

THE CHURCH ON CAESAREAN SECTION IN MALTA IN 1867

P. CASSAR

M.D., B.Sc. (MALTA), D.P.M., F.R.HIST.S.

*Consultant Psychiatrist
Medical and Health Department.
Teacher in Clinical Psychiatry
Royal University of Malta.*

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Ever since the Norman conquest of the Maltese Islands in 1090, the threads of church and state have been very closely woven into the pattern of our social life. This bond was strengthened by the advent to Malta and Gozo in 1530 of the monastic Order of St. John of Jerusalem.

The union between church and state was loosened for a brief while during the French occupation of these Islands (1798-1800) but with the passage of our Islands under British rule in 1800 there was a return to the old ecclesiastical influence; so much so that throughout the nineteenth century it became increasingly obvious that nobody spoke to the Maltese quite like the ecclesiastical authorities and that nobody wielded as much power as the church whenever major issues faced the nation.

Church influence was mainly felt in our ethical and political affairs but there was a short spell when it moved into medical territory giving rise to a controversy that caused quite a stir in Malta a century ago. The background to the story was the cholera epidemic that hit the Island in July 1867. What sparked off the argument were the surgical and religious implications of post-mortem Caesarean section.

On the 20th August a woman with a seven month old pregnancy died at the Mandraġġ of Valletta. The Police Physician of the city fell under a cloud because he declined to perform caesarean section as he adhered to a school of thought which

held that in cholera cases the foetus pre-deceased the mother (*Il Portafoglio Maltese* 1867 a and 1867 b). On the 1st October it was the turn of the Police Physician of Gudja to incur criticism. In fact he was warned by no less a personage than the Archbishop of Malta himself not to fail to perform caesarean section, should the occasion arise, on the corpses of pregnant women dying of cholera in order that the offspring might be given a chance to survive or, at any rate, to receive baptism (*The Malta Times* 1867 a). The Archbishop, Mgr. Gaetano Pace Forno, took such a serious view of these occurrences that on the 4th October he issued a circular on the subject addressed to the parish priests of his diocese (*L'Ordine* 1867 a). He reminded the clergy that it was their bound duty to enjoin medical practitioners to perform the caesarean operation whenever the occasion offered in order that no opportunity was lost of saving the offspring or at least ensuring that it received baptism. The Archbishop went on to state that where no physician was willing to perform the operation, the parish priests were bound by their sacred office to call in a midwife or other expert person for that purpose and, in the absence of such a person, to carry it out themselves (*The Malta Times* 1867 b).

The preoccupation of the church with the performance of caesarean section on dead pregnant women has a long history dating back to the Middle Ages when the church first counselled the carrying out of the operation immediately after the death of the mother. Some Catholic countries also enforced its performance by law. In 1608, for instance, the Senate of the Republic of Venice passed a decree en-

forcing doctors to perform the operation in every case of death in pregnant women near term. The same step was taken many years later — in 1749 — by the Kingdom of Sicily (*Prammatica sanzione*, 1749).

Some medical men also expressed themselves in its favour. In 1694 the French surgeon Philip Peu in his *Pratique des accouchements* advised its performance in the space of time taken to recite one *Ave Maria* (Radcliffe, W., 1967) and Joseph Lallemand, Bachelor of the Medical Faculty of Paris, recommended it in 1744 even on the living mother in cases of “difficult or desperate” birth (Lallemand, J., 1744).

With regard to Malta, Archbishop Pace Forno was by no means the first ecclesiastic to deal with the matter; in fact when he issued the circular of the 4th October 1867 he remarked that in inculcating the obligation to perform caesarean section he was only imitating the zeal of his predecessor Fra Vincenzo Labini who had published an edict on the same subject on the 14th June 1788 (*The Malta Times* 1867 b; *L'Ordine* 1867 b).

The Calabrian Fra Vincenzo Labini, who governed the Malta Diocese from 1780 to 1807, had found “chaos in all the branches of ecclesiastical administration” on being appointed to his See (Ryan, F. W. 1930). Among the “grave disorders to which some parish priests drew his attention was “the negligence of spouses” in ensuring the extraction of the foetus by the caesarean operation following the death of the pregnant mother. To eradicate this abuse the Archbishop published an edict exhorting the parish priests to observe the ordinations contained in the Roman Ritual on the subject. Parishioners were enjoined to inform the parish priest of the existence of pregnancy in women who were in danger of losing their lives. Those who failed to notify the parish priest of such pregnancies or who obstructed the performance of caesarean section incurred the pain of excommunication; on the other hand those who provided information or helped in any way to procure the operation were granted an indulgence of forty days.

