to *extract by the feet*, but in a footling or breech case, after the whole body is delivered, (by the powers of nature) and the head only remains in the passage " to introduce both hands, previously moistened with water, between the os uteri and the head, and in that way to extract it."

The third extract (p. 19.) finishes the parade of Greek quotation, and closes the climax of literary absurdity ; for it absolutely proves, that it was not Hippocrates's practice to give manual assistance, as the Dr. pretends ; because breech and footling cases could not have proved so fatal, if he had known how to manage them.

In pag. 20. the Dr. thus introduces my remarks upon Celsus—

" We will now see, if you please, whether your powers are better adapted to making a report of the writings of Celsus."

" Celsus," you say, " who lived in the first century of the Christian Æra, copies Hippocrates, but is more full on the subject than his predecessor. In his chapter on the extraction of the dead fœtus, he deviates however in one very material point, namely, in bringing down the feet when near at hand, or when one presented, or when it was necessary to turn, instead of pushing them back to make it a head-presentation. This was unquestionably a very great improvement, (for I have not met with any mention of it in the writings of Hippocrates,) as it is well known that such a presentation requires on that account, no material

deviation from the treatment of a natural labour. They had but few resources in those times for saving the child, or hastening the delivery; when any difficulty or delay presented, change of posture, succussion, and the endeavour to bring down the head, when not presenting, or the feet according to Celsus, for I am willing to extend his practice to the living fœtus, seem to be the whole of their scanty catalogue, and with some few medical directions of very doubtful propriety, this short sketch comprehends their practice, as far as concerns the birth of the child."

And then he thus comments upon it—" If the direction noticed above were judicious, viz. when the hand or foot presents, and cannot be returned, to amputate it, and bring down the head; I wish to ask you, How it can be *a very great improvement* to deliver by the feet, as you here represent? The modes of practice are diametrically opposite: and therefore, if you contend for this being such an improvement, I must contend, that the precept of Hippocrates is extremely injudicious. And, I think you, upon a little reflection, will hardly venture to deny it. That *you* have not met with any mention of delivery by the feet in the writings of Hippocrates, does not at all surprize me;

although I have fully proved, that such a practice is repeatedly mentioned in the writings attributed to Hippocrates, and quoted by you as his works. For it is a matter of doubt with me, whether you can read a single aphorism of that author in a latin translation; and I shall prove by and by, that you either have not the *ability* or the *honesty* to translate very easy and perspicuous latin. *Utrum horum mavis accipe.* Nay I will even indulge you so far, as to step out of my way to bring one instance forward here, because you may perhaps have a wish, that the proof should immediately follow the assertion. In your *Reflections*, you will find at page 34, the following passage. "One of Rousset's operators made a circular incision to shew his superior dexterity." Upon my word, Sir, you have demonstrated your superior dexterity, as a translator, by construing the humane and amiable motive of the two surgeons employed, "*quo matri parcerent*," "*to shew his superior dexterity*." p. 21. 22.

On the former part of this curious extract, it will be unnecessary for me to add any thing to what I have above observed, for it is "*fully proved*" by the Dr's. own quotations from Hippocrates, that there is no mention made by him, of *manual delivery* by the feet.

With all the Dr's. display of learned quotation it would appear, that he is so poor a Latin scholar, as to mistake a comment of my own for a literal translation. It does not seem very probable that the woman would be more likely to be ſpared by making a circular incision, to accomplish the delivery, when a simple incision would have answered the purpose. Nor is such a double and superfluous incision a very favourable proof of the surgical skill of "*Adam Aubry and William Colas, two celebrated surgeons.*" p. 23.

But can Dr. H. think such violent abuse justified by a harmless incidental remark, that the operator meant to flourish, or to shew his superior dexterity, in making his circular incision, as Dr. Trusler directs, in his learned instructions on the art of carving hams?

The Dr. goes on (p. 23.) "Let us now return to Celsus, and allow me to tell you, that you have misinterpreted him." Behold his words, "Verum intus emortuo corpori manus injecta protinus habitum ejus sentit; nam aut in caput, aut in pedes conversum est, aut in transversum jacet: fere tamen sic, ut vel manus ejus, vel pes in propinquo sit. Medici vero propositum est, ut infantem manu dirigat *vel in caput, vel*

etiam in pedes, si forte aliter compositus est. Ac, si nihil aliud est, *manus vel pes adprehensus, corpus rectius reddit, nam manus in caput, pes in pedes convertet.*" Lib. vii. Cap. xxix. "You have asserted in the extract given above, that "when it was necessary to turn," Celsus brought down the feet. This is evidently an interpolation of your own. Pray be so good as to answer the question I am now going to propose; Is it not necessary to turn the child, when a *hand* presents? You surely will not have the audacity to reply in the negative. But you will find in the passage, quoted by me, that Celsus did not direct the child to be turned, and brought by the feet, *when a hand presented.* He says, that the body of the child is placed in a better situation by laying hold of either a hand, or a foot; for, by pulling at the hand, we shall bring the head to present; and, by pulling at a foot, we shall bring the feet to present." The Doctor has, for obvious reasons, omitted to translate the former part of his extract from Celsus. When the arm presented, it will be seen, from what I have said, that it was deemed the best practice of those times to amputate the limb; the practice of turning and delivering by the feet, under such circumstances, was then unknown. But besides pulling at the presenting arm to bring down the head, or pulling at a foot, to

bring down the feet, Celsus describes a *third* case; and, that is, when the body "*in transversum jacet.*" In his directions for accomplishing the delivery, he says—"Medici vero propositum est, ut infantem manu dirigat, vel in caput, vel in pedes, *si forte aliter compositus est.*" It is the object of the physician, should any other presentation occur, to bring down the head or feet. "*Ac, si nihil aliud est, manus*, &c." When the body of the child lies across, *(in transversum jacet,)* and neither the upper, nor lower extremities present, if the hand be introduced, and the feet be brought down, what is that but a *turning* case? Has Dr. Hull, in the course of his twenty years practice, in a very populous neighbourhood, never met with a case, in which, although the arm of the child presented, the feet were found near to the os internum, on returning back the former to bring down the feet? The Dr. thinks he has "*fully proved*" that delivery by the feet was known to Hippocrates, and yet that Celsus was ignorant of this mode of delivery. He here accuses me merely of *interpolation*, while he has assumed to himself the privilege of gross misrepresentation; for, from my own words as above transcribed, who could have supposed it possible that I should have been accused of saying, that Celsus directed the child

to be turned, and brought by the feet "*when a hand presented.*"

In pag. 39. the Dr. says, "My ingenious friend, Dr. Haighton, in the Medical Records and Researches, has been very properly employed, in searching into the authenticity of those recorded cases where the mothers have recovered after Cesarean Births, and has endeavoured to shew, that many of the cases might have been extra-uterine, because the relaters have not been sufficiently particular in their descriptions to remove all doubts." In the next page he cites the following passage from Dr. Haighton, "I believe the instances where the child has been saved in the extra-uterine cases are very rare, because the true state of things is seldom ascertained during its life, and the inducement to operate is generally the consequence of some attempt, which nature has been making to relieve herself by forming an abscess in the abdomen."

The authority of Dr. Haighton is certainly respectable, and, like the rest of Dr. Hull's references, will serve to refute his own statements. In an "Inquiry concerning true and spurious Cæsarian Operations," published in the Medical Records and Researches, after

observing on the " *universal fatality, which has, in this country, attended those attempts to save patients by this operation, where delivery had been found impracticable in any other way* ;" and after some further remarks, he observes, that, " this appears to be viewing the subject only as an affair of calculation, in which our hopes rest on no rational basis," and then he laments the want of authentic information, and of satisfactory evidence, in the cases recorded.

In the concise historical sketch of writers on this subject, which he has given, the *amiable* Rousset claims his earliest notice, the character of whose writings he thus delineates, (p. 244.) " The writings of Rousset (who by the way is one of the greatest advocates for this operation) are marked with a more than common degree of sterility in this respect ; indeed very little authentic matter can be gleaned from his work, whether we search for general or particular facts. What opinion can any cautious reader form of a treatise in which he is told that one woman had been the subject of the Cæsarian operation *seven* times, six of which she of course survived ? Credulity seems to pause at such relations. Nor can his doubts be completely removed in the following case of that work,

containing the more modest assertion of a repetition of this operation *three* times in another woman. Justice to Rousset, however, requires me to acknowledge that such cases, even if they were proved fabulous, amount not to any impeachment of his veracity, because he records them on the testimony of others, (ex fideli auditu) but certainly they may reflect somewhat on his credulity, since he has thought fit to avail himself of them as a prop to his opinions, as well on the expediency, as on the safety of that operation."

In pag. 248. Dr. Haighton observes, that "there is something in a minute and circumstantial detail of phenomena, and occurrences arising during the performance of an operation, which may be considered the internal evidences, and vouchers of its truth, and which tends to stamp a credit on the relation of it beyond what the combined testimony of a multitude of witnesses can effect; and when I either hear or read an extraordinary case, unattended by such vouchers, I know not whether to credit or disbelieve. By this test I shall beg leave to examine a few cases which have been long since laid before the public, as evidences of the success and safety of the operation. And first of those related by Rousset, in which he says

he has had ocular evidence; but what he calls ocular evidence is *not* being present at the operation, and gaining information at its source, as we should naturally suppose; but consists in nothing more than examining the cicatrix, noticing the remains of the sutures, where they are perceptible, hearing the woman's account, or the account of some one who was present, and then he promulgates this as a case of Cæsarian operation successfully performed."

Dr. Haighton then adduces his proofs from the cases published by Rousset, and after stating the first case, as probably genuine, though far from being satisfactory with regard to internal evidence, he observes (p. 251.) "How questionable, then, is that information which is derived from measuring the cicatrix, or numbering the remains of the sutures."

Dr. Haighton then successively reviews, in a very candid and interesting manner, some other cases published by Rousset, but I must content myself with referring my reader to his ingenious paper, having made sufficient extracts from it to shew, that he entertains an opinion of Rousset's cases not materially different from that which I have given; so that when Dr. Hull undertook "the defence of this excellent and amiable

writer" against my "*shameful and ill-founded aspersions*" (p. 26.) he applies his *courtly* phrases, through me, to his ingenious friend Dr. Haighton, and I have no objection against standing on the foreground on such an occasion.

