CASES
OF
PREMATURE LABOUR
ARTIFICIALLY INDUCED,
IN WOMEN WITH DISTORTED PELVIS:
TO WHICH ARE SUBJOINED,
SOME OBSERVATIONS
ON THIS
METHOD OF PRACTICE.

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MRS. POPE, 21 years of age, had been many hours in labour of her first child, under the care of a midwife, when my assistance was requested, on account of the difficulty of the case. When I arrived at the house, I was informed that the difficulty arose, from the heads of two children being in the pelvis together; but upon an examination *per vaginam*, I discovered, that the projection of the sacrum had been mistaken by the midwife for the head of a second child. As the distortion of the pelvis was so great, it was evident, that the labour could not be terminated safely to the mother, un-

less the child's head were diminished. I resolved, therefore, to have recourse to the perforator ; but as the child's head lay very high, and the os uteri was by no means sufficiently dilated, it was necessary to wait many hours, before I could proceed to the operation. At the end of eighteen hours, the os uteri being more dilated, and the head of the child being forced lower, so as to be more within the reach of the perforator, I made an aperture through the cranium, and extracted the parietal bones. Notwithstanding this diminution of the head, it required a considerable length of time, and very strong pains, to accomplish the extraction of the child. The mother recovered slowly, but at length perfectly, from the effects of this labour. This took place in September, 1804.

In August, 1807, I was again called to her assistance, when in labour at the full time ; and was obliged to effectuate the delivery, by the same operation as before. I now very strongly recommended to her, to have her labour excited at seven months, in any future pregnancy ; this offering the only chance, of her having a live child, and my uncle, Dr. Merriman, who gave me his assistance, both upon this and the former occasion of my attending her, joined with me in this recommendation.

In a few months she became pregnant again, and having fully completed the seventh month of

gestation, and being in good health, I punctured the membranes, in the evening of September 26th, 1808, giving her afterwards a dose of laudanum. Labour pains came on, in about twenty-four hours after the operation, and I was called to her, early in the morning of the 28th, when I found the *nates* presenting. During the progress of the labour, the child was felt strong and lively; but before the head could be brought through the narrow part of the pelvis, the pressure on the navel string was so great, as entirely to stop the circulation, and thereby occasion the child's death.

In November, 1811, having, according to her reckoning, completed seven months and a fortnight of her fourth pregnancy, I punctured the membranes, on Thursday the 7th, in the evening. The waters were discharged in a very gradual manner; and on Tuesday the 12th, when labour pains came on, the feet were found to be the presenting parts. In consequence of this mal-presentation, the child perished from the compression of the navel string; for it was not possible, to bring the head of the child through the narrow part of the pelvis, with sufficient expedition, to preserve its life.

After both these deliveries, the woman recovered remarkably well.

Mrs. North, 26 years of age, when advanced to the seventh month of her first pregnancy, met with

a fall, or some other accident, which threw her into premature labour. I was informed, that upon this occasion, her delivery was effected without difficulty, and the child was born, with so much of life, as to cry faintly once or twice, before it expired.

In November, 1809, she fell into labour of her second child, at the full period of gestation. It was now for the first time discovered, that her pelvis was very much deformed, and that there was no possibility of the delivery being effected, without extraordinary assistance. The surgeon-accoucheur in attendance therefore requested, that there should be a consultation upon the measures to be adopted; and two physician-accoucheurs being joined in consultation with him, it was judged absolutely necessary, to have immediate resource to the perforator. Accordingly the contents of the cranium were evacuated, but it was not till after a very long, hard labour, that the child could be brought into the world.

In her third pregnancy, she consulted with Dr. Denman, and myself, respecting the expediency of having premature labour brought on. As we both agreed in opinion, that this would give the only chance of her being delivered of a living child, it was determined to perform the operation. Having, as she believed, completed seven months and a fortnight of her pregnancy, and being in good

health, I punctured the membranes, in the evening of Tuesday, February 13, 1811. The pains of labour began, in the night of Thursday the 15th, and I was sent for the next morning, when I had the mortification of finding the child's arm in the vagina.