He made it incumbent on the parish priest “to make the necessary preparations for the performance of caesarean section and thus endeavour, if possible, to save the temporal existence of the foetus or at least his spiritual life which is more important”. He quoted authors in support of the view that the foetus survived the mother for some time after her death and “even for a few days as shown by many instances of babies extracted alive from the mother’s womb after one or two days”. He referred to the case of Saint Raymund Nonnatus (1204-1240) who is alleged to have been born through a caesarean section three days after his mother’s death. He, therefore, recommended the carrying out of this operation without any loss of time as soon as there was certainty of the mother’s death under penalty of a grave sin. “And if”, he continued, “for any reason it cannot be done soon the mother’s abdomen must be kept warm by means of pieces of cloth heated on a fire and a hollow piece of cane placed in her mouth as prescribed by the Synods..... not because it is believed necessary for the respiration of the baby but to facilitate the entry inside the abdomen and then in the uterus of the dead mother of a purer and fresher air”.

The parish priests were to ensure the performance of caesarean section with “zealous firmness” but if persuasion failed they were to resort to “threats and even, if necessary, to recourse to the secular arm”. In cases where the family could not afford the expense, the parish priest himself was to pay the surgeon, the fee being afterwards refunded by the Archbishop.

Parish priests were to insist on the performance of caesarean section even in those instances where doctors or midwives declared the foetus to be dead “because there have been infinite examples of foetuses which did not move and were believed to be dead but which were actually found to be alive”; hence parish priests were instructed not to allow burials of dead pregnant women who had not undergone caesarean section. Immediately, therefore, on the death of a pregnant woman, the parish priests had to

secure the services of "a surgeon or, in his absence, a physician, a midwife, a barber or another person who wanted and knew how to carry out" the operation. In fact it was the parish priest's duty to see that there were "many" persons in his parish capable of performing it. The edict went even further; indeed the parish priest had to learn how to carry it out as in the absence of other persons capable of doing it he was obliged to perform it himself "under a grave sin..... to his personal spiritual and temporal peril". He was, therefore, to have at hand for that purpose "some iron or implement" with which to open the mother's body and extract the baby. Finally he was reminded to make certain of the number of foetuses in the womb.

We have no means of knowing how this edict, which was published in all the churches and had to be read again every year on the Sunday following the feast of the Holy Innocents, was received by the profession and by the people. In 1788 Malta was ruled by the autocratic government of the Order of St. John which allowed no public expression of opinion on such topics. Printed comment or criticism was just as inconceivable, as the only press in the Island belonged to the government and all literary material for publication had to be submitted for state and church censorship. The intellectual climate was quite different eighty years later when Archbishop Pace Forno issued his circular of 1867. The Maltese Islands had by then been under British rule for sixty-seven years and since 1839 had enjoyed the benefits of a free press. We are, therefore, in a position to learn the reactions prompted by the circular of 1867.

The crucial question that troubled men's minds was: How can a medically untrained man, such as the parish priest, know if a patient is really dead or not when it is at these times difficult even for a professional man to declare, until a certain interval of time has elapsed, that life is extinct? The danger of mistaking apparent for real death was a very burning issue as during the cholera epidemic of 1837 the rumour had gained ground that

persons believed to be dead were buried alive. At least two instances have been recorded. A girl thought to be dead from cholera left her coffin and was found crouching behind a door. The matron of the mental hospital had been pronounced to be dead and was placed in her coffin when movements were observed in her throat. She lived for over thirty years after this incident.

Doubts were also entertained as to the legality of opening a corpse immediately after death was supposed to have occurred. It was very aptly remarked that Maltese law prohibited burials within twentyfour hours from apparent death. A similar restriction on the time of inhumation had been imposed by the Diocesan Synod held in Malta in 1709 when it was decreed that corpses were not to be buried before the lapse of twelve hours to allow for the "exhalation of the spirit"; in the case of sudden death the interval was extended to twenty-four hours (Synodus Dioeciesana 1709). It was obvious, therefore, that if civil and ecclesiastical law prohibited burials within twelve to twentyfour hours after apparent death it followed as a corollary that it was also contrary to the law to open a body before the prescribed period of waiting had elapsed (*The Malta Times* 1867 b).

A further point was raised to the effect that to be successful, the operation had to be performed with all due observance of the rules of surgery. Did the parish priests possess the necessary knowledge of practical anatomy and the required surgical skill? And if they did not, what assurance was there that, if the mother was not really dead, her life was not sacrificed through lack of surgical proficiency? (*The Malta Times* 1867 c).