Indeed it is plain from Dr. Hull's manner of characterising Rousset as the *amiable*, that, to perform the Cæsarean operation, and be a professed advocate for it, entitles a person, in his estimation, to that epithet. As the Dr. has, on these grounds, a better claim to the term, according to his own acceptation of it, than any person with whom I am at present acquainted, I shall, for the future, occasionally gratify him with the complimentary appellation of the Amiable Dr.

The amiable Dr. then proceeds to notice (p. 41.) my remark that "several of his (Rousset's) cases besides strike me as being extra-uterine, which would make a very essential difference in the consequences to be apprehended from the operation;" upon which he observes, "I allow that this circumstance would make a very essential difference in the consequences to be apprehended. I really believe that the consequences would more frequently be disastrous; because there would be great danger

of fatal hemorrhage, from making an attempt to detach the placenta from the parts, to which it adheres in those cases, on account of their not possessing the contractile power of the uterus. And if the placenta should be left behind, (which I consider as the more eligible practice,) I am fully convinced, that it would be more likely to excite inflammation, &c. of the abdominal cavity, than a mere coagulum of blood, which is all that remains to be absorbed after a true Cesarean operation, when the divided parts heal by the first intention."

"Hence it appears, that, by considering the cases of Bauhin as extra-uterine, the poor women have survived a more dangerous operation than Hysterotamy."

This passage will serve as a specimen of the Dr's. method of obtaining facts, by the assumption of his own surmises, and of deducing his *legitimate* inferences from them. Extraordinary as it is, I shall have occasion to notice others still more extraordinary. The instances of recovery, after the expulsion of an extra-uterine conception, by abscesses, or by ulceration; or the instances of their continuing, even for years, without exciting any very material disturbance in the system, are not uncommon, when con-

sidered relatively to the rare occurrence of such cases, as the records of midwifery will shew; of the former of which, an interesting case is related in Dr. Haighton's paper before quoted, and I will treat him with another from Le Dran, to shew that nature is competent to the making of extraordinary efforts in the same way, upon the Continent.

"A woman of forty-three years of age, and of a small stature, who had had several hard labours, being pregnant of a thirteenth child, and believing she was near her time, the 22d of April, (1726) perceived a flooding, and the 23d had an excessive loss of blood. The midwife sent for the surgeon of the neighbouring village, who bled the patient. Pains, like labour pains, came on by degrees, which lasted four or five days, and ended by a very fœtid and copious diarrhæa, which much weakened the patient; all things appearing at the same time disposed for the birth of the child. The fever that supervened was very considerable, and cast her into an excessive faintness and loss of strength, accompanied with a *nausea*. As I was passing through the village the 29th, the lady of the place desired me to visit the patient, whom I found in the condition described above.

" Though the external parts were disposed for the labour, nevertheless I could not feel the internal orifice of the *matrix*; it was raised again considerably, neither could I perceive the child to move; this made me believe the child was dead, notwithstanding the mother's imagination, who thought she felt it stir. I withdrew at this time, because they had sent to *Pontoise* for a midwife from *Paris*, who being weary of waiting, and finding the matrix retired, went away, saying, there was nothing to be done for several days, as the *diarrhæa* and fever continued.

" The 13th of *May* in the morning, the husband changing the linen, found the *placenta* hard, dried, and very fœtid. The common midwife had likewise left the woman, and expressly forbid the husband to have recourse to a surgeon, and that it would not be long before she returned. The 16th of *May* as I was passing through the village, I saw the husband, who had been for a plaister to apply upon a swelling his wife had upon her belly: when I entered the room, I smelt a prodigious stench, which I believed to proceed from the *diarrhæa*, and gave me a melancholy idea of the woman's case. I found a tumour situated upon the *linea alba*, a finger's breadth below the navel: it was black, and the gangrene extended three fingers breadth

circularly, and had discharged abundance of serosity.

I cut off all that was gangrened with my scissars, and found something that resisted. The gangrene being removed, I drew the *fœtus* by the shoulder that presented itself, and the arm separated from the body. I completed the extraction of the whole body, however, which lay on the right side, and drew out the head in three separate pieces, all flattened except the *occipital* bone, which had preserved a little of its curvature. The substance of the *cerebrum* and *cerebellum* was entirely dissolved, and mixed with the *pus* that filled the cavity containing the *fœtus*. The excessive stench would not allow me to examine the little carcase any longer, nor to discover what sex it was. I ordered it to be taken away immediately, and finished removing all the putrefaction, which was extended much further in the internal part, by the compression of that extraneous body, than on the external.

I washed the parts with warm wine and *aq. vuln.* having nothing else at hand. The dejections, or suppurations, were very infectious for five or six days, as well by this aperture as by the *vagina*, and consisted of a liquid white *pus*, and very acrimonious, which caused con-

siderable inflammations in those parts where it was lodged. This filthy stench gradually dissipated by the suppuration, and grew sweeter by the vulnerary and aromatick injections used by both orifices. There is one thing particular, viz. that sometimes the injections passed freely from below upwards, and from above downwards, but not at every dressing. With all the pains I took to find out which way they passed sometimes, I could not discover it, nor the orifice through which the child had passed from the *uterus*. Whether it was formed and nourished in the *Tuba Fallopiana*, or whether it had made a passage through the *uterus*, is what I dont pretend to explain.

"Without reasoning any longer upon this subject, my sole aim was to procure a re-union; an affair that cost me abundance of trouble to compleat; because the woman rising out of her bed, the aperture dilated itself by the weight of the parts bearing downwards. Nevertheless, nature performed her part, having much advanced the cicatrice, and the woman also by her careful management, so that she perfectly recovered, and enjoys a good state of health."*

* Le Dran's Surgery Observ. xcii. communicated by Mr. Metivier, &c. &c.

But of what use can it be to extract the child by an operation, in a case of extra-uterine conception, if the placenta is to be left behind? Is the placenta then to be absorbed? Dr. Haighton shall speak presently to the absorption of a "mere coagulum of blood" from the abdominal cavity; and as to the union of the divided parts by the first intention, "after a true Cesarean operation;" unless the Dr's. *Synoptical table of success* will prove the truth of such an occurrence, I am at a loss to know where to look for the record of it, as having happened in this country. His conclusion is worthy of such premises, namely, that gastrotomy, or the section of the parites of the abdomen, is attended with less danger to the woman, than when hysterotomy, or the section of the womb is superadded to it. The Dr's. *legitimate* inference then, in this case, is, that the danger of the wound of the abdomen is lessened by making another of equal size through the body of the womb!

The Dr. in his zeal to vindicate the memory of the *amiable* Rousset, next favours me with an epigram by *Marchant*, which, with his usual unhappiness of selection, is introduced in connexion with his panegyric on that great object

of his idolatry, and professional imitation. Notwithstanding his fondness for translation, he has omitted to render it into English, I hope, therefore, that I shall receive his thanks for attempting a paraphrase of it, for the edification of those of his readers, who are as ignorant of latin, as he reports me to be. The Dr. having sometimes mistaken my references and remarks for translations, I think it necessary to tell him, that I do not mean the following for a literal translation, but merely as an easy compliment, resembling the original, or (to shew the Dr. that I am acquainted with a learned word, an *adumbration* of it,) which may be applied to any Cæsarean operator, who, not having the means of procuring a really honourable degree, from Edinburgh, or the English Universities, has been obliged to have recourse to Leyden for a passport.

Say, are you surgeon, quack, or doctor bred?
For sure one trade's enough for such a head—
Nor Scotch, nor English schools gave your degree,
Cheaply dubb'd doctor by Dutch courtesy.
But while you slaughter many a pregnant dame,
You quit the doctor's for the butcher's name.

The original epigram is as follows,

" Pro Regio Parisiensium Chirurgorum Collegio.

Ordinis es cujus, rogo dic Rossete, vel artis
Si medicorum (inquis) te suus ordo rogat;
Nec tu donatus lauro, titulove medentum,
Et furtim exerces, quod titulo ipse nequis:
Sed tu dum scindis miseras per frustra parentes,
Artis eris cujus, dic rogo, *carnificis.*"

My quotation from Parey next claims the Dr's. attention, (p. 43.) on which he fastens as a strong hold, and after combating Parey's reasoning, as to the manner in which the fatal consequences ensue after this operation, he says triumphantly—" It is proved then, that Parey's objections to the operation, as given in your quotation, are theoretical, and therefore not worth attention in a case of this importance." The reasoning of Parey, like the practice of Hippocrates, is the best the times afforded; but it will be sufficient to extract the passage from my book (p. 12.) to shew the use I intended to make of his authority.—" The present improved state of medical science will furnish objections against Parey's reasoning, whether they be conclusive or not; but it is evident a successful case had not come within the scope of his observation. Indeed several writers mention that he was so ashamed of having been present at the operation with Guillemeau, by which his sanction was apparently given, that

he forbore to mention it, and contents himself with reprobating it in general terms." Parey " who has been stiled the restorer and improver of midwifery" and who was first surgeon to three successive Kings of France, when speaking of a fact, which had apparently cost him much anxiety, is thus cavalierly treated by the Dr.

Besides Parey's celebrity as a surgeon, he was held in the highest estimation as a man, by the several crowned heads whom he had the honour to serve; and his personal influence with Charles the IX. was so great, that it put a stop to the massacre of St. Bartholomew, perpetrated in the year 1572, as the following quotation will inform my reader.

" It was not long before Charles felt the most violent remorse for the barbarous action to which they had forced him to give the sanction of his name, and authority. From the evening of the 24th of August, he was observed to groan involuntarily at a thousand strokes of cruelty, which every one boasted of in his presence. Of all those who were about the person of this Prince, none possessed so great a share of his confidence, as Ambrose Pare, his surgeon. This man, though a huguenot, lived with him

in so great a degree of familiarity, that on the day of the massacre, Charles telling him, that the time was now come when the whole kingdom would be Catholics: he replied without being alarmed, "By the light of God, Sire, I cannot believe that you have forgot your promise never to command me to do four things, namely, to enter into my mother's womb, to be present in the day of battle, to quit your service, or to go to mass." The king soon after took him aside, and disclosed to him freely the trouble of his soul: Ambrose, said he, I know not what has happened to me these two or three days past, but I feel my mind and body as much at enmity with each other, as if I was seized with a fever: sleeping or waking, the murder'd huguenots seem ever present to my eyes with ghastly faces, and weltering in blood. I wish the innocent and helpless had been spared.

