

HISTORICAL PERSPECTIVE

“Once a cesarean ... always a cesarean”

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This seemingly trite epigram succinctly describes an obstetric management philosophy. As such, the phrase appears in many articles dealing with cesarean birth and is usually italicized as a citation—even when no author is acknowledged.

In his 1963 history of the Obstetrics and Gynecology Department at Columbia-Presbyterian Medical Center in New York City (in 1916, the Sloane Hospital for Women), Harold Speert attributed the expression to Edwin B. Cragin:

In a ...talk before the Eastern Medical Society of the City of New York, May 12, 1916, Cragin introduced the phrase, for the first time in the English language, “once a Cæsarean always a Cæsarean.” (1)

Contemporary writers (2, 3) thus speak of “Cragin’s dictum,” and quote from his 1916 publication:

... no matter how carefully a uterine incision is sutured, we can never be certain that the cicatrized uterine wall will stand a subsequent pregnancy and labor without rupture. This means that the usual rule is, once a Cæsarean always a Cæsarean. (4)

History shows that the attribution of priority for ideas or discoveries is uncer-

tain business, subject to revision as new information becomes available. So it is for Cragin’s dictum. A review of the English-language obstetric literature circa 1915 clearly demonstrates that others anticipated this expression. On March 30, 1916—six weeks before Cragin’s address to the Eastern Medical Society—Charles M. Green, of Boston, wrote:

... those who, as a rule, perform gastro-hysterotomy before the advent of labor and therefore have resulting thin scars, believe that once a Cæsarean, always a Cæsarean. (5)

Green’s remarks implied that the slogan was already familiar to obstetricians. Indeed, in a presentation before the Chicago Gynecological Society in June 1915, Rudolph W. Holmes paraphrased the dictum, and attributed it to several other authors:

It should be an obstetric aphorism that a Cæsarean section once is a Cæsarean section always. It is but necessary to mention that Franz, Jardine, Cameron, and others have expressed this dictum. (6)

Similarly, Dr. Ralph M. Beach—commenting on a 1916 case report by Judd (7)—spoke of “the old saying, Once a cesarean always a cesarean.” In a review

of American publications between 1916 and 1960, only 1 article (in 1921, by Paul Humpstone of New York) could be found attributing this expression to Cragin:

The dictum of Cragin still holds for the most part, once a cesarean always a cesarean. (8)

Cragin himself did not use the words in his 1916 textbook of obstetrics (9). It seems likely that this particular turn of phrase occurred independently to many obstetricians. That Cragin is now linked with the epigram can be attributed partly to his prominence within the New York medical community—then, as now, much larger than Boston’s or Chicago’s. However, without Speert’s role in popularizing Cragin’s article, it is likely that “Once a cesarean ...” would be used without attribution outside the New York area.

Edwin Bradford Cragin (1859–1918) never achieved the fame of his contemporaries Howard A. Kelly, J. Whitridge Williams, or Joseph B. DeLee. Yet, he

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was a distinguished figure in American obstetrics and gynecology, and his career amounted to much more than the slogan for which he is now best known.

After receiving the AB degree from Yale in 1882, Cragin studied medicine at the College of Physicians and Surgeons (CPS) in New York City. He eschewed the then-fashionable year of training in Germany, choosing instead to intern at Roosevelt Hospital in New York. He was appointed assistant gynecologist to that institution in 1889, as well as assistant surgeon to the New York Cancer Hospital.

The first decade of his career was devoted to gynecology. His 1890 textbook, *Essentials of Gynaecology—in Question & Answer Format*, which was aimed at medical students, was well-received and went through 8 editions (10). He soon achieved a national reputation as a surgeon and was elected a Fellow of the American Gynecological Society (AGS) in 1896. The AGS, founded in 1876, counted America's most distinguished obstetrician-gynecologists among its members. Cragin was a busy surgeon: he reported performing 55 laparotomies and 55 vaginal operations during a 10-month period in 1895 (11). A citation from his textbook (10) also tells us something about his character:

The principle that beaten paths are easier to follow than untried ways applies as well in surgery as in other walks of life. The abdominal route had become the one so often taken in attacking disease of the pelvic organs that the mere suggestion of using the vaginal route for this purpose seemed not only unnatural, but unwise. ... encouraged by the reports of other vaginal operators, I decided to convince myself of the value or defects of the vaginal route for removing diseased conditions of the pelvic organs.

