Observations

ON THE

CÆSAREAN SECTION AND ON OTHER OBSTETRIC OPERATIONS.

BY

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CHAPTER VIII.

Symphiseotomy and Mechanical Dilatation.

I HAVE now to speak of two propositions intended to supersede the Cæsarean section, and which cannot be included under either of the former divisions.

I.—*Symphiseotomy.* Symphiseotomy, or a division of the cartilages constituting the symphysis pubis, was advocated by Sigault, and his suggestion was received with enthusiastic approval. A medal was struck off in honour of him.

British obstetricians have discountenanced this operation, because it is not only inadequate to increase the diameters of the pelvis, so as in any way to facilitate delivery when this bony cavity is so contracted as to require the Cæsarean section, but because it would be attended by most dangerous results.

British medical literature has only once been disgraced by the record of the performance of this operation. I have already adverted to Mr. Simmons's proposed compound operation of symphiseotomy and craniotomy.

II.—*Mechanical Dilatation of the Pelvis.* At a late discussion on a case of Cæsarean section at the Royal Medical and Chirurgical Society, which was reported in the *Lancet*, it was stated that a pelvis which was distorted from mollities ossium might be dilated by means of bags introduced within its cavity, and distended by either water or air. It was asserted, that this practice had been adopted in one case with the effect of widening the pelvic space. The President stated that he had found the bones affected with this disease yield during the extraction of the child after craniotomy.

From my own practical knowledge, I can truly affirm the truth of the last statement. Some years ago, I made the fact known to the profession.

In a case, at some distance from Manchester, in which the pelvic space at the brim was about two inches and a quarter, it was deemed right to craniotomise the child. After fixing the crotchet, and adjusting the head in the most favourable position, force was cautiously used, and, after a few extractive efforts had been made, the head gradually descended, during which time the pelvic bones yielded to the pressure, and ultimately delivery was accomplished. Immediately afterwards the pelvis was examined, and found to have regained its former dimensions.

Other cases of this kind have come within my knowledge. One of great interest is briefly related in the *Provin. Med. and Surg. Journ.*, vol. ii, page 706, 1847. Although it is true that the pelvic bones, when affected with mollities ossium, do sometimes yield to the pressure of the child when drawn through the cavity; and although the pelvis, as be-

fore mentioned, may be partially dilated by the mechanical influence of the elastic bag, yet, in my opinion, practical rules cannot be based on such an uncertain event where life is concerned.

Before such a change can be safely effected, a very considerable and an uniform softening must have taken place in the greater number, if not in all, the bones of the pelvis which are subjected to the influence of pressure, whether it be produced by the child or by artificial means. We know very well that this uniform change is found to happen in very few cases. Some of the bones sometimes become very soft, whilst others are comparatively unchanged. In other cases, some of the bones become very soft; whilst others become very hard and brittle. Sometimes, the pelvis becomes very highly distorted, and all its bones are extremely brittle and fragile, as happened in Dr. Murphy's case.

In a pelvis thus changed by disease, what would be the result (supposing it possible to accomplish it) of dragging a full grown mutilated child through its cavity, or of attempting, by artificial and mechanical force, to dilate the pelvis for the purpose of accomplishing the delivery? The bones must be smashed, or at least so much broken, that irreparable injury must be produced. Even assuming that the bones are so uniformly softened as to yield to the pressure, it is quite certain that the increased capacity would only be temporary, as the bones would immediately and most likely completely return to their former position as soon as the pressure was removed.

CHAPTER IX.

The Comparative Value of Maternal and Infantile Life.

The British obstetric principle, which admits the preferential use of the crotchet, or the induction of abortion, is based on a calculation made as to the relative value of the life of the mother and of that of the infant or of the embryo.

It is said, and no doubt truly, that the social relations of the woman are greater than those of the infant. She is endeared to her husband, it may be to her children, and perhaps to her brothers and sisters, besides other kindred and friends. In the abstract, these are weighty considerations, and are calculated to bring conviction to the mind, that her claims for the preservation of life greatly preponderate over those of the infant or of the embryo. It may be stated that these beings are unequal to the mother in organisation, having no moral or religious responsibility, no social ties, no anticipation of their future doom; and further, as regards the latter (the embryo), that it is at the very time drawing its nourishment from the mother's existence, that it has never had a distinct or separate life, and that it is little more than a member of the mother. These arguments, when only abstractedly considered, appear to be true; and to warrant the deduction that the life of the infant or embryo is of little value when compared with that of the mother.

The impulse of a natural feeling would probably—nay, nearly to a certainty—induce a man to decide in favour of this proposition. But, in the settlement of a question which involves the preservation or destruction of a human being, neither abstract reasoning nor feeling should be allowed to influence the obstetrician;—conscience, reason, and judgment, ought to actuate him, after having fully and

deliberately considered all the relative and contingent circumstances which either now or in future appertain to the case.

The unfounded and unwise opinions of Dr. Osborne primarily and mainly led a large section of the profession to estimate the life of the infant *in utero* at a very low value. He considered it nearly as a nonentity; as devoid of sensation, and also as nearly deprived of motion. But I think I am asserting the truth when I say that there are few, if any, members of our profession who now entertain such opinions.