"The order which was published the following day, forbidding the continuance of the massacre, was in consequence of this conversation."*

Guillemeau is treated with rather more decency (p. 47.) because he does not deny, as Parey had done, the possibility of a recovery

* Sully's Memoirs, vol. 1. p. 38.

after the Cæsarean operation; on the contrary, he admits that it had been performed successfully, even at the early period in which he wrote: But he contends that "we ought not to judge of the spring from the appearance of one swallow, nor construct a science upon a single experiment."

Again—"It is not at all surprising, that the cases in which Guillemeau operated, should have a fatal event, when we consider how much he and Parey were prejudiced against this mode of delivery; for we may thence fairly infer, that they had first employed every other method; and that the subjects were in a very dangerous situation at the time it was resorted to. That this was really the case, however, I will not venture to assert, because neither the state of the patients nor any other particulars are given, from which a proper judgment can be formed."

In the first part of this extraordinary extract, the Dr. endeavours to prove the reasonableness of this operation, because Guillemeau does not deny the possibility of a recovery; yet, after having twice performed it, without success; and having been present at three several operations by other surgeons, which ended fatally; and judging, like a man of sense, that one success-

ful case occurring against all reasonable expectation could not justify so horrible an operation, he wrote against it, that his successors might profit by his error.

And in the second part of the extract the Dr. "*fairly infers*" against the want of success of Parey and Guillemeau, because they were prejudiced against it, and then he immediately tells us that he will not "*venture to assert that this was really the case.*"

I believe it will be inferred by every reasonable mind, not infatuated with the determination to run all hazards for the possibility of one recovery, that neither Parey nor Guillemeau were prejudiced against this operation, or the former would not have twice sanctioned it by his presence, nor the latter have twice performed it, and as to the condition of the patients at the time of the respective operations by Guillemeau, no other just inference can be drawn, as they were both convinced of its impropriety by the result of those two cases, but that every requisite attention had been bestowed, and that it would be useless to detail the particulars. So little indeed does the conduct of Guillemeau bear of the appearance of prejudice, that, as above observed, he thrice witnessed the perform-

ance of it by other surgeons. It would seem rather that their conclusion against it, was drawn from a conviction, grounded on facts, that it ought not to be performed.

In pag. 47. the Dr. says—" For what reason you have forced into your book, at pag. 13. an extract from an Act of Parliament, passed in the year 1511, I cannot possibly conjecture, unless it be to insinuate that you are *cunning*, and all the Accoucheurs in Manchester *uncunning*."

Whether the Dr. is authorized to offer himself as the Champion of all the Accoucheurs of Manchester, or only of a *part* of them, he does not tell us, but he seems very willing to be employed on such an occasion.

My wish is to prevent the Accoucheurs of Manchester from being cruel.

The Dr. next comes to my long extract from Mauriceau, for the length of which I had to plead its importance to the subject under discussion, and he seems to be very angry that I should have gained seven pages to my book, and yet afford him only one single circumstance to gratify his spleen. With a neatness pecu-

fiarly his own, he says (p. 48.)—" And yet you have been guilty of the most shameful mutilation I am acquainted with. Please to take up your *Reflections* and look at page 17, line first, whilst I shew, that there ought to have been inserted between the words *follow* and *However*, a most material passage."

If the Dr. will look into the seventh edition of Mauriceau's works, translated by Dr. Hugh Chamberlen, page 235, very near the top of that page, he will find that there is no such passage as he alludes to, and my long extract was made from that edition of Mauriceau's works. Not wishing to deprive the Dr. of every possible advantage, in support of his commendable endeavours to justify this humane operation, which his Synoptical table proves to have been so successful, I will transcribe his translation of the passage, which I had so shamefully suppressed, in order to soften his indignation against me, so justly provoked by my base treatment of Mauriceau.

Should this expedient fail of soothing the Dr's. irritated feelings, and perturbed spirit, I shall be at a loss, in future, how to proceed; but I am not without hopes of succeeding on the present occasion, for the Dr. has shewn

such a fondness for translation, that he has even translated my own motto. The passage runs thus—" To which I will add, that those who practise this cruel operation, do not in general undertake it, till after the woman has been several days in labour, without a possibility of delivery ; during which time the womb has suffered greatly from the number of fruitless pains, and has become inflamed through its whole substance ; which being then incised, the inflammation is encreased, and does not fail to contribute to the certain death of the patient." (p. 49.) After an attentive perusal of my long extract from Mauriceau, the reader will smile at the insertion of this passage, which, if it has any meaning at all, is intended to prop the Dr's. recommendation of the early performance of this operation ; a deduction not warranted either by Mauriceau's very elaborate and decisive opinion, as cited in my quotation, or by the contents of the Dr's. extract. But, will he take the trouble to apply its doctrine to his own practice, and then tell us how he can justify himself for performing the operation, after the woman had been ten days in labour, was nearly exhausted by continual unavailing pains, had suffered repeated paroxysms of convulsions, and when there were doubts of the life of the child ?

Leaving the Dr. in full possession of his ribaldry, I come next to his comment on my quotations from Dionis, and here, with his usual inversion of intellect, he accuses me (p. 50.) of having brought forward *facts* instead of *reasons*. Men of sense, like Dionis, govern their reasoning by their facts; but a Cæsarean operator would be deprived of a colourable pretext for his conduct, if his facts were not made subservient to his theory. It is worthy of the Dr. to accuse others of acting upon theoretical grounds, whilst he has none other for the support of his conduct, for his own experience is against the operation.

He next (p. 54.) bestows much labour in defence of Scipio Mercurius, and the substance of his charge against Heister, whom I quoted, and myself, is of a very heinous nature; for, instead of Mercurius having said "that the Cæsarean section was as common in France, as bleeding for the head-ach was in Italy," the Dr's. translation tells us, that "*this operation is as well known in those countries, as bleeding in cases of head-ach is in Italy.*" The presumption is, that if it were so generally known, it was commonly practised; and as to the Dr's. illustrative observation "that amputation is an operation as well known in England as bleed-

ing," the experience of every man is adverse to it; for scarcely a man can be found, who has not been bled himself, or seen bleeding practised upon others, but comparatively few have seen an amputation. But this is not material to the point in question, and it is only valuable for the opportunity which it has afforded the Dr. of lavishing his invective upon Heister and me. With an infelicity peculiar to himself, he couples my name, in his petty attacks, with the names of men so truly eminent in their profession, that, to be ranked with them, even in their errors, would be almost an exaltation. Heister's character is so well-known in the profession, for his book must be in the library of every surgeon, that it can only be necessary for me to tell the general reader, that he was the author of the first complete system of surgery; and that, as a whole, it still remains the best system of surgery extant. There are indubitable proofs, however, of the Cæsarean operation having been said to be very commonly practised in France, about that time; and as a delicious morceau, I will treat the Dr. with an extract from the Monthly Magazine, for last March, not wholly inapplicable to the subject; premising, that I do not pledge myself to the entire approbation of Dr. Lacombe's proceedings, lest he should again presume interroga-

tively, as he has done on my extracts from Hippocrates, that my practice is regulated by them.

" A Dr. Lacombe, professor of midwifery, has recently given great offence to almost all the other members of the Medical faculty in Paris, by an outrageous public attack against that which is called in Midwifery the *Cæsarian operation.* He has challenged the advocates for this practice to public disputations. Several very turbulent scenes of dispute have passed between him and his adversaries. He triumphs as victorious and invincible, they, after contending in vain, to hiss, and cough, and laugh, and talk him to silence, complain, that he will suffer none but himself to utter a word as long as he is able to speak, and that when his animal spirits are exhausted, he then escapes refutation only by retiring under the pretence of excessive fatigue from the scene of dispute. He denies that Julius Cæsar was cut out of his mother's womb, rejects the credibility of almost every fact in history that represents the *Cæsarian Operation* as capable of being practised with success; *affirms* that in the sixteenth century this practice was proscribed in France on account of its certain danger and inutility; complains that a practice which is neither more nor

less than actual assassination, should have in the enlightened eighteenth century, become common in France, and almost in France alone ; and asserts, that with proper care, delivery is in all cases possible even without the use of instruments."

It is a pity that this sturdy Champion, who has adopted a congenial plan of brow-beating his adversaries, should not have taken Dr. H's. side of the question.

The Dr. next notices my quotations from Baudelocque, and, as usual, roundly asserts (p. 63.) that I have been guilty of " very egregious misrepresentations," but as the point is wholly irrelevant to the object in view, and would occupy too much space to explain, and especially as he acknowledges, that I have " slight grounds" to tread upon, I shall, at present wave the consideration of it, only recommending to my reader to apply the Dr's. extracts from that author to my remarks, and he will immediately see that I have done no injustice to Baudelocque.

To impute misrepresentations to another, which exist only in his own misapprehensions, is very natural with a man, who employs his

time in quoting, and in translating his own quotations, but whose capacity is unequal to comprehend the sense, or spirit of his author.

> "Pains, reading, study, are their just pretence,
> And all they want is spirit, taste, and sense.
> Commas and points they set exactly right,
> And 'twere a sin to rob them of their mite." *

It would have been extraordinary in any man but the Dr., to have given a case of the Cæsarean operation, and a successful one too, in which the surgeon could not tell why he performed it.

Should there be a possibility of the truth of that recital, still the Dr. cannot justify his predilection for the operation by it. The very intent and meaning of my essay was to prove, (and I trust that I have proved it,) that, whatever the success of the operation may have been in France, the practice of that country does not apply to this, from the operation having proved uniformly fatal here. And, that the French practitioners have had recourse to it, in dimensions of the pelvis in which the crotchet has been used with safety to the mother, in this country, will not be doubted by any Accoucheur but the Dr.

* Pope, Prologue to the Satires.

In pag. 64. he condescends to tell us that he will " notice in a future publication the opinions of Dr. William Hunter respecting the comparative value of the lives of the Parent and Infant."