Having apprized Dr. Denman of this untoward position of the child, he came immediately to see the patient, and to afford his advice and assistance. The os uteri appearing to be dilateable, I cautiously endeavoured to introduce my hand, for the purpose of turning the child; but the irritation this produced, threw the uterus into such strong action, that we thought it more prudent to desist, and to allow some more hours to pass over, before another attempt should be made. We expected, that, in the mean time, the parts would become more dilated, and as the child was small, that the feet would be forced by the pains, nearer to the os uteri, by which the operation of turning would be much facilitated.

At 8 o'clock in the evening, I made another attempt to turn the child, and accomplished it, without more difficulty than usually occurs in turning, in a contracted uterus, after the liquor amnii has been so many hours evacuated.

The feet, being brought into the vagina, were soon expelled by a pain, and almost immediately

afterwards the hips protruded through the os externum. At this time, the pulsation in the funis was strong, and the child vigorous ; but when the head became wedged in the narrow part of the pelvis, the navel string was so much compressed, as soon to occasion the child's death. It was nearly half an hour before the head could be brought into the world, though the action of the uterus continued very strong, at intervals, during the whole time. Immediately after delivery, the mother was seized with a very violent shivering fit, of more than an hour's duration. This was followed by so great a degree of fever and delirium, as to create considerable alarm for her safety ; and I was, in consequence, induced to order for her, an active cathartic, preceded by a dose of calomel, in a very few hours after delivery. From these remedies, a copious evacuation of very offensive dark coloured fœces was procured, which gave her great relief. Indeed it is probable, that the early exhibition of these purgatives saved her life, for her fever ran very high, and she continued in a very dangerous state, for seven or eight days. At length however she perfectly recovered.*

Mrs. Jenkins, 22 years of age, in labour of her first child, was attended by a very experienced midwife. Her labour began on the 15th of November, 1808. During the first twenty-four hours, the pains

* She has twice since submitted to the same method, on one of which occasions she had a live child.

were frequent but slight, the liquor amnii was then evacuated spontaneously, and the pains became very strong and frequent, but the child's head made little progress, in descending into the pelvis. My assistance was therefore requested on the 17th in the evening. This woman had been extremely rickety when a child, and the pelvis was in consequence very much deformed.

I believed it necessary to have recourse to the perforator without delay, and having removed one parietal bone, I left her under the care of the midwife, that the pains might force the head, thus diminished, lower into the pelvis. At the end of five or six hours, finding that no apparent progress was made in the labour, I endeavoured to extract the head, by the help of the blunt hook, but could not finish the delivery without great difficulty.

At the beginning of the present year (1812), I learnt, that this poor woman was again pregnant; and being convinced by an examination, to which, at my request, she now again submitted, that it would be impossible to deliver her of a living child at the full period of utero-gestation, I determined with her ready consent on performing the operation for inducing premature labour. Accordingly on Wednesday, March 4, 1812, I punctured the membranes in the evening, giving her afterwards a dose of tinct. opii. Labour pains came on, Monday, March 9th, and she was delivered of a live child on Tuesday,

10th, after about eighteen hours of very strong labour. The projection of the sacrum occupied so much space in the pelvis, as to produce a very marked depression of the right parietal bone, which did not recover its shape for four or five days.

At the time the operation was performed, Mrs. Jenkins reckoned that she had advanced about nine or ten days beyond the seventh month of gestation; so that the child, at its birth, must have been within a fortnight of eight months' growth. It is at present a thriving child; and there is great reason to believe, that it will be reared to maturity.

THE practice of inducing premature labour, in cases of distorted pelvis, was first adopted in London, as is well known, about the year 1756*; when there was held a consultation of the most eminent practitioners of midwifery, "to consider of the moral rectitude of, and the advantages that might be derived from, the practice, which met with their general approbation †."

* The introduction of this method of practice has been erroneously attributed to the late Mr. Barlow, of Bolton, in Lancashire, who published several cases of the issue of this practice, in 1800. It had been mentioned, by authors and lecturers on midwifery long before his paper was published.

† Denman's Introduction to Midwifery, 4to. p. 395.

The morality of the practice, though it has been much questioned since this time, does not appear to have been doubted by these experienced practitioners. For the proposal was, that labour should be brought on at seven months, in those cases *only*, where it had been previously ascertained, that the pelvis was too much contracted, to allow a full sized foetus to pass undiminished. By this operation, therefore, it was proposed to give a chance to the mother of bearing a living child at seven months, which must of necessity be sacrificed to her safety at nine months. The idea was probably suggested, by the success which had occasionally attended the practice, recommended by Guillemeau and others, of rupturing the membranes at an early period, in cases of profuse uterine hæmorrhage, during pregnancy.

