

tion of premature labour was first proposed. Since that period, and even before, a striking difference has existed on the continent of Europe and Great Britain respecting all the most important operations of midwifery; and it is necessary to explain how this has arisen. It has not been sufficiently noticed, by recent writers in this country, or rather it has been allowed to pass entirely without remark, that the accoucheurs of France and of England proceed upon principles diametrically opposed to each other, and wholly irreconcilable. In France, the propriety of performing the Cæsarean operation on the living mother, soon after or before the death of Mauriceau, ceased to be a purely obstetrical, surgical, or scientific question, and became a strictly theological one, and was discussed and decided by ecclesiastics of the church of Rome. The fœtus in utero, they maintained, had two kinds of life,—one a corporeal, the other a spiritual life, the latter being communicated in baptism; and this supposed spiritual life they regarded as more precious than the corporeal life of the mother. “By the authoritative decision of the doctors of the Sorbonne,” says Dr. Merriman, “it was ruled that the Cæsarean operation ought to be performed whenever it is known that the child is living, and it is impossible by other means to extract it alive, for they assert that it is a deadly sin (*péché mortel*) to perforate the head of a living child within the uterus.” This unsound doctrine has prevailed over the greater part of the continent of Europe to the present time, and it has doubtless been the cause why the long forceps, the operation of turning in cases of distortion, long abandoned in this country by every rational practitioner, but now ignorantly attempted to be revived in Edinburgh, the Sigaultian operation, and the Cæsarean operation, have all been so often had recourse to in foreign countries. Without a knowledge of these facts, it is impossible to account for the irreconcilable differences which exist between Continental and English midwifery; they rest upon different grounds altogether; and those who inculcate French principles of midwifery in this country, which is now done by some teachers and writers to a great extent, seem to be entirely ignorant of the principles which they take up. About 1756, a consultation was held of the most eminent men

at that time in London, to consider of the moral rectitude of, and advantages which might be expected from, the practice of inducing premature labour. Who were present at this consultation Dr. Denman does not state, nor with whom the idea originated, but the first case in which it was deemed necessary and proper, fell under the care of Dr. Macaulay, and terminated successfully. Dr. Macaulay was then the colleague of Dr. W. Hunter, at the Brownlow-street, or British Lying-in Hospital, and I have often thought that W. Hunter was the very man from whose profound scientific knowledge, originality, and humanity, we might expect such a proposal to come. Of this, however, there is no distinct proof, and who actually made the discovery—certainly one of the most important in midwifery—is unknown. This has been the fate of the authors of the most important discoveries in science. It is altogether unaccountable that 39 years should have passed away after the safety, efficacy, and morality of inducing premature labour should have been demonstrated, that the practice should have remained almost unnoticed. From 1756 to 1795, when the first edition of Dr. Denman’s *Midwifery* appeared, the Cæsarean operation must have been performed with the most fatal results, fully as often as the safe and simple operation of inducing premature labour. Dr. Denman, in 1795, was only acquainted with eight cases in which premature labour had been induced either by himself or by his advice and persuasion; and he states that he had not known one untoward or hazardous accident that could be imputed to the practice. “He therefore felt authorised to say, that as far as his reason or experience enabled him to judge, the operation of bringing on premature labour is perfectly safe to the person on whom it may be performed. Before Dr. Denman, the circumstances which might render the operation needful and proper had certainly not been stated with any degree of precision, and the morality of the practice was still doubted by many.” During the last fifty-five years the operation has been successfully performed in a great many cases, and the lives of many children preserved by it. There are now whole families in London who owe their lives to it. There is scarcely an eminent practitioner throughout the