Several extracts are then made from my book, without any comment, so that nothing offensive occurs, because there is no remark, until p. 65. where he observes—" To *you* it may not perhaps seem material to investigate the causes of the difference of result in the event of the Cesarean operation : But to *me*, and to medical men in general I should suppose, it appears a matter of the highest importance. I have, on that account, pointed out in a general way at page 10th, the causes, to which the greater proportion of deaths, occurring after it in this Island, are to be attributed ; and I shall now endeavour to shew why most of the fatal cases could not be expected to have a different event." The greater proportion of deaths ! all the women on whom the operation has been performed, in this country, have died. And as to the Dr's. " pointing out in a general way the causes," his attempted explanation will surely be rejected by the meanest capacity. His ingenious friend Dr. Haighton, shall tell him why the operation

must prove fatal to the mother. After investigating several assigned reasons for the fatality of the Cæsarean section, and rejecting them as insufficient to account for it, he observes—"Surely no greater causes need be looked for than the large incision made into the uterus, the (sometimes) sudden discharge of blood in considerable quantity, a great part of which often escapes into the cavity of the abdomen, *where it soon loses the properties it possessed while in its vessels, and consequently produces the symptoms of an excessive irritation.* No one, I think, will presume to say that wounds of the uterus are not to be ranked in the list of mortal ones; and the instances where that organ, or even the vagina, has been lacerated by an injudicious degree of force, amply prove the sufficiency of the cause to the production of the effect, and which effect usually takes place *before the symptoms of an inflamed cavity have come on.* It is to be regretted that this part of the danger is never likely to be averted by any human contrivance: but that part of it which depends on the extravasation of blood into the abdomen may sometimes be moderated by a gentle pressure of the abdominal parietes on the anterior portion of the uterus." *

* Medical Records and Researches, pag. 277.

§

The Dr. next produces his Synoptical table, the most tragic instance of logical suicide in his whole book, for certainly no man could wish for stronger and more conclusive proof, than this table affords, against the Cæsarean operation. By this table it appears, that the kingdom of Great Britain is indebted to the operation for the loss of the lives of fifteen women, for all those on whom it was practised, we are told, have died. The second Synoptical table, which extends also to Ireland, contains TWO cases; one resting on the testimony of two Irish women, of which, I may say

——————— credat Judæus Apella,
Non ego.

The internal evidence in this case is certainly against it, and the testimony of Mr. Duncan Stewart, who has related the case, and, no doubt, believed it to be a genuine case of the Cæsarean section, amounts to no more than the *ocular evidence* of Rousset.

The other case, though inserted as an instance of Cæsarean operation, the Dr. has himself taken pains to prove not to belong to his own designation of it. His book in general, but particularly his Synoptical table, demonstrates

that the logic of Hudibras is revived in the Amiable Dr.

> He was in logic a great critic,
> Profoundly skill'd in analytic;
> He could distinguish, and divide
> A hair 'twixt South and South West side;
> On either which he could dispute,
> Confute, change hands, and still confute.
> All this by syllogism true
> In mood and figure he would do.

The Dr's. proposal (p. 78.) of puncturing the womb to facilitate the making of a lacerated wound, appears to me to be commendable, and worthy of its author; for, patients having recovered after being ripped open by an ox, the practice may be said to be sanctioned by experience; and these successful cases probably furnished him with the idea of his ingenious project. Women have survived, the amiable Dr. tells us, after being operated upon by an OX and by a SOW-GELDER, both ignorant of the "cautious steps of modern surgery," thus the "*primo ictu*" operators, the *ox* and the *sow-gelder*, bear away the palm; but the ox having been successful in two cases, and the sow-gelder only in one, there can be no difficulty to the Dr. in choosing a leader.

Now, as both the women on whom he has operated, died, one in 22 hours, and the other in six hours, after the operation, I would recommend it to him to practise with a bullock's horn previous to his next Cæsarean operation, that he may perform it with becoming dexterity, as he no doubt intends to adopt the manner of so successful an operator.

Perhaps the Dr. may not have patience to wait till a third unfortunate female be placed under his care; but, inflamed by the example of a Negress, another "*primo ictu*" operator, who, he tells us, performed the operation successfully on herself "with a butcher's broken knife," (p. 78.) he may be inclined to try the experiment of gastrotomy in his own person, for the satisfaction of the Public. As this operation is the most analogous to the Cæsarean that his sex admits of, an argument in relation to the latter might be drawn from the event of it, and it might probably also deliver the Dr. of his false conceptions. He surely will not shrink from danger in his own instance, which he regards as so light a matter in the case of another, or yield the praise of superior skill and courage to an African slave. I will not require from him a circular incision, as the test of his dexterity, like that exhibited by his friends "Adam Aubry

and William Colas, two celebrated surgeons," but in compassion to his feelings, a simple incision shall content me; which may be made in the usual way, or by a "butcher's broken knife," or the still more successful instrument, a bullock's horn.

In pag. 94. he observes—"You next proceed to say," "Life is in the hands of God! and as there are cases of the powers of nature, working an outlet by abscesses, and in other ways, the only hope for the patient's surviving is by a reliance on her aid." "I would here ask you if *the only hope* for the patient's surviving be, as you state, by a reliance on the aid of nature, how it has happened, that totally disregarding these powers of nature, you recommend an operation, or rather a combination of two operations, afterwards, in cases of such extreme deformity of the pelvis, that it would prove considerably more dangerous to the parent than the Cesarean birth, and be certainly destructive of the life of her offspring?"

As the Dr. here asks his question with some semblance of temper, though with very little good manners, and appears really not to understand me, I will answer him. All the women who have undergone the Cæsarean operation in

this country, having died, it must be looked upon, by every rational mind, as certainly mortal, for the foreign cases of success do not apply. It is agreed, in those extreme cases, when the child cannot be born entire, from the pelvis being very narrow, and where the alternative is either to consign the mother to certain death by the Cæsarean operation, or to dismember the child, and bring it away piecemeal, that the child's life shall not be put in competition with the parent's, and therefore, should it be alive, that it shall be sacrificed, under such circumstances, to her safety, and the only question, is, as to the practicability of delivering by the crotchet. On the authority of the successful practice of Dr. Osborn, and Dr. Clarke, I have stated, that delivery might be accomplished safely to the mother, when the dimensions of the pelvis are no more than *one inch and a half in diameter*; but, should the pelvis be no more than one inch, the inference was that the woman could not be delivered by the crotchet. It appears highly probable, however, that these requisite dimensions would be acquired by the compound operation, which I have proposed. Could it be known that the child was certainly dead, all concern about it would of course be at an end. Supposing then the child to be dead, as in such dimensions of

the pelvis, it is believed, the crotchet would be useless, how shall the delivery be accomplished? Shall the mother be destroyed by the Cæsarean operation? Certainly not: let her die a natural death, or trust to nature making an extraordinary effort;—at any rate, it cannot be justifiable to supersede the natural termination of life by such an operation. Could the womb be persuaded to rupture, under such lamentable circumstances, by an advocate for laceration, and the child consequently pass into the general cavity of the belly, either gastrotomy, or the powers of nature might be competent to the mother's preservation; but, in general, the coats of the womb thicken as it enlarges its dimensions, and what is effected, with impunity, by the slow and secret process of nature, proves inevitably destructive to her, when rapidly executed by the hand of the surgeon. While, therefore, I cannot, from the facts, admit, that the application of the crotchet, under any circumstances, is "considerably more dangerous to the parent than the Cesarean Birth," for the mother cannot do more than die, I feel a thorough conviction, grounded on the experience of the safety of one of the operations, which I have proposed, that there would be not an unreasonable hope of her recovery. But, from some communications received since publishing my reflections, which

will be mentioned hereafter, I hope my project will never become necessary, and that the delivery may be accomplished by the crotchet in every dimension of the pelvis, however contracted.

In pag. 95. the Dr. says—" I must next step out of my way a little to bring forward what you have advanced, at page 39," and then he gives a quotation from my book, which was intended to shew, and can bear fairly no other construction, that any difficulty attending the operation itself could not have deterred surgeons from performing it, for that it is not so difficult as the operation for the stone, the strangulated hernia, the depression of the cataract, and many others, but that their conviction of its uniform fatality had influenced their determination against it. The Dr's. own list of successful operators will amply prove that neither a knowledge of anatomy, nor manual dexterity, is at all requisite to perform the Cæsarean operation.

He chooses, however, to regard my remarks on this subject, as conveying an imputation to his prejudice, which had never occurred to me. " If, says he, by the latter part of this quotation, you mean to intimate, that I have not performed

all the operations there mentioned, permit me to inform you that your insinuation is unjust."

An ill-natured critic might regard this as an ingenious way of advertising the Amiable Dr's. past extensive practice in the higher cases of surgery. The patients on whom he tells us that he had performed these important operations, recovered, I hope; though according to his mode of reasoning, as the death of an individual, after the Cæsarean section, is an argument in favour of the practice of it, the recovery of one; after the other operations, should be a bar to his future performance of them.

In pag. 96. the Dr. again breaks out, and becomes the defender of Mr. Hoffman of Prussia. With his wilful perversion of my meaning, I shall not concern myself on the present occasion. During Mr. Hoffman's short stay in Manchester, I had the pleasure of meeting him in company several times; and some of the Dr's. FRIENDS could have told him, that I had also a very interesting discussion with Mr. H. at a meeting of the Literary and Philosophical Society of this place; which, the Dr. will scarcely conceive, was conducted with temper, and good manners, on both sides. Should the Dr's. letter ever fall in Mr. Hoffman's way, I am persuaded,

from his good sense, and from his gentleman-like manners, that the Dr's. malicious interpretation of my words will have no weight with him.

I had not to learn that there are German surgeons of great professional abilities; yet the general *state* of the art in Germany is so much inferior to what it is in our own country, as to warrant my remark. Some of his friends could have told him, or he will probably learn, from written testimony, when his papers arrive, how unlikely it is for recoveries to take place there, so frequently, in cases which have proved uniformly fatal in this country.

With regard to any opinion, which may be formed by foreigners, (p. 97.) of the state of two branches of the healing art, from my reflections, facts will operate differently on different minds. Should there be one surgeon in Germany, who justifies his practice by the death of his patients, he will be on the Dr's. side. In a cause in which humanity is so deeply interested, it will be a sufficient consolation to me to have an unit against me.

In pag. 99. he says—" This operation was performed at Leyden, in May 1793, when I

was there, by the celebrated Professor Sandiforth, in a case where he informed me, that the delivery might have been effected by the crotchet, without much difficulty. I saw him on the day after the operation, and he at that time had great expectations of the recovery of his patient. What was the event I have yet to learn." As the Dr. grounds the propriety of his practice on exceptions to the general course of experience, there must be something uncommon in all his cases; but, in the present instance, he outdoes his usual outdoings, for, without troubling himself to learn the particular circumstances, or the result of Professor Sandiforth's case, he introduces it to strengthen his opinion in favour of the operation. There are men in this country, to say the least of them, as eminent in their profession, as Professor Sandiforth, or any other Professor upon earth; yet it has ever been unanimously agreed, by all the respectable practitioners, that the Cæsarean operation should never be performed, when the delivery can be accomplished by other means. The patient being alive next day only proves that she did not die immediately, (if the case terminated unsuccessfully;) for as well might it be said that the late Mr. Mellish did not die of the pistol shot in his forehead, because he lived many days after the perpetration of the crime. But I hope

the Dr. will receive some papers from Leyden, as well as from Germany, and give their contents in his future elaborate performance.