Objections to the morality of this practice, are much more frequent in the writings of foreign practitioners of midwifery, than in those of this country. Sue, Baudelocque, and Gardien, all accoucheurs of great celebrity in France, decidedly object to it, not only because they think that the practice is contrary to the laws of nature, but because they say it is not to be depended upon, either for lessening the sufferings of the mother, or for saving the life of the child *. M. Gardien

* Il y a déjà long temps que M. Petit a conseillé et fait pratiquer l'accouchement prématuré dans le cas de difformité aux os du bassin. Il a même proposé à ce sujet des moyens, dans

tells us, that it lays the foundation for cancers and other dreadful diseases of the womb, and thinks that a woman had better run the risk of the Cæsean operation, or the division of the symphysis pubis, than submit to this operation *. The objections of these celebrated French accoucheurs, are plainly the result of a theoretical investigation of this method, for they acknowledge that they have had little or no experience of it.

le détail desquels ce n'est pas ici le lieu d'entrer, avec d'autant plus de raison, qu'il faudroit d'abord que les casuistes et les théologiens eussent décidé s'il est permis d'accélérer par art, une fonction à laquelle la nature a assigné un terme fixe, et si on peut courir les risques de la vie incertaine de l'enfant, pour assurer celle de la mere. Sue, *Essais historiques sur l'Art des Accouchemens*, T. i. p. 606.

L'accouchement prématuré obtenu par de semblables moyens, est toujours si peu favorable à l'enfant, qu'il nous semble qu'on ne devrait le permettre que dans ces cas d'hémorrhagies abondantes, qui ne laissent d'espoir de salut pour la femme que dans sa délivrance.

L'accouchement prématuré, si on le sollicitoit constamment au même terme, pourroit être aussi long, aussi laborieux, et tout aussi infructueux, même aussi impossible en quelque cas, que si l'on n'eut enterpris de délivrer la femme qu'au neuvième mois.

Baudelocque, *Traité des Accouchemens*, T. ii. p. 344.

* La femme est atteinte d'une inflammation de la matrice, qui est une suite du travail contre nature, et des efforts nécessaires pour ouvrir le col, qui ne se trouve pas disposé favorablement : si elle ne succombe pas aux accidens primitifs, elle est exposée par la suite aux squirres, aux ulcères, aux cancers de la matrice qui lui rende la vie à charge, et lui feroient préférer d'avoir respecté la grossesse, au risque de s'être exposée aux dangers qu'auroient pu lui faire courir l'une des deux opérations [L'opération Césarienne ou la section du pubis] qui devient nécessaire pour opérer la délivrance dans ces rétrécissemens extrêmes. Gardien, *Traité d'accouchemens*, T. iii. p. 18.

The generality of writers admit the safety of the practice, as far as it regards the mother: perhaps the safety of the practice has been too generally admitted. Dr. Denman, in relating the particulars of a case which he attended with the late Dr. Savage, says, “ on the following day, (after the evacuation of the liquor amnii,) she had a rigor, succeeded by heat and other symptoms of fever, which very much alarmed us for the event*.” And a lady in the country, upon whom this method was tried, was seized with severe shivering fits, followed by so much fever, as made her relations and medical attendants despair for some days of her recovery†. In the cases above related, one of the patients, Mrs. North, was for several days in a state of great peril. It may be alleged that the danger which she experienced, arose rather from the mal-position of the child, requiring it to be turned in utero, than from the premature excitement of labour; but I am more inclined to attribute the severe shivering fit, which attacked her, to the latter cause, because shivering seems to be no unusual consequence of this operation.

Whether the death of the mother has ever occurred from this method of practice, I am unable to state positively. I have heard of three women who died in a few days after delivery thus artificially

* Introduction to the Practice of Midwifery, 4to. p. 398.

† Communicated to me by the lady's sister.

induced, and their deaths were attributed to the operation; but whether justly or not, I am not sufficiently acquainted with all the circumstances to judge. At all events, the method in question, if carefully conducted, cannot be more hazardous to the mother, perhaps is much less so, than the operation for lessening the head of the foetus in utero, and it is incomparably less perilous than the Cesarean operation, or the division of the symphysis pubis.