A section of the press turned against the medical profession. *L'Ordine* criticised an unnamed doctor who had expressed "the very false opinion" that in cases of cholera the foetus died before the mother and pressed the government to pass a law enforcing "doctors in all cases of pregnant women, without any exception, to carry out caesarean section to save the soul and body of a citizen who had the inherent

right to live" (*L'Ordine* 1867 b).

Il Portafoglio Maltese was even more declared this newspaper, "who are incapable in its attacks. "There are doctors", able of performing caesarean section and there are curates and midwives who carry it out successfully in accordance with the rules of surgical art. We do not want to mention the names of doctors who are not ashamed of confessing publicly that they have neither the courage nor the ability to perform caesarean section; nor the names of midwives who have shown in these months an extraordinary mastery in the extraction of the foetus". The doctors, continued the writer, were against the operation because "they are such cowards that they are not competent to do their duty" (*Il Portafoglio Maltese* 1867 c).

This outcry, as subsequent developments showed, was exaggerated and ill-expressed besides being extremely hard on a body of professional men who were far from being the callous and inefficient persons depicted by this newspaper. In fact as early as 1802 the Regulations of the Civil Hospitals of Valletta made it obligatory upon the principal surgeon of the hospital to perform caesarean section when the case required it. That this ruling referred to pregnant women dying before childbirth is evident from the fact that the first caesarean section to be carried out on a living woman did not take place until 1891 in Malta (*Piano per il regolamento dell'ospedale di Malta*, 1802. Cassar, P. 1965).

An instance of a post-mortem caesarean section was recorded during the plague of 1813 when a Senior Health Guard at the Lazzaretto "opened the body of a dead pregnant woman, under the direction of the physician, to enable the infant to be baptized" (Burrell, W. H. 1855). During the cholera epidemic of 1837 Dr. G. M. Stilon "never neglected" to perform caesarean section on dead pregnant women (Stilon, G. M. 1839) and Dr. T. Chetcuti records the extraction by caesarean section of three living fetuses "who were immediately baptized by the chaplain" (Chetcuti, T. 1838)..

Maltese medical men, therefore, had

a long tradition and experience to draw upon by 1867. That there were, in fact, doctors who rose to the occasion and who were willing and capable to perform the operation in 1867 is borne out by news items reported in the contemporary press.

On the 6th October, that is two days after the issue of the Archbishop's circular, caesarean section was performed on a woman who had succumbed to cholera while in the 4th month of pregnancy; "the foetus outlived the mother for seven minutes and received baptism". The operation was carried out by the "clever and skilful" Dr. S. L. Pisani (*Il Portafoglio Maltese* 1867 b; *The Maltese Observer* 1867; *L'Ordine* 1867 c). By the 11th October another two caesarean sections were performed on pregnant women dying of the disease with the extraction of live babies (*L'Ordine* 1867 b). On the 22nd October another operation was reported on a choleraic patient believed to have been in the fifth month of pregnancy — but no foetus was found to exist (*The Malta Times* 1867 c).

No specific instances of caesarean operations carried out by midwives and parish priests or other lay persons have been recorded so that presumably none of the medical men who came across cases requiring the operation neglected doing it following the publication of the Archbishop's circular.

Cholera began to decline by the end of October after attacking 403 civilians of whom more than half lost their lives. On the 17th November a *Te Deum* was sung in all the churches by order of the Archbishop in thanksgiving for the liberation from cholera (*L'Ordine* 1867 d) and the controversy faded into obscurity.

This forgotten episode in Maltese medical history may not, at first sight, appear to be so remarkable as to justify its bringing into focus again after one hundred years. A little reflection, however, not so much on the bare events themselves as on the basic principles that underline them will show that their implications bring it into the ken of the medical practitioner of to-day. Indeed among the issues that have been triggered off in our time by the recent heart transplants are precisely (1) the

sure establishment of the diagnosis of death, and (2) the determination of the moment of irreversibility of the changes producing death — exactly the same questions that tormented the minds of our predecessors a century ago.

These themes have now been studied by no less a body than the World Medical Assembly during its session of the 9th August 1968 in Australia; but although much useful guidance as to the signs of death is contained in the Declaration of Sydney we have still to admit that "it is impossible to say precisely when human life becomes extinct" (British Medical Journal, 1968).

Apart from this diagnostic problem, the events of 1867 are also significant for the present generation of medical men in so far as they remind us that (1) technical achievement in medicine and surgery sometimes create problems in the ethical field; and (2) the physician and surgeon in treating the sick is actually dealing with the whole human personality which cannot be isolated from the psychological, cultural, social, moral and religious matrix in which it is rooted without provoking the hostility and censure of the social milieu in which he exercises his profession.

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