The Dr. next favours me with his remarks on the method that I have mentioned of performing the operation; and here he is so wild in his interrogatories, so confused in his notions of the anatomy of the parts, and so determined on misrepresenting me, that it is difficult to discover precisely his meaning. I shall, therefore, notice a few points only, and let the reader judge for himself of the rest.

I had said it would be better that the abdomen should be opened in the direction of the *linea alba*; should the womb incline very much to either side, the site of the incision will of course be changed. The operation has been performed in this part, but the grounds on which it claims a preference had not, I believe, been before distinctly stated.

After the operation is finished, the next object will be to promote an union of the divided parts by the first intention, and at the same time to provide a remedy against fortuitous occurrences. I shall transcribe the passage from my book, which describes the expedient I have pro-

posed to meet a probable difficulty, as the Dr. has thought fit to suppress it.

" The next point is the providing a passage for the transmission of any extravasation that shall take place, whether it be blood or any other fluid; and, instead of introducing a tent or canula, as some have recommended, the light application of lint between the lips of the lower angle of the wound, so as *in part* to hinder the union of the sides, will accomplish it very completely.

" Should symptoms indicating a collection of fluid arise, it will be easy to break through any slight adhesions that shall have taken place *between the parts* of the *surfaces lying in contact*, and yet by adopting this method, every possible chance will be given for *escaping inflammation of the cavity*."

The Dr. has furnished me with an example of a partial union, such as I have described, in his own book, (p. 91.) " On removing the dressings this day, it was observed that the ligature of the incised wound, had so cut through the skin, that the lips of the wound were separated from each other at the *outer surface*, but that at the *bottom of the wound an union of parts* had taken place."

Could any man have supposed it possible, after reading the above extracts from my book, for the Dr. to have imputed to me the design of exposing the cavity of the belly, and not of uniting the parts by the first intention? His imputation in pag. 107. is equally groundless, " that the wound of the uterus, after the necessary contraction of that viscus, will correspond with the external incision."

My words are " the wound in the uterus will necessarily correspond with the external incision," the clause " after the necessary contraction of that viscus," is added by the Dr. so that he has refuted his own statement, and not mine, and thus becomes solely entitled to his own *gentle* reproofs.

The Dr's. vindication of the *transverse incision* is extremely curious. The science of anatomy, like the knowledge of the grounds for peforming the Cæsarean section, would seem to belong exclusively to him. As he so clearly proves my ignorance of the subject, Mr. Charles Bell, who may be presumed to know something of anatomy, shall answer him.

Speaking of abscesses, which penetrate among the abdominal muscles, down to the peritoneum, he says, " It is wrong to cut across the belly in

opening collections of matter amongst these muscles, unless they have been destroyed by the matter; because the *fibres of the muscles are then cut across*, hence they retract and form a gap; and at the same time the possibility is increased of *wounding* the *epigastric artery* which runs up the belly."*

My reader will recollect that the Dr. has drawn his PARALLEL case from Bell's surgery; which case, however, most clearly, has no analogy to the Cæsarean section. It would have been more candid to have stated Mr. Bell's opinions on the subject in question, and as the Dr. has omitted to notice them, I will now produce them. In describing the manner of performing the Cæsarean operation, he says,— "The cut should commence two inches above the umbilicus, on the outer edge of the rectus muscle, and from thence should be carried in a *perpendicular* direction downward." "By carrying the incision on the outer edge of the rectus muscle we avoid the *epigastric artery*, the only *vessel of importance* that runs any risk of being hurt in the division of the teguments and muscles." "The incision in the uterus must correspond exactly with the external in-

* System of Dissections, pag. 5.

cision; which cannot *with propriety* be made in *any other direction* than the one we have mentioned." *

My quotations from Dr. Osborn next claim his attention; and, after commenting upon my statement in his usual way, he says, p. 113. "To what cause are all these gross misrepresentations to be imputed?" I presume Dr. Osborn can tell whether I have misrepresented him or not; certain it is that Dr. H. has either grossly misrepresented, or egregiously mistaken me.

It so happens that I have enjoyed the benefit of Dr. Osborn's instructions; and, embracing his opinions, and regulating my own by his successful practice, I have followed, and shall continue to follow, the doctrines which he has inculcated, in such cases of difficulty, arising from distortion of the pelvis, as shall occur to me. The introduction of the forceps, by the Chamberlen's, was not a greater improvement in the practice of their time, for the preservation of the child, than Dr. Osborn's method of delivering by the crotchet, is, for the preservation of the mother. It marks a new Æra in the practice of midwifery; and, from the time of

* Bell's Surgery, vol. vi. pag. 448, 451.

his delivery of Elizabeth Sherwood, by the crotchet, the Cæsarean section has been rendered unnecesary, simply on account of the narrowness of the pelvis.

Besides enjoying the advantages of Dr. Osborn's instructions, I have the satisfaction to possess his favourable opinion of my late publication ; which my reader will probably deem a sufficient answer to Dr. H's. charge of misrepresentation.

In a letter that I received from him, dated 21st of February, after speaking in very flattering terms of my pamphlet, and expressing his abhorrence of the Cæsarean operation, he says, " I hope you will, in some future edition of your essay, consider and treat the subject more at large ; and strenuously urge the inhumanity of recurring again to such horrible practice ; by which you will be doing a most acceptable service to the community."

It has ever been held by practitioners, and indeed it is the dictate of nature, and of humanity, that the Cæsarean section should be employed with the view, either to the preservation of the mother or child, or both of them. Should the mother be in a dying state, supposing,

for a moment, the operation not to be certainly mortal to her, and the child already dead, what end can it answer to operate under such circumstances? None, but that of destroying the mother by an operation to prevent her dying a natural death; it would be destroying her *secundum artem* to supersede the natural termination of life. How necessary then it is to obtain all possible certainty of the life of the child, before this operation be put in execution. This is a question of great difficulty, for the signs by which we must be governed in ascertaining it, are extremely equivocal. The Dr. thus unfolds himself on what I have stated on this subject, (pag. 121.) "I would first inquire of you when or where you have learnt that "it has been deemed requisite *to obtain absolute certainty of the child being alive, and also in such a state of vigour, as to give every possible assurance of its surviving this so fatal operation to the mother,*" in those cases where it is held necessary to perform the Cæsarean operation? Or whether this is not purely a creature of your own imagination? At any rate, I must beg leave to refuse my assent, *in toto*, to this position."

Although the women have all died, on whom this operation has been performed in this country,

and therefore, the only rational ground for the practice must be the preservation of the child; yet, the Dr. refuses his assent *in toto* to the position, that it should be known to be alive before the operation!

He next states—"With regard to the signs of the child's being alive, you say, "they are in general so equivocal, that it is only when taken collectively, that any stress can be laid upon them." If it be only *when taken collectively*, that *any stress* can be laid upon them, you must be understood to intimate that *no stress* can be laid upon them, *when taken singly*. But I contend that, if *no stress* can be laid upon them *when taken singly*, *no stress* can be laid upon them, *when taken collectively*. You have therefore made use of an expression, from which we are at liberty to infer, that *no stress* can be laid upon the signs of the child's being alive, when taken collectively." This is another specimen of the Dr's. logic. Has he never heard that in cases of MURDER, for example, circumstantial evidence is often all the evidence that can be obtained; and, that a verdict of guilty, against the criminal, is founded on a *chain* of *circumstances*, none of which taken *singly*, would amount to *moral* proof?x

there are many people who have the use of only
e operation of the intellect, though like short-
ghted men they can hardly discover it themsel
y can form single apprehensions, but have
either of the other of the two faculties the

In pag. 122. he proceeds—" Again, I contend in *opposition to your assertion*, that there are several signs, by which we are enabled to determine positively concerning the child's life, e. g. the pulsation of the heart, the pulsation of the arteries of the Funis umbilicalis, or any other arteries that are within our reach, &c. &c." The only case in which the practitioner can have any pretence for deliberating on the propriety of performing the Cæsarean operation, is, when the dimensions of the pelvis are so contracted, as to preclude the entrance of the head into its superior aperture; and consequently, when the pulsation of the child's heart can in no way be felt, should it be alive, till the mother has been ripped open.

To decide by *the pulsation of the arteries of the Funis umbilicalis*, is supposing a presentation of the funis; in which case, soon after the coming on of strong labour, the practitioner may probably learn, that the child is dead, from the absence of all pulsation; owing to the head pressing the funis against the edge of the pelvis, and obstructing the circulation in it. And, as to *any other arteries within our reach*, should it be a *breech-presentation*, the Dr. has not told us how we are to get at them, so as to ascertain that circumstance by the touch.

ordered, that people deprived of one sense have the others in greater perfection, such people form single ideas with a great deal of vivac and happy were it indeed if they could confine

Again, p. 122. " The declaration of the mother, contrary to your assertion, is in my humble opinion *very much* to be relied on. Since I have been engaged in writing these comments upon your *reflections*, I have been consulted by two females, one of whom has been delivered of four dead children in succession, and the other of six ; and they inform me, that they can distinguish very accurately, not only that the child is dead, but, in general, at what time it dies, and consequently how long they carry these respective infants after their death. The former patient I attended in labour ; she informed me, when I first entered the room, that her child had been dead more than a week, and, from the state in which it was born, I have no doubt of the truth of her observation. Will you, because one or two women have been deceived, assert that, " *the declaration of the woman is not at all to be relied on in this instance ?*" It would be just as reasonable for me to assert, because I have found *you* guilty of frequent egregious misrepresentations, that the declarations of other authors are not at all to be relied on."

The Dr. asserts and proves with equal facility and truth ; his proofs are worthy of his assertions, and they are both peculiarly his own.

Dr. Denman enumerates, in his section on the signs of a DEAD CHILD,* no less than *eight*.

1. Recession of the milk and flaccidity of the breasts.

2. Coldness of the abdomen.

3. Mechanical weight of the uterus.

4. Want of motion of the child.

5. Foetor in the apartment of the patient.

6. Foetor and ill appearance of the discharges.

7. Evacuation of the meconium, when the head of the child presents.

8. Œdematose, emphysematose, or other peculiar feel of the head of the child.

