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ECTOPIC GESTATION—A REJOINDER\*

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[EDITOR'S NOTE: We herewith print the answer of Father Henry Davis, S.J. to the article on "Ectopic Gestation" by Monsignor James W. O'Brien, printed in our January issue. The latter has answered Father Davis maintaining his original position, Doctors are urged to consult their Priest-adviser, in all individual cases.]

The article which appeared in this *Review* in August, 1941, written by Monsignor James O'Brien, was a very complete statement from one point of view of the serious problem of the treatment of an ectopic gestation. The article was particularly welcome coming, as it did, immediately after the article in which Dr. Elmer A. Schlueter had dealt with the medical aspect of the case.

The medical aspect was expressed in that article by two statements, namely, that the only generally accepted treatment of the affected tube is its surgical removal; secondly, that it is not recommended that ectopic pregnancy be not treated in the hope of a foetal cyst developing. In other words, if a doctor has discovered a tubal pregnancy, or suspects one, the normal procedure is to cut out the tube, or the part of it that is swollen and presumably or possibly containing a foetus.

The problem put by a surgeon to the present writer was as follows: When I am operating for appendicitis or some other condition and discover a swollen tube, which I suspect to be an ectopic, may I cut out the swollen tube to

prevent future trouble, perhaps death? Or am I to stitch up the patient and wait till the tube bursts, as it may and probably will do, at which time the patient will be in imminent danger of death?

In reply to this problem Monsignor O'Brien would say: "Wait till serious danger for the mother has arisen; you may then open the woman again and operate by removing the tube." One may add that the surgeon will be indeed fortunate if he has time to save the mother's life. Other writers, who think that this view of the matter is wrong and imposes a grave obligation on the surgeon not to interfere until the condition of the tube has become, in their view, seriously dangerous to the mother, maintain that a swollen pregnant tube is always seriously dangerous to the mother, so that the surgical removal of the swollen tube is always licit on the ground that it is like a slow poison; it is an erosion of the walls of the tube.

It will be seen, therefore, that the difference between the two views is based on the difference of the appreciation of the danger to the mother's life. The true view must be based on the opinion of the gynaecologist. It is for him to decide whether or not an ec-

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topic gestation is seriously dangerous. If he says it is, then the moralist would have to apply his principles of right conduct and decide on the lawfulness or otherwise of the operation of cutting out the tube, foetus and all. Both Monsignor O'Brien and those whose opinion he rejects take that line. It is a little unfair of him to say: "Whether or not such a condition (namely, a definite pathological condition of the tube endangering the mother's life) exists, it must be confessed, is primarily a medical question, to be answered by those who are experienced in the field and who understand the exact point at issue, and not by the *a priori* argumentation from the very doubtful premise that there is at all times such a condition in cases of ectopic gestation."

Now those who, with the present writer, hold that there is always in a tubal pregnancy a condition seriously endangering the mother's life, most assuredly do not argue *a priori*. It is absurd to accuse them of doing so. They are as fully aware of the point at issue as any medical expert is. Their argumentation is based wholly on medical evidence. They are, however, satisfied, as is the present writer, that the weight of purely medical evidence favors the existence of serious danger to a woman bearing a tubal pregnancy. Monsignor O'Brien postulates serious danger before allowing operation. So do we, and we believe that medical evidence proves quite

sufficiently that serious danger is present in any tubal pregnancy. The problem is to be resolved not by argument but by evidence. The evidence collected by the present writer from several of the most expert gynaecologists in the United States appears sufficient to establish the facts. Evidence has already been submitted. Monsignor O'Brien desires more evidence to be got. When it is got, still more evidence will be asked for. There is no need to prepare the stage before the drama is put on. Meantime, until volumes of repetitive evidence are obtained, the Catholic surgeon will be forbidden by Monsignor O'Brien under pain of grievous sin to interfere with a tubal pregnancy until the mother is in actual danger of death, and thousands of women will die from ruptured tubes before the suggested evidence is forthcoming.

In justice to the opinion which is traversed by Monsignor O'Brien, some irrelevances in his article must be pointed out, lest the incautious reader take them for arguments.

1. It is entirely beside the point to refer, even remotely, to the decrees of the Holy Office of 1884 and 1889, because those decrees deal with craniotomy and other operations which directly kill the foetus or the pregnant mother. No one dreams of defending a view that allows the direct killing of a living foetus.