Despite his limited experience in obstetrics, Cragin became attending physician in obstetrics at the Sloane Maternity Hospital in 1898 following the resignation of James W. McLane. The bylaws of the Sloane Hospital called for McLane's successor to be selected from the faculty of the CPS. Cragin had

been secretary of the college since 1895 and, as a Fellow of the American Gynecological Society, was its most prominent member in the field of women's diseases. Cragin may have persuaded the Board of Managers that the future of obstetrics was surgical: by 1898, cesarean deliveries were being performed with increasing frequency in most U.S. academic hospitals, but none had been attempted at Sloane under McLane's tenure. After a year as lecturer in obstetrics, he assumed McLane's title as professor of obstetrics in the CPS and was named Director of the Sloane Maternity Hospital.

James Woods McLane (1839–1912) is remembered today chiefly in connection with the Tucker-McLane obstetric forceps. Yet, he was the moving force behind the creation of the Sloane Maternity Hospital. As professor of obstetrics and diseases of children at the CPS since 1878, McLane had been keenly aware of the need for a modern maternity hospital in New York—a facility that would provide care for the indigent and training in obstetrics for physicians and students at the CPS. As physician to the wealthy Sloane family, he persuaded William and Emily Sloane (she was a Vanderbilt) to finance the construction and endowment of his dream hospital. The Sloane Maternity Hospital, with title and equipment vested in the CPS, was completed in December 1887 and admitted its first patient on January 9, 1888. The original 3-story building, at the corner of Tenth Avenue and West 59th Street, had 33 beds and 1 delivery room. By 1894, the annual number of deliveries had increased to 912, from 241 in 1888, and the facility was cramped. Again, the Sloanes were called upon to support an expansion of the hospital; a 6-story unit providing an additional 72 ward beds was completed in 1899.

Cragin's tenure at the Sloane was marked by a decade-long struggle to integrate gynecology and obstetrics within the hospital. In 1900, under pressure from gynecologists at the adjacent Vanderbilt Clinic, the Board of

Managers of the Sloane Hospital had reaffirmed its policy of admitting only obstetric patients. Despite his stature as a gynecologist, Cragin was forbidden to do any gynecological surgery in the maternity hospital. Barton Cooke Hirst, who had experienced similar problems in Philadelphia, was blunt in his assessment of the politics:

In the rise of the new maternity hospital the gynecopathists (sic) of the country... saw a danger to their profitable monopoly of a lucrative branch of gynecology. They saw plainly that ... these hospitals would command the clinical material to which they claimed an exclusive right.... They were also aware that the kind of physician required for the head of these new institutions ... would not be the sort of person supinely to submit to a deprivation of work that was legitimately his. ...Hence, there arose an effort to suppress the heads of these new hospitals and to restrict their work by methods that, to put it mildly, were not commendable ... (12)

During the last decades of the 19th century, surgical gynecology had become a glamorous specialty, overshadowing mere midwifery. Chairs in medical schools were divided into obstetrics and diseases of women. The ambitious men scorned obstetrics and left these chairs to be filled by the surgically timid. By 1912, only 8 of 42 medical schools in the United States had combined chairs of obstetrics and gynecology (13).