Besides these, in pag. 189. Dr. D. says, "Many signs of a dead child have been mentioned by authors under the denomination of equivocal, as the livid paleness of the countenance of the mother, the offensive smell of her breath, and several others. But if it appears that those signs which have been called certain are in fact doubtful, it will follow, that very

* Introduction to Midwifery, vol. 2. p. 178. and seq.

little reliance ought to be placed in those which are acknowledged to be equivocal."

In his remarks on the sign of *want of motion of the child*, Dr. D. observes, p. 182. "Some pregnant women have never been able to perceive the motion of the child through the whole time of pregnancy. Others have asserted that they have felt the motion of the child, though the event has proved that they were not pregnant. Others have not doubted of the life of the child, though, after its birth, there were certain marks of its having been long dead."

The cases of Dr. H's. *two females*, then, only prove that the mother can *sometimes* tell when the child is dead; but, it so often occurs to practitioners, at all employed in midwifery, to remark the fallacy of her testimony, that I could not have supposed it possible for an accoucheur to lay any stress upon that sign alone.

But the Dr. has forgotten the contents of his own book, for he has given us *three* cases, which invalidate, as usual, his own testimony; in two of them, the Cæsarean operation was performed, and in one case by the Dr. himself; the third, is Mr. Welchman's case of the section of the symphysis pubis, and in all three the

mothers strongly asserted the child to be alive; and yet, in every instance, the child had been dead some time.

Dr. H. then says, p. 123. "I have next to make some remarks on one of the most shameful observations, that ever proceeded from the pen or mouth, of any medical practitioner. You say, if on the testimony of the mother, the Cæsarean section should be performed, and a putrid child should be extracted, (as the facts prove that she will certainly die of the operation,) *it would be difficult to determine whether the operator deserved most reprehension for his inexcusable ignorance or cruel inattention!*

"There can not be the least doubt, that this accusation is particularly levelled at me, and the gentlemen, who were concerned with me in performing the Cesarean operation upon the unfortunate Ann Lee." p. 123.

Having stated the question generally in my essay, I shall not here deviate from my original intention; but, as the Dr. says *there can not be the least doubt, that this accusation is particularly levelled at him, and his associates in that operation,* it would imply, that he was not quite certain of the direction of the other points of

my book, which he has so cordially taken to himself. Instead of there being *no positive signs of the death of the child*, there ought to be *positive signs* of its life, before an operation shall be entered on, which, when performed, even under circumstances the most favourable, has proved uniformly fatal to the mother.

It is not an error of judgment, on a single case, but an erroneous system of practice, which I oppose; a system in direct opposition to the facts recorded of the event of the Cæsarean operation; and, in this country, inevitably destructive to the parent. The expressions of *inexcusable ignorance*, and *cruel inattention*, are so far from appearing to me *uncandid* or *severe*, in reference to such practice; that, as expressive of my own opinion, and to shew the Dr. that I do not stand alone on the subject, I will transcribe a passage from an author, whom he has pressed into his service to sanction his recommendation of an early operation. It forms the latter part of my long extract from Mauriceau, which the Dr. has noticed so politely, as translated by Chamberlen.—" Now if because of all these reasons, a chirurgeon must never practice this cruel operation, whilst the mother is alive, although the child be certainly so, (which for all that may sometimes be very

doubtful,) I pray what infamy would it be for him if having so killed the mother, the child should also be found dead, after it was thought to be alive, much more ought he to abstain from it when he is well assured that it is dead."

It is perfectly consistent with our notions of philosophy, that an individual shall be at liberty to discuss any subject, on general grounds; for, without this privilege, there would be not only an utter impossibility of correcting error, but an insurmountable obstacle would be formed to the farther advancement of science. I merely used this privilege in my former pamphlet: but Dr. Hull, in the true spirit of literary tyranny, lavishes his invective on me, for not submitting implicitly to his Dogmatical assertions. On what principle he arrogates such authority to himself, I cannot conceive. His book rather invalidates than confirms his pretensions to it. But, with his usual consistency, he accuses me, without proof, of aiming to be *Censor General*; whilst, at the same time, he himself claims to be the *Medical Dictator* of his neighbourhood; and, to suppress all opinions but his own, by his *prerogatives* of *violence* and *effrontery*. There is, indeed, no occasion for any one to assume the office of Censor upon the Amiable Dr.; for if, after this warning, he should persist in per-

forming his Cæsarean experiments, the regular officer of the Crown, the Coroner, may, probably, think himself bound to exercise over him the Censorship, with which he is legally invested.

The suggestions of the late Dr. William Hunter have always claimed serious attention, from the men of sense in the profession of midwifery. I had embraced his project, as the only justifiable way of attempting the delivery of the mother, in the desperate circumstances contemplated. Dr. Hull has commented upon my proposal, with such singular felicity of temper and language, that, I will transcribe the whole passage, as a striking specimen, both of his talent for invention, and of the humane direction of his feelings, in matters of difficulty. He says, p. 128. " By adopting the project of Dr. Hunter, in such extreme cases of distortion, you have, I believe, manifested greater intrepidity than any other practitioner, in this kingdom at least, for I have never heard of one, who had the *hardiesse* ever to think of putting it in execution. Instead of this, however, I should, from your ingenuity, have expected the suggestion of some new operation. What do you think of an *Exsectio Symphysis Pubis?* Would not a complete and dextrous removal of the

anterior portion of the pelvis be preferable in the extreme case of distortion specified by you, to the mere division of the symphysis ? Or, if you should have an objection to the removal of so large a portion of bone, might it not be better merely to saw through the *ossa pubis* near the *Acetabula*, and also at their junction with the Rami of the Ossa Ischii ; and after extracting the child, to replace them, and take chance of their uniting again with the parts, from which they had been severed ? Perhaps, by either of these operations, a space might be obtained sufficient for transmitting a child through a pelvis, which is considered as rendering the Cæsarean operation requisite ; but scarcely for extracting a child through a pelvis, which has only one inch and a half *in any part* of its cavity, although you have stated this as a safely practicable crotchet case." *

* In page 46 of my pamphlet, the reader will find that the dimensions are thus specified, " when there is a space from pubis to sacrum, or from the fore to the hind part of the upper aperture of the pelvis, equal to an inch and a half, it will always be practicable to extract a child by the crotchet, when, &c."

Every candid reader will thus understand my meaning, when the dimensions are mentioned, in conciser terms, in subsequent parts of my essay.

His two schemes are such, as could have suggested themselves only to the mind of a Cæsarean operator; nor, would any other person have offered them even in a vulgar jest. They may perhaps hereafter claim as ample proof in their favour, as the Dr. has produced in his Synoptical table; but they would require a more skilful practitioner than a *negress*, an *ox*, or a *sow-gelder*; each of whom, he tells us, has been more fortunate than himself, in his favourite operation. At any rate, they are schemes somewhat congenial with the Cæsarean section; and, their coincident, and equally inevitable fatality, may consistently vindicate them an honourable place in the Dr's. list of *Surgical Resources*.

The Dr. next presents us (p. 129.) with a picture of the consequences to be apprehended from my Compound operation, which he has taken from Baudeloque's account of the section of the symphysis pubis. And here again, his own extracts are against him, and have no application to my proposal. Baudeloque's observations apply to the section of the symphysis pubis, when made with a view to the delivery of a living child, of the full size; and my proposal is intended to accomplish the delivery of the child, with safety to the mother, in that extreme case, when one life must be sacrificed

to the probable safety of the other. My object was to make way for the crotchet, for the delivery of the head, when reduced to the smallest possible bulk, the base of the cranium being turned sideways, and the texture of the child's body destroyed by putrefaction, so as to make the least possible resistance to the extracting force. That the Dr's. own extracts are against him is most manifest, for in page 136, he has cited from Baudeloque the following passage, —" at most it might be *substituted* for the forceps, in some particular cases only : for it cannot, *without great inconveniencies*, give the *pelvis* an increase of more than two lines from the *pubes* to the *sacrum* superiorly ; and that instrument may without danger, reduce the diameter of the child's head as much." This is a comparison between the safety of delivery by the section of the symphysis pubis, and by the forceps ; and, as the forceps is used for the preservation of both mother and child, what Englishman, from this comparison, could suppose so much danger, and such frightful consequences to attach to the former operation ? Baudeloque then well-observes, " But what practitioner would prefer a new operation, which *seems* to be surrounded by rocks, on every side, to one that has been crowned with a thousand successes ?" Certainly no man would ever think

of dividing the symphysis pubis, in a case, in which the child might be delivered by the forceps.

Again—" If we allow the former (the section of the symphysis pubis) any advantages, they would never be more evident than in that species of locked head mentioned by Roederer, where we cannot, says he, introduce any instrument between the head and the pelvis, at whatever part we attempt it; in that case it would merit a preference, over opening the cranium, the use of the crotchets, and the Cesarean section proposed by the same author:" that is, the *section of the symphysis pubis*, shall be preferred, in that case, to *lessening the head and extracting by the crotchet*; or, to *delivering the child by the Cæsarean section.* The above statement admirably illustrates the principle, on which I have recommended my compound operation; but, the practice of dividing the symphysis pubis, when the delivery might be accomplished by the crotchet, would be reprobated, with very few exceptions, by English practitioners; and, they would have no semblance of justification for their conduct, but in preferring the life of the child to that of the mother, a point they will not dare to avow openly, although

much pains be taken indirectly to impress that opinion.

The Dr. next furnishes me (p. 139.) with a case in point, for sanctioning the performance of my compound operation, in his abstract of Mr. Welchman's account of the division of the symphysis pubis; which was performed by him, upon a woman, "from an opinion that she had not the least chance of living without the operation." From a belief of the impracticability of delivering in any other way, (unless indeed by the Cæsarean operation, which this extract proves he deemed certainly fatal to the mother;) and, from the constant assurance of the parent, that *she felt the child move*, he divided the symphysis from within outwards, desiring the assistants, who held the patient's legs, to be careful not to pull her knees asunder. "He was astonished to find the *nates* of the child brought down to the *os externum* the first pain after the division was made; and that the body and *head* were extracted with ease. The child was large and quite putrid." p. 140.

"Mr. Welchman is of opinion, from an impartial review of the symptoms, that there is not the least reason to suppose the mother's

death was a consequence of the operation." p. 141.