2. The propositions condemned by Pope Innocent XI deal with abortion not with the excision of

the fallopian tubes. Monsignor O'Brien would not call excision of a cancerous womb or of fallopian tubes abortion. In interpreting condemned propositions we have to take words in their strict sense.

3. To quote the decrees of the Holy Office of 1898 and 1902 is also irrelevant, unless Monsignor O'Brien thinks that cutting the pregnant tube is acceleration of birth, or a direct extraction from the mother of an ectopic foetus. It is neither the one nor the other.

4. "It must be remembered," wrote Monsignor O'Brien, "that the Holy Office forbids at least any action that directly affects the life of the foetus." The operation of cutting out the pregnant tube never directly affects the life of the foetus. If it did so, Monsignor O'Brien could not have written: "In particular cases when there is a definite pathological condition of the tube endangering the mother's life, *the surgeon can conscientiously remove the tube*" (italics ours). If in this case the death of the foetus is not a direct result of the operation, it never is a direct result of it.

5. "Unless these decrees," wrote Monsignor O'Brien, "are purely theoretical, then there must be some cases of ectopic gestation in which the removal of the tube is wrong. Otherwise the decrees are devoid of practical value." He should have written: "there must be some cases of ectopic gestation in which the *removal of the foetus* is wrong." That is what the Holy Office condemned,

namely, the removal of the foetus, not the removal of the tube. If the distinction appears to Monsignor O'Brien unreal and subtle, he must remember that he has adopted it himself.

6. "The contention," wrote Monsignor O'Brien, "that in all cases of ectopic gestation, from the moment of conception, there is a pathological condition of the tube and therefore its removal is always licit, puts a strain on moral principles, medical evidence and the decrees of the Church." Now this statement assumes what has to be proved and has not yet been proved. In the contention it has been shown that there is no strain on moral principles, that the decrees of the Church do not apply, and medical evidence goes to show that there is always a pathological condition of the tube in ectopic tubal pregnancy, as Dr. Schlueter wrote: "It is certain, from careful review of the literature and a study of a number of cases, that all tubal pregnancies show acute accidental inflammation of the tube;" "the tube is definitely pathologic by reason of acute inflammation incidental to the ectopic gestation; it is likely that the tube was pathologic prior to the ectopic gestation." No better support could be afforded to the view which Monsignor O'Brien rejects than these words of a gynaecological expert.

7. It is irrelevant to say that "many physicians insist that it is very difficult to diagnose ectopic conception, especially in the early

stages." In this discussion, we are confronted with what is actually found to be or gravely suspected to be an ectopic pregnancy.

8. To write that "priests should insist, before giving advice in practical cases, that physicians be sure that there really is a pathological condition of the tube" is irrelevant, for we are dealing with cases when there certainly is a pathological condition of the tube on the evidence of gynaecologists.

9. "It would seem," wrote Monsignor O'Brien, "that it is the development of the foetus which makes the condition of the tube dangerous to the mother—if, indeed, it can be admitted that the tube becomes dangerous in all cases—but it is not dangerous from the beginning. The danger, it seems, is avoided in this case by preventing the development of the

foetus. Such a thing could never be justified." We agree. But no Catholic moralist holds that the danger to the mother is to be avoided by preventing the development of the foetus. What is held is that the danger to the mother can and may be prevented by preventing the continued serious pathological condition of the tube. That this results in preventing the development of the foetus is obvious, but this result is indirect. Monsignor O'Brien is less than just when he attributes so extraordinary a view to his opponents.

In conclusion, the only point of difference between the two contrary views is that Monsignor O'Brien's view is that serious danger is not always present in an ectopic pregnancy, whereas the view of those whom he opposes is that there is such a danger.

### Foreign Medical Guilds

The medical guilds in Spain have never disappeared; they have been active at least since the sixteenth century. The medieval French Medical Guild of St. Luke, St. Cosmas and St. Damian, reconstituted in 1884, had in 1914, 11,000 members with branches in all the principal cities of France.

For many years the formation of a Catholic Medical Guild occupied the thoughts of Catholic doctors in England. Because it

was almost impossible to determine who were the Catholic physicians, and for other more cogent reasons, it was finally decided to form a society capable of renewing and maintaining the ancient Christian traditions of the profession, to be called the Guild of St. Luke, St. Cosmas, and St. Damian. On July 27, 1910, with the approval of ecclesiastical authorities, the Guild was provisionally constituted.—*Medical Missionary.*