At the CPS, T. Gaillard Thomas had separated the chairs of obstetrics and gynecology in 1878, naming McLane to obstetrics and keeping gynecology for himself. When Thomas resigned in 1882, McLane assumed the joint chair until George W. Tuttle took over the gynecology professorship in 1885. Upon Tuttle's retirement in 1903, Cragin assumed both chairs at the CPS, which had been integrated within Columbia University since 1891, and increased his efforts to bring gynecological surgery under academic control. Hirst marveled at Cragin's administrative and political skills:

How Cragin met and defeated the envious attempt to restrict his work I

never exactly knew. One of the moves of his diplomatic campaign was to invite me to New York to read a paper on the equipment and scope of the modern maternity hospital, which he told me later he had shown to ... the trustees of Columbia. The next thing we knew ... Cragin had an addition to the Sloane Maternity Hospital for dealing with all the diseases of women, and we found him in the enviable position of master of the Sloane Hospital for Women with no rumblings of protest or opposition... (12)

Like McLane before him, Cragin had persuaded the Sloanes to finance yet another hospital, this one to include a gynecology ward and operating rooms. He urged the trustees of Columbia University to accept the Sloane benefaction:

... although the gynecological material at the Vanderbilt clinic has been at the disposal of the Chair for lecture purposes, the subsequent treatment of these cases has been under the control of one with no official connection with the College, and upon whose courtesy the Chair of Gynecology has been dependent for its practical teaching in this branch... (1)

The trustees agreed, and the renamed Sloane Hospital for Women was formally opened in March 1911. There were now 107 ward beds, 19 private beds, and 100 infant cribs in obstetrics; the gynecology wing boasted of 24 ward beds and 23 private beds.

Despite controlling both the hospital and the academic department chairs at Columbia, Cragin continued to administer the 2 divisions separately. Residents were accepted for training in either obstetrics or gynecology, but were not required to do both. Speert speculates that Cragin was influenced by the unyielding stand of his Baltimore colleagues, Howard A. Kelly and Thomas S. Cullen, who insisted on separate departments at Johns Hopkins. In light of his own failure to reunite the departments at Hopkins, J. Whitridge Williams' 1929 tribute to Cragin was bittersweet:

There is no need for me to attempt to recall to you the energetic little man

with his short beard and spectacles, who took his duties so seriously and who was so accomplished a gynecologist and obstetrician. ... One of his very important services was to insist upon the proper relationship between obstetrics and gynecology, as well as to resist repeated efforts to separate them in the school. Sloane is indebted to Cragin for maintaining its traditions as a great obstetric hospital and for adding to it an efficient gynecologic division, thus making it possible for his successors to transform it into a woman's clinic in the fullest acceptance of the word. (14)

In May 1919, 7 months after Cragin's death, the obstetric and gynecology departments at Columbia University were officially combined under the chairmanship of William Emery Studdiford (1867-1925), who also succeeded Cragin as director of the Sloane Hospital.

Unable to perform gynecologic surgery at the Sloane Hospital between 1898 and 1911, Cragin turned his formidable energy to obstetrics. He developed an incubator for premature infants and published articles on the dangers of chloroform in obstetrics, pyelitis in pregnancy, ectopic gestation, eclampsia, and placenta previa. Speert spoke of Cragin's "long-nurtured ambition to perform 100 cesarean sections" (1); this might have been a friendly rivalry with Hirst, who, by 1908, had performed 80 (15). In 1913, Cragin published a report on 122 cesarean deliveries—one of the largest series in the United States at that time (16). Gifted surgeon that he was, he could not resist writing that his average surgical time, including 15 hysterectomies, was 29.2 minutes, ranging from 16.5 to 62 minutes. Speert recounted recollections from Cragin's former residents:

A short man, Cragin acquired the reputation of a martinet. His disciples still tell of his daily arrival at the hospital, when 3 long whistles were sounded by Katie the doorkeeper, to alert the staff to proper obeisance to the chief. (1)

About Cragin's character, Charles Dowd observed:

Nothing could swerve him from his adherence to principle and to duty. There was a very strong religious element in his character.... He was one of the few men who believed that a tenth of his income should be given to charity in some form or other.... He built a hospital in China and supported a physician in attendance there.... He was truly one of nature's noblemen. (17)

His family life was particularly happy. In 1889, he married Mary Willard, from his hometown of Colchester, Connecticut; they had 3 children. Throughout his life, Cragin maintained close ties to Colchester. The Cragin Memorial Library, endowed in 1905, perpetuates the name of its benefactor.

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