The reader will here have the goodness to recollect the Dr's. picture, from Baudeloque, of the consequences of the section of the symphysis pubis, and to compare it with the account he has given of the case which occurred to Mr. Welchman. Stating the question very generally, I omitted to specify this case, or to swell my pages by its recital; but it is the one I alluded to in my essay; and it proves, as far as one case can prove, the truth of the position that I had advanced, namely, the probability of gaining, by the section of the symphysis pubis, sufficient space, in the case of distortion, which I had described, to effect the delivery by the crotchet, with safety to the mother. Mr. Welchman thought it impracticable to deliver his patient; and yet, on the division of the symphysis, the very first pain brought down the presenting part to the os externum, and a child of the full size, and swollen by putrefaction, was expelled without difficulty. Had the bones of the pelvis materially yielded to the force of the pains, in consequence of having lost their osseous texture, it is probable that the presenting part would have made some progress in its passage through the pelvis, which, we are told, did not happen,

although the pains were strong; yet, on dividing the symphysis, so much space was gained, that the child was immediately delivered, as above recited.

I am authorized then, from the above case, to state, that my *compound operation* would probably be successful in a contracted pelvis, where the patient labours under mollities ossium. And, if a large and putrid child could be expelled by the pains, (p. 140.) through a pelvis of three inches in diameter, I have no hesitation in saying, that it might be delivered through a pelvis of *one inch and a half in diameter*, by adopting the mode of delivery practised by Dr. Osborn.

In pag. 153. the Dr. says,—"Let me here ask you, if you, upon reflection can think it adviseable, that a child should be sacrificed, for the more probability of saving the mother?"

In his defence of the Cæsarean section, he has not confined himself to probability; for his Synoptical table informs us, that the mother will certainly die, if it be performed upon her. And, with respect to saving the child, his own *facts* prove indisputably the fallacy of his doctrine, and incontestably shew the uncertainty of

the signs laid down, for judging whether the child be alive or not.

The candid reader will not impute to me a design of wickedly, or wantonly intending to take away the life of the child, whilst I am an advocate for saving the mother; but will apply my doctrine to that extreme case, which I have so fully, and, I hope, distinctly described.

That the delivery may be accomplished with safety to the mother, in such small dimensions of the pelvis as I have stated, the successful practice of Dr. Osborn, and Dr. Clarke, bears irrefragable proof; and, I have it now in my power to inform my reader, from the same respectable authorities, of delivery having been accomplished, where the dimensions have been smaller than in their published cases. I have also the singular satisfaction of having Dr. Osborn's favourable opinion of my essay, inserted above, confirmed by the judgment of his very ingenious colleague Dr. Clarke, which he took the opportunity of expressing when he sent me a small literary present. I could not have foreseen, at that time, the necessity of the present pamphlet; but, judging it expedient to appear before the Public again, on the same subject, I solicited the permission of Dr. Osborn,

and Dr. Clarke, to publish their facts and sentiments, thus confided to me; which being readily granted, I will now lay them before my reader.

The following is an extract from Dr. Clarke's first letter, dated 19th of January, 1799.

"I beg leave to offer you my best thanks for your kind present. The subject of your work has much engaged my attention, and I am very glad to find my opinions strengthened by the result of your experience and reflexions.

"Since the publication of the cases in the Medical Journal, some years ago, I have met with several instances of extreme deformity, where I have succeeded by opening the head: in one particularly, the patient measured only thirty-three inches in stature, having been publickly exhibited as a dwarf."

In Dr. Clarke's second letter, dated March 9th, he says—"In my opinion, the Cesarean operation ought not to be performed, in any case of deformity of the pelvis, on account of *the deformity alone*, especially when it has arisen from rickets, in any dimensions of the pelvis which admit of extracting the head by the crotchet; which I have done in *one inch and a*

quarter from the pubis to the sacrum, and Dr. Osborn, in one instance, where there was only *three quarters of an inch.* Much has been said about the Cesarean section to recommend it, but in this country the failure has been uniform in all the cases published, and it is confessed by Baudeloque, a partizan *at that time* of the operation, that, out of ten women, with great difficulty, *one* escaped with life. Under this view of the subject, it is almost wonderful, that the Cesarean section should have any defenders. Dr. Osborn desires me to send his compliments, with his full permission to use his authority to oppose it."

If any further evidence were required in favour of the use of the crotchet, and against the Cæsarean operation, it is abundantly furnished by these cases, given upon actual observation by gentlemen of the highest authority. Every man of sense must be convinced that they completely decide the question. They will stand against a host of Synoptical tables, collected from hearsay, from the tales of Irish gossips, and unauthenticated publications.

In pag. 159. Dr. Hull says—" Do you think that a healthy child's life ought to be sacrificed, for the chance of preserving for a few months, a

mother labouring under an incurable disease, burthensome to herself, her friends, and society?" This question, like many others of the Dr's., is of a very extraordinary character. His own facts will inform him that he cannot tell whether the child be alive, much less whether it be healthy, before birth. And, although he so confidently limits the life of the mother to a few months, he has omitted to tell us how he calculates the certainty of the child's living for even that length of time. I believe, that some of the women delivered by Dr. Osborn, and Dr. Clarke, above alluded to, are still alive; and not one of them died of the extraction of the child by the crotchet.

To have recourse then to an operation, by which the living mother is *certainly* sacrificed, for the purpose of extracting a child, whose life, according to the Dr's. signs and practice, cannot be ascertained, is preferring *uncertainty* to *certainty*, an argument of an inversion of intellect peculiar to the Dr., which generally inclines him for a strange predilection for error, in contradistinction to the most obvious truths.

Here, I cannot help asking the reader, what must, according to his judgment, be the head or the heart of that man, who is capable even of

hinting a doubt on the rival claims to life of the suffering mother, and the unextracted fœtus. What, shall the life of the fœtus in utero be preferred to that of a woman attached to society by innumerable links, by multiplied ideas, associations, habits, and affections, which increase the desire of existence, and give her claims of resistless force to every chance of continuing it? The mind revolts at the thought; yet, the Amiable Dr. can indulge it with the greatest complacency.

In pag. 158-9, the Dr. furnishes his "reasons for considering the fœtus as equally, if not more sensible, than at any other period of life;" and after stating them, he concludes—"I think we may consider it, as proved beyond all doubt, that the fœtus is possessed of acute sensation before birth." As the fœtus is possessed of acute sensation before birth, and the mother feels so little pain from the Cæsarean section, is it intended to infer from these premises, that it would be more *humane* to destroy the mother by the operation, than to sacrifice the child to her safety? Has he never heard that a blow upon the liver does not produce an acute sensation? Has he never heard (for I must question *him* a little here) that a smart blow upon the scrotum will produce immediately such a degree

of faintness, as to destroy all sensation? Is he so ignorant of physiology, as not to know that the most important parts of the human body, the brain and lungs, for example, have little sensibility? Will he turn to the Medical Records and Researches, and there he will learn that a bayonet passed through the heart itself does not produce an acute sensation? And so it is of the womb, for a wound made into the substance of that viscus, by a sharp instrument, is not acutely painful.

Dr. Cooper says, in the account of his first case—"It may perhaps be worth observing also, that the *uterus* itself seemed to be possessed of very little sensibility even at the time of its being wounded." *

It has been very generally held that the life of the child in the womb is more simple than after its birth; reason dictates such an opinion, and experience confirms it. From a nicer knowledge of anatomy, and a more accurate acquaintance with the laws of the Animal economy, the physical laws of the fetal state are better understood than formerly. And it is a pretty com-

* Medical Obs. and Inquir. vol. iv. p. 265.

monly received opinion, that the life of the child, before birth, resembles the state of vegetable life; and, that the disproportionate bulk of its nervous system to the other parts of its body, is not intended to increase its sensibility, but to answer important purposes after birth. That very little nervous influence is required to evolve the different organs, in the uterine state, is proved by the case of monstrosity published by Dr. Clarke, in the dissection of which, the nervous system was found to be wanting. Besides, the imperfect state of the fœtus is further confirmed from the functions of one of the vital organs (the lungs) being suspended before birth; by the distension of which in breathing, after birth, the arrangement of the functions of the internal viscera is materially changed.

As the Dr. had so clearly shewn "that the fœtus is possessed of acute sensation before birth," (p. 159.) Could not he tell us to what uses this extraordinary sensibility is destined? All our knowledge being derived through the medium of the senses, and the sensations of a child in the womb being so acute, and its nervous system so large, its intellectual operations must be uncommonly brilliant. With a little of the Dr's. tuition, it might reason forcibly

in favour of the Cæsarean section ; it might, in a short time, become acquainted with as many different languages, as the Dr. has brought forward to astonish and overwhelm his English reader ; and it might soon learn how to make a book out of boorish abuse, and translated quotation. + It is to be lamented exceedingly, that all these wonderful attainments should be possessed only during the seclusion of the fœtus in utero, and that they should disappear the first moment of its perfect existence. Perhaps the Dr. will account for their disappearance on Mr. Shandy's principles, who is, like himself, an assertor of the superior sensibility of the fœtus ; and that he will derive from this high authority, an additional argument in favour of the Cæsarean operation. As that learned philosopher, the Dr's. prototype, has, in some respects, anticipated him, and is even a more interesting Ally than the Amiable Rousset, I shall make no apology for introducing a few extracts, which will prove that Father Shandy is one of the most laborious and zealous defenders of the Cæsarean operation, and well entitled to the Dr's. grateful, and honourable notice.

" My father, who dipp'd into all kinds of books, upon looking into Lithopædus Senonensis

+ 'He was a bragging fellow, often out of breath in quoting authors to maintain his impossibilities.' Clowes.

de Partu difficili,* published by Adrianus Smelvogt, had found out, That the lax and pliable state of a child's head in parturition, the bones of the cranium having no sutures at that time, was such,—that by force of the woman's efforts, which, in strong labour-pains, was equal, upon an average, to the weight of 470 pounds averdupoise, acting perpendicularly upon it ;—it so happened that in 49 instances out of 50, the said head was compressed and moulded into the shape of an oblong conical piece of dough, such as a pastry-cook generally rolls up in order to make a pye of.——Good God! cried my father, what havock and destruction must this make in the infinitely fine and tender texture of the cerebellum !—Or if there is such a juice as Borri pretends,—is it not enough to make the clearest liquid in the world both feculent and mothery?