The best defence of the practice, however, is derived from the chance it affords of preserving the life of the child. In the greater number of instances, indeed, the child will either be dead born, or will be born with so little life as to expire in a few hours; but in many cases the child has been preserved.

Dr. Denman, in his Introduction to the Practice of Midwifery, reports *twelve* cases of this operation, and adds, that the majority of the children were born alive, but does not mention the exact proportion.

The late Mr. Barlow, a surgeon of great respectability and celebrity at Bolton in Lancashire, published in the eighth volume of the "Medical Facts and Observations," *seventeen* cases. Six of the children were dead born, and *five* others, though born with life, died in a few hours; but

six were born alive and capable of living *. In the fourth volume of the "London Medical Review and Magazine," for 1800, were reported *ten* cases of this operation, with which I became acquainted, from their having occurred in the practice of my uncle, Dr. Merriman. *Four* of these children were born living, and likely to live. At the commencement of this paper, I have detailed *one* successful, and *three* unsuccessful cases, and I have further to report, from the information of my friend Mr. Marshall, surgeon, of Half-Moon Street, Piccadilly, *four* other cases, *one* of which was completely successful. Thus, out of *forty-seven* instances of distorted pelvis in which this operation had been practised, at least *nineteen* children had been born alive, and capable of living.

If it be considered, that, in all these cases, the degree of distortion of the pelvis was so great, as to preclude the possibility of a foetus at nine months

* Mr. Barlow has described the time when the operation should be performed, rather inaccurately. He says, "my method consists in exciting premature labour, *early in the seventh month* of pregnancy; but he should have said *early in the eighth month*, that is, *after the seventh month is completed*. *Early* in the seventh month, implies a time soon after the *sixth month is completed*, at which time there is no chance of the child surviving, even though it should be born alive. That Mr. Barlow meant for the operation to be performed at seven complete months, is apparent from his afterwards saying, that "the child at *seven months* old has a sufficient chance of surviving the birth."

of gestation passing alive, or undiminished, there is, I presume, sufficient proof that the practice is not only admissible, but that it ought to be recommended in such deplorable cases of distorted pelvis.

In most of the unsuccessful cases, the cause of the child's death was either not at all adverted to, or has not been made known; but this is a point that deserves attention. In many instances the death of the child seems to have taken place immediately after the severe rigors and fever, already alluded to, which attacked the mothers within a day or two after the liquor amnii was evacuated. It is possible that by proper management after the operation, these unfavorable symptoms may occasionally be averted. It appears likewise, that a preternatural presentation of the foetus was a frequent cause of the child's death.

Dr. Denman does not take notice of any case of cross birth among the twelve that he has recorded, but among Mr. Barlow's cases, there are at least two of preternatural presentation: in *two* of the cases communicated to me by Mr. Marshall, and in *four* of those which have occurred within my own knowledge, the presentations were likewise preternatural:—in all these cases, the children were dead born, probably from this cause. The proportion of preternatural presentations, according to this estimate, is about one in six.

It may be proper to enquire, whether preternatural presentations are equally frequent, in labours which occur spontaneously before the proper period? But the determination of this question requires more data than I at present possess. I have, however, now before me a list of *seventy-eight* labours occurring prematurely, either from the spontaneous action of the womb, or from accidental violence; and I find, that among them there were *seventeen* cases of preternatural presentation, viz.

7 of the nates,
5 of the feet,
3 of the arm,
1 of both hands,
1 of the funis;

but I should suspect that this gives a greater average of preternatural presentations than commonly happens in premature labours occurring spontaneously.*

* Authors are much divided in opinion respecting the proportions of preternatural presentations of the fœtus at the full time of gestation. Smellie estimates the proportion at 1 in 100. Professor Camper, of Amsterdam, from the documents afforded by Messrs. Titzing and Beckman, reckons them at not more than 1 in 150; and Professor Jacobs, in his "*Ecole pratique des Accouchemens*," published at Ghent in 1785, states the average of preternatural presentations at not more than 1 in 160. On the contrary, Dr. Bland, who has made the calculation with great exactness, from the registers of the Westminster General Dispensary, (*Philos. Trans.* Vol. LXXI.) states the average of

It has been a subject of inquiry, whether other circumstances, besides distortion of the pelvis, do not sometimes exist during pregnancy to make the inducement of premature labour expedient: as in cases of extreme weakness, or illness on the part of the mother, whose recovery seemed to be impossible if her gestation were suffered to continue; or in some of the more severe complaints peculiar

preternatural presentations at 1 in 30, there having occurred in 1897 labours,

36	presentations of the nates,
18	- - - - of the feet,
8	- - - - of the arms,
1	- - - - of the funis.