According to British practice, the destruction of the infant is not limited to one; but if the cause which required its sacrifice in the first instance be permanent, then in each successive labour, no matter what number, the same operation must be performed. Hence in the end there must be a fearful sacrifice of human life.

The repeated necessity of craniotomy in the same woman demands from the obstetrician serious consideration. In some cases, from one to twelve infants have been destroyed. Can such a procedure be justifiable? The obstetrician should pause; he should reflect. It is a dreadful position to be placed in, to have one's hands imbrued with innocent blood.

The woman is *ipso facto* one party, and indeed the chief party, who has brought into existence the innocent being whose life the practitioner is employed to take away. It may be argued, as a plea for her justification, that the wife is subject to her husband; and there can be no doubt that she has engaged to be so in the matrimonial contract, which was mutual. But if it be considered right (which in such a case as this could only be so conditionally) strictly to observe this promise, it must be equally imperative upon both parties to obey the law of nature and fulfil their mutual pledge to procreate (and without doubt preserve) the species, both of which vows are broken by the employment of the crotchet.

It may again be urged, that both the parties were alike ignorant of any cause (otherwise they were solemnly called upon at the altar to avow it) which would interfere with the great object of matrimony. Therefore, the woman, unacquainted with her physical organic defect, would be entitled to have those measures adopted for her first delivery which would expose her life to the least hazard. Although the comparative safety of delivery by the only two available methods is unsettled by either positive or correct statistical evidence, yet, if she or her husband desire that craniotomy should be performed, then the obstetrician would probably act correctly in performing it.

But, in a second pregnancy, when they are fully acquainted that an unmutated infant cannot be born, the question stands on very different social and moral grounds. The practitioner is here placed in a most responsible and trying position when called upon to decide whether he ought, time after time, or thus repeatedly, be made the agent to take away life. I entertain the fullest conviction that a great proportion of our profession have most conscientious scruples to repeat this revolting operation in the same woman. This destruction of infants, in my humble opinion, can be justified on no principle, and is only sanctioned by the dogma of the schools or by usage.

Dr. Denman had aversions to repeated crotchet-operations. He says: "Suppose, for instance, a woman, married, who was so unfortunately framed that she could not possibly bear a living child by any method hitherto known. The first time of her being in labour, no reasonable man could hesitate to afford relief at the expense of the child. Even a second or a third trial might be justifiable to ascertain the fact of the impossibility." This eminent writer most decidedly erred in even conditionally sanctioning a repetition of this operation. In such cases, the impossibility of delivery of an unmutated infant *per vias naturales* can and ought to be proved by a single case as clearly as by twenty, and when so shown, the Cæsarean section should be performed.

It is by no means to be understood that the life of the infant must never be sacrificed to save the mother. On the contrary, I have already enumerated cases in which craniotomy ought to be performed as an operation of election; but it is not right to destroy the infant on the unfounded assumption that the mother could alone be saved by it; a deduction altogether untrue, and unsanctioned by statistical evidence.

The life of the woman is not, either relatively or comparatively, always of the same value. If she be afflicted with a serious disease, or labouring under some incurable malady, being unfit and unable to discharge her domestic and her social duties, which performance can alone render her life desirable to herself or to her friends, then, under such circumstances, the infant's life ought not to be sacrificed for the mere ideal chance of prolonging her miserable existence, which is a positive evil to herself.

Again, in our estimate of the comparative value of the two lives, we should especially consider whether the cause of difficulty is temporary only or permanent. If it be of the latter character, then the infant's life (except as aforesaid conditionally) ought to be considered higher; and if of the former kind, then we should invariably decide in favour of the mother. The obstetrician should, therefore, endeavour, as far as is compatible with the safety of the mother, to preserve the infant; for I know no case in which an intention or a desire to sacrifice her can ever be entertained, as the especial object of the practitioner should always be to try to save both lives.

When the contingent hazards of craniotomy, and the risk of its abuse are considered, and as we know that the act is the sacrifice of life, and that this awful catastrophe must be often repeated in order to carry out the abstract proposition "to save the life of the woman by destroying the infant"—when we remember the difficulty which in extreme cases is experienced in performing it, the cruelty it inflicts, and many other evils consequent upon it—we may truly wonder that professional men should allow their minds to be haunted by an imaginary Cæsarean spectre, and be so obscured to their own moral and social responsibility. Why should the obstetrician stand in such an unenviable position, not only as an accessory, but *ipso facto* the agent? Again, I ask, ought he to be called upon, and ought he to consent, to victimise poor helpless infants in successive pregnancies, in numbers which make one shudder to recount? Does this remorseless sacrifice of human life correspond with those high moral principles which the members of our noble profession ought to possess?

