



Contents lists available at ScienceDirect

Taiwanese Journal of Obstetrics & Gynecology

journal homepage: www.tjog-online.com

Correspondence

A historical perspective of cesarean