If the average given by Dr. Bland is what usually occurs, other authors cannot have been sufficiently accurate in their calculations: perhaps they only mean to speak of such cases of preternatural presentation as require extraordinary assistance. That they have omitted to enumerate many nates and feet presentations, is rendered probable from the following fact. Messrs. Titzing and Beckman state the number of arm presentations in 18 years at 98, of the nates at 66, of the feet at 61. But it is well known, that nates and feet presentations are much more frequent than those of the arm; so that it cannot be doubted that many of the former must have been overlooked.

The exactness of Dr. Bland's calculations has been strongly confirmed by the return of preternatural presentations which occurred in the "Maison d'Accouchemens," at Paris, during a period of nearly ten years, to May 31st, 1809. From this it appears, that upon an average preternatural presentations happened once in $27\frac{1}{2}$ labours: of these,

296	were presentations of the nates,
215	- - - - of the feet,

and only 60 - - - - of the superior extremities.

The number of labours from which the average is drawn is 17,499.

to pregnancy, which were imagined to place the mother's life in imminent danger. An extension of the practice to such cases has been strongly recommended by a provincial surgeon of considerable eminence.

This gentleman says, "The preservation of the child is obviously the primary object for the bringing on of premature labour in the distorted pelvis; yet if the safety of the mother, under particular circumstances, without distortion, should require similar means to be employed, with safety to the child, surely no good reason can be assigned why they ought not to be adopted."

If indeed it could be proved that the safety of the mother required such a mode of practice, and that the safety of the child would not be implicated by the operation, the argument might have some weight, but it seems hasty to assume that such is the fact.

Even in the case which the author adduces in support of this recommendation, it may be doubted whether the safety of the mother required this method of procedure. She was indeed teased with a very severe cough, and her stomach was so irritable as to retain no food whatsoever, nor even opium in a solid form. She had taken absorbents, stomachics, bitters, aromatics, and opiates, without experiencing any relief; liniments, fomentations, and blisters, had been externally applied, without

benefit ; and she was thought to be sinking into her grave, when it was proposed, as a last resource, to bring on premature labour, six weeks before the full time, and the patient was delivered of a living child, and ultimately recovered.

Men in extensive practice in midwifery must be aware, that the state of irritability of stomach here described occasionally takes place at all stages of pregnancy ; that however severe it may be, the complaint frequently ceases before the termination of the pregnancy, and that very small quantities of simple diet, containing but little nourishment, and nothing stimulating, will, under such circumstances, support the mother for an inconceivably long space of time, without destroying or injuring the foetus. It may likewise be remarked, that this state of irritability of stomach is generally connected with more or less of inflammatory action, either in that viscus, or in some of the neighbouring parts ; to relieve which, bleeding is perhaps, of all others, the most appropriate remedy : while cordials and aromatics serve but to aggravate the complaint. Now as the patient in question took remedies of the latter class, while the former appears to have been neglected, I think this case cannot be held up as a proof of the necessity of resorting to this expedient.

Writers of the best authority have remarked, that in acute and dangerous diseases, the sponta-

neous occurrence of abortion or premature labour adds greatly to the danger of the patient. This is a strong reason against exciting premature labour by art, during the continuance of such diseases. And though the practice of inducing premature labour in cases of distorted pelvis has rarely been attended with alarming consequences, yet I apprehend that I have mentioned enough to shew, that there is no absolute freedom from hazard, even when the woman's health may be called good at the time of the operation, and how much the degree of hazard must be increased, when the patient is already in a state of great danger, need not be insisted upon.

As to the safety of the practice with regard to the child, that likewise seems to be assumed upon no very substantial grounds; at least if we may judge of the probability of saving the child, from what has happened in cases where distortion existed, we shall not have much encouragement, so far as the child is concerned, to extend the practice to such cases. If indeed the majority of the children had been preserved, something might be said in support of the operation; but it seems, that only *nineteen* children were born alive, and *capable of living*, out of *forty-seven* instances of the experiment.