" But how great was his apprehension, when he farther understood, that this force, acting upon the very vertex of the head, not

* It is a circumstance worthy of remark, that the figure of a petrified child, in Spachius's collection, here referred to, is placed in the same work, immediately after Rousset's cases, and that Dr. Hull appears to have read them in that compilation. It is plain, therefore, that he and Mr. Shandy have habituated themselves to the same train of reading, and derived similar conclusions from the same sources.

only injured the brain itself, or cerebrum,—but that it necessarily squeezed and propell'd the cerebrum towards the cerebellum, which was the immediate seat of the understanding.——Angels and ministers of grace defend us! cried my father,—can any soul withstand this shock?——No wonder the intellectual web is so rent and tatter'd as we see it; and that so many of our best heads are no better than a puzzled skein of silk,—all perplexity,—all confusion within-side.

" But when my father read on, and was let into the secret, then when a child was turned topsy-turvy, which was easy for an operator to do, and was extracted by the feet;—that instead of the cerebrum being propell'd towards the cerebellum, the cerebellum on the contrary, was propell'd simply towards the cerebrum, where it could do no manner of hurt:———By heavens! cried he, the world is in a conspiracy to drive out what little wit God has given us,—and the professors of the obstetrick art are listed into the same conspiracy.——What is it to me which end of my son comes foremost into the world, provided all goes right after, and his cerebellum escapes uncrushed?

" When my father had got so far, ——— what a blaze of light did the accounts of the

Cæsarean section, and of the towering geniuses, who had come safe into the world by it, cast upon this hypothesis? Here you see, he would say, there was no injury done to the sensorium; —no pressure of the head against the pelvis;— no propulsion of the cerebrum towards the cerebellum, either by the os pubis on this side, or the os coxygis on that;—and, pray, what were the happy consequences? Why, Sir, your Julius Cæsar, who gave the operation a name;—and your Hermes Trismegistus, who was born so before ever the operation had a name;—your Scipio Africanus; your Manlius Torquatus; our Edward the Sixth,—who, had he lived, would have done the same honour to hypothesis:—— These and many more, who figured high in the annals of fame,—all come side-way, Sir, into the world.

"The incision of the abdomen and uterus, run for six weeks together in my father's head; —he had read, and was satisfied (like Dr. Hull) that wounds in the epigastrium, and those in the matrix, were not mortal;—so that the belly of the mother might be opened extremely well to give a passage to the child.———He mentioned the thing one afternoon to my mother,—merely as a matter of fact;—but seeing her turn as pale as ashes at the very mention of it, as much as

the operation flattered his hopes,—he thought it as well to say no more of it,—contenting himself with admiring—what he thought was to no purpose to propose."

It would perhaps be happier for the Dr's. patients, if he would imitate Father Shandy ; and, " as much as the operation flatters his hopes," be contented to admire, without venturing to propose it.

Another extract from the same book will prove that Dr. Slop, though armed with his new-invented forceps, had still a hankering for the Cæsarean operation.

" Of all men in the world, Dr. Slop was the fittest for my father's purpose ;—(Dr. H. not then being alive,) for though his new-invented forceps was the armour he had proved, and what he maintained to be the safest instrument of deliverance,—yet it seems, he had scattered a word or two in his book, in favour of the very thing which ran in my father's fancy ;—though not with a view to the soul's good in extracting by the feet, as was my father's system,—but for reasons merely obstetrical. *

* Tristram Shandy, vol. 2. chap. xix.

I have before called Mr. Shandy the prototype of Dr. Hull, and will now exhibit other points of resemblance between them; from which, and the quotations already produced, the reader may possibly imagine that the latter has taken all his ideas from the former. The same predilection for hypothesis in preference to experiment, the same estimate of the value of life, and the same philosophical notions respecting the destruction of it, are observable in the two characters. The only material difference between them, is, that the one was a mere theorist, the other, unfortunately, applies his theories to practice.

What, says Mr. Shandy, is the character of a family to an hypothesis? Nay, if you come to that—what is the life of a family? Yes, the life—he would say, maintaining his point. How many thousands of them are there, every year that comes, cast away (in all civilized countries at least)—and considered as nothing but common air, in competition of an hypothesis? In my plain sense of things, my uncle Toby would answer,—every such instance is downright MURDER, let who will commit it.———There lies your mistake, my father would reply;—for, in foro Scientiæ, there is

no such thing as MURDER,—'tis only DEATH, brother." *

If it were not for the anachronism, one might think that Mr. Shandy had just been reading Dr. Hull's book, and meditating on his Synoptical table.

In pag. 160. the Dr. says—" You conclude this most extraordinary performance with saying " I hope that in future all traces of the Cæsarean operation will be banished from professional books ; for it can never be justifiable during the parent's life, and stands recorded only to disgrace the art." Your modesty is eminently conspicuous in this quotation. You have here opposed *your own opinion to the judgment of the most eminent practitioners in this Island, as well as on the Continent.* In London we find, that the following gentlemen approved of, and assisted at, the two Cesarean operations, performed in that city, namely, Drs. Cooper, Ford, Cogan, Bromfield, Garthshore, Hunter, James Ford, Mackenzie, Orm, Underwood, Lowder, Heineker, Maclaurin, and Wathen, Messrs. Hunter, Thompson, Hewson, Patch, and Graves."

* Tristram Shandy, vol. 1. chap. 21.

The Dr. has here furnished me with a most respectable list of names, all of whom were present at one or other of the two Cæsarean operations, which were performed in London; both of which fell under the care of Dr. Cooper, in the first instance. And, I must here observe, that, although the poor unhappy women had the benefit of such a CONSTELLATION of professional ability, yet they both died. Dr. Cooper says of the first of these two cases—" this poor woman sunk, with every advantage from the operation, *both with respect to herself, and to the assistance given her.*" *

On a third case of extreme deformity of the pelvis occurring, the Cæsarean operation was again " had in contemplation," by some of the above named gentlemen, who attended in consultation; from an opinion, however, that the child was dead, it was " agreed that *an attempt*, at least, ought to be made to deliver the poor creature by opening the child's head, and extracting it with the crotchet." † This very case happened to be that of Elizabeth Sherwood, whose delivery Dr. Osborn so fortunately accomplished by the crotchet.

* Medical Obs. and Inquir. vol. iv. p. 271.

† Osborn's Essays, pag. 245.

From that period to the present hour, there has not been one instance of the Cæsarean operation, in London; which is pretty conclusive against the Dr.

The Dr. in his zeal for the defence of the Cæsarean section, imputes its failure to the too long delay of the operation; but, that all the means, which human sagacity could devise, were carefully employed in the above two cases, the bare recital of the names of the gentlemen who attended, would be a sufficient proof, even though Dr. Cooper had not stated the fact in his account of the first case. After so many trials, and under circumstances so favourable as some of them have been conducted, it would require strong and new grounds to justify a repetition of the operation. And if it shall appear that, even when performed *early*, and, where all the advantages of great skill and attention were enjoyed, the operation still proved fatal, the Dr. must resort to some other pretence to extenuate his practice of it. As usual, he has provided me with a case in point, the first which occurred to Dr. Cooper, and that in which Mr. Thompson was the operator. In his Synoptical table, the Dr. tells us, that the patient had suffered no previous disease, had been little more than twenty-four hours in labour, and yet she

died in twenty-six hours after the operation. Unless this case was favourable to the success of the Cæsarean section, I am at a loss to conjecture what time should be fixed on for performing it, after the commencement of labour. Would the Dr. think it better to anticipate the coming on of labour, and to perform the operation in the last month of pregnancy? Or a project, somewhat in his way, suggests itself to me, namely, to run an actual cautery into the bottom of the womb, and to dress the wound so as to render it fistulous; and, should a poor deformed creature become pregnant, to extract the embryon, immediately on its lapsing into the womb from the Fallopian tube, by means of a siphon applied to the external opening? The Dr's. correction of my *misrepresentation* of Villanova has furnished me with this idea; which is not less likely to be attended with success, if put in practice, than the opening of an abscess in the fundus uteri with an actual cautery, dressing it from the bottom for several months, after which, he tells us, that a woman conceived and brought forth a child. I had been guilty of an error in referring from memory, but had certainly no design of misrepresenting Villanova's account of this case; I, therefore, make this atonement to him, although the matter, on which the Dr. has been so lavish of paper and invective,

be not of the smallest moment in relation to the point at issue.

I have now finished my answer to the Dr's. book; and vindicated, I trust, the doctrines of my own pamphlet. Though the patience of my readers may be exhausted, I hope they will not severely blame me, for the prolixity into which I have been necessarily led. Perhaps, indeed, when they reflect on the facility with which misrepresentations, however weak and ill-founded, may be made; and the trouble which it may require to correct and refute them; they will be inclined rather to give me credit for the brevity, than censure me for the length of this reply; particularly as the Dr's. attack has extended itself to 229 pages in octavo. If I have been sometimes surprised into an appearance of levity, inconsistent with the gravity of my subject, I trust, that it will not be imputed to the want of a proper sense of the importance of this discussion; but, that my defence will be found in the ludicrous follies, which have been the objects of my animadversion. For the occasional severity of my style, I have no apology to make; as I am convinced, that every man of candour will allow, that it is not only justified, but exacted by the Dr's. book. When the operation first became here the subject of conversation, and

was recommended both by precept and practice, I conceived it my duty to attempt arresting the progress of a doctrine, the prevalence of which, I believe, would be a serious evil to society. In doing this, I used as much delicacy towards Dr. H. as was practicable, for I cautiously abstained from mentioning his name; and so little appearance did my pamphlet convey of a personal attack, that people in general who read it here, did not suppose that it was aimed at any individual. Under the impression produced by a consciousness of the rectitude of my own motives and conduct, I could not refrain from exclaiming when I read the Dr's abuse,

> "What have I done that he should wag his tongue
> in noise so rude against me?"

When I can produce to the Public such testimony in my favour, as that of Dr. Osborn and Dr. Clarke, men confessedly at the head of their department in the profession, I shall trouble myself very little with the opinion of a person, whose doctrines combined with his practice, affect me in common with those high authorities. Let the Dr. proceed, if he is permitted, with his perilous trials; the consequences will not implicate me, after having discharged my duty in warning the Public against them. Even

when his papers from Germany shall arrive, and his great work appear, though it contain another Synoptical table equally conclusive with the first, I will not abuse my leisure by noticing, either the mischief of his professional principles, or his private calumnies.

" For he has only got the outward habit of encounter, but blow his fond and winnowed opinions to the trial, and the bubbles are out."

THE END.

CORRECTIONS.

Pag. 19. lin. 14. for *it* read *them.*

——23.—— 9. for *aluid* read *aliud.*

——67.—— 8. for *it is* read *is it.*