The eminent Professor of Midwifery in Edinburgh makes the following pertinent remarks. He says: "Formerly medical practitioners seem to have thought little, and medical writers said little, regarding the very repulsive and revolting character of the operation of craniotomy, when performed, as it frequently was, when the child was still living. Apparently, some obstetric practitioners and writers of the present day continue to look upon the practice of craniotomy as one that should not unfrequently be adopted, and one which it is quite justifiable to adopt. Obstetric reports and collections of cases have been published within the last few years describing craniotomy as performed forty or fifty times, or oftener, by the hand of the same practitioner. But, perhaps, ere long, it will become a question in professional ethics, whether a professional man is, under the name of a so-called operation, justified in deliberately destroying the life of a living human being."

Woman naturally is mild, kind, and humane. She is endowed with great fortitude and undaunted courage. She has generally a great desire for offspring, and has a great love for children. Then how can we suppose that any woman with a well regulated mind, if fully aware of her responsibility, could willingly be a consenting party to the repeated destruction of her unborn infants? According to my own knowledge, the case is otherwise. I feel convinced in my own mind that there would scarcely be a woman to be found, who would not suffer any amount of bodily pain to save her infant.

Every woman in whom there exists organic impediment to the passage of a mature or full-grown infant, ought to be at proper time fully informed of the nature and as to the degree of the obstacle. She should also be made acquainted with the alternative operations which are suitable to meet her case. If the obstruction be moderate in degree, then the forceps, turning, or the induction of premature labour, will be proper; but if these means are not available, or if the cause of difficulty is great in degree, then the performance of the Cæsarean section will be required.

THE NEW DISEASE! Telegrams received from Sir A. Buchanan, St. Petersburg, report that the fevers in that city are believed to have no affinity with the plague, but are attributed to over-crowded lodgings of the labouring classes, spoiled vegetables, and bad water. This is, indeed, only what most sensible persons had already concluded. The number of fever cases admitted into the hospitals varies from 100 to 150 a day, of which the average mortality has been 25 or 30 a day, and the highest mortality 60. The *Paris Moniteur* of Saturday published a note, stating that the Government had made inquiry into the condition of St. Petersburg; and found that, although deplorable some weeks ago, it is now greatly improved, and shows no epidemic beyond the ordinary sickness of the season.

TAPEWORM IN ABYSSINIA. A recent traveller in Abyssinia, Mgr. Van den Deck, has sent to the Belgian Royal Society an interesting account of the tapeworm which so commonly afflicts the inhabitants of that country. They take small doses of kousso only to get rid of the body, when the worm gets of an inconvenient size; but they are anxious to retain the head, for they are terrible gluttons, and having a tenia enables them to eat so much more. The tenia common in Abyssinia is *T. mediocanellata*.

Original Communications.

RETROSPECTIVE NOTES ON OUT-PATIENT PRACTICE.

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MISCELLANEOUS AFFECTIONS.

The list of those diseases that could be grouped according to their regional situation have been completed; it remains only to enumerate those affections which are of a miscellaneous character, and which cannot be included in the preceding classification.

1. *Anæmia*. The first on the list, as having afforded the largest number of cases, is anæmia. This is a blood-disease, and of very common occurrence among the out-patients of a hospital.

The chief causes of this affection among the poor are insufficient diet, too close confinement, and the existence of those diseases which drain the blood of its red corpuscles, as hæmorrhoids, menorrhagia, carcinoma, or any other exhausting discharge.

Among the middle and upper classes, another, and a very ripe cause obtains, which is too much overlooked, and too often unheeded, both by practitioner and patient. I allude to the overworking of the brain, which is becoming daily in this age of competition an increasing cause of disease. An exhausted nervous system will as certainly produce an impoverished condition of the blood as insufficient food, or too powerful and prolonged muscular exertion; and cases arising from the former cause, will be found to be more resisting and more unsatisfactory to treat, than those originating in physical disturbance merely.

A few words on the condition of the heart, to which the attention of the patient is so mainly and so distressingly directed, may not be out of place. The irritable action of the organ itself, and the vascular murmurs peculiar to anæmia, are too well known to require comment; but one point, I believe, is not sufficiently attended to, viz.: the importance of making such a thorough examination of the heart and vessels as will enable the practitioner to assure the patient and friends that no disease of the organ exists. I refer to this circumstance from having been so frequently told by anæmic persons that they have been informed that "their heart is not quite right," or "that the heart is slightly amiss." Now all this unnecessarily alarms the patient, aggravates the functional disturbance, and might be entirely prevented by a careful examination, and a faithful explanation of the precise cause of the disturbed action. The vascular murmurs which are sometimes temporarily heard in anæmic cases, both in the subclavian regions and also over the cartilage of the third rib on the left side, are quite distinct from the functional *souffle* and the *bruit de diable*, which is so common an attendant upon this condition of the blood.

Dr. Richardson, in his *Asclepiad* essay upon the former murmur, believes it to arise either from a peculiar condition of the subclavian muscle affecting the artery, or from pressure from behind the vessel caused by local tuberculous deposit. In highly anæmic subjects, I imagine that it may arise from a portion of condensed lung, not necessarily tuberculous, temporarily pressing upon a highly irritated artery, and causing a murmur by disturbing the current of blood through the vessel; or it may arise from