These are indeed sufficient to justify the practice, when there is a moral certainty that the child's life must be inevitably lost, unless this mode be

adopted; but there does not exist the same reason for resorting to it, when the child's life is not so certainly exposed to danger.

Upon the whole it appears to me, that the advantage either to mother or child from such an extension of this practice is extremely problematical, while to admit of it would be opening a wide door to a dreadful abuse of the operation, by the ignorant, or the unprincipled. I must take leave therefore to express my humble opinion, that the inducement of premature labour by art ought to be strictly confined to those melancholy cases of distorted pelvis only, for which it was originally recommended.

In order to guard against any abuse of this method of practice, it seems expedient, that some fixed rules of conduct should be observed respecting its adoption. What these rules ought to be, I do not presume to determine, but shall content myself with subjoining such limitations and cautions as appear to me to be indispensable.

1. As the primary object is, to preserve the life of the child, the operation should never be undertaken, till *seven complete months* of utero-gestation have elapsed, and if the pelvis of the mother be not too much contracted to allow of it, the delay of another fortnight, will give a greater chance to the child, of surviving the birth.

2. The practice should never be adopted *till experience has decidedly proved*, that the mother is incapable of bearing a full-grown foetus alive.

3. It is sometimes necessary to have recourse to the perforator in a first labour, though there may be no considerable distortion of the pelvis; therefore the use of this instrument in a former labour is not *alone* to be considered, as a justification of the practice. *

4. The operation ought not to be performed, where the patient is labouring under any dangerous disease.

5. If upon examination, before the operation is performed it should be discovered, that the presentation is preternatural, it might be advisable to defer it for a few days, as it is possible, that a spon-

* “ The propriety of inducing premature labour in any deformed woman can rarely, if ever, be determined upon, before the crotchet has been found indispensably necessary, and actually employed in a previous labour. Indeed, unless the contraction of the tube or canal of the pelvis be very considerable, and pretty accurately ascertained, it will scarcely be justifiable in any case to have recourse to this practice in all the subsequent pregnancies, until the woman has been delivered a second or third time by the crotchet. For it has happened in a very great number of instances, that a woman who has been delivered of her first child by the perforator and crotchet, has been afterwards delivered [naturally] of one or more living children at the full time.” — Hull’s Translation of Baudelocque’s two Memoirs on the Cesarean section, p. 49.

taneous alteration of the child's position may take place * ; particularly if the presentation be of the superior extremities.

6. The utmost care should be taken, to guard against the attack of shivering and fever, which seems to be no unusual consequence of this attempt to induce uterine action, and has often proved destructive to the child, as well as alarming with regard to the mother. The peculiar circumstances under which the operation is performed, and the habit of body of the patient will determine the accoucheur either to adopt a strictly antiphlogistic plan, or to exhibit opiates, or antispasmodics and tonics.

* Such alterations in the position of the fœtus in utero have been known to happen. Dr. Denman has known more than one instance of the presentation of the head being exchanged for the arm. *Introd. to Midwifery*, p. 450. Mr. Burns mentions a case where the shoulder was exchanged for the head, *Princip. of Midwifery*, p. 218. Dr. Merriman, senior, was about to puncture the membranes in a woman who had a distorted pelvis, when he distinctly felt the child's hand through the membranes, just within the os uteri; he therefore deferred the operation, and at the end of three or four days, examined again, and discovered that the hand was retracted and that the head presented. He now performed the operation, which was completely successful. Silber tells of a case in which the elbow presented, but in thirty-six hours, the head occupied its place. "*Pater meus explorans per vaginam Fœminæ adpariendum vicinæ, cubitum fœtus prolapsum, et per integumenta caput in dextro matris latere invenit: nihilominus tamen post horas triginta sex, aquis effluxis caput situ naturali ingressum est.*" — Silber *de viribus naturæ medicatricibus in situs fœtuum iniquos* *Tubingæ* 1799.

Other such cases are to be met with in authors.

7. In order to give every possible chance for preserving the life of the child, it will be prudent to have a wet-nurse in readiness, that the child may have a plentiful supply of breast milk from the very hour of its birth.

Lastly, a regard to his own character should determine the accoucheur, not to perform this operation, unless some other respectable practitioner has seen the patient, and has acknowledged that the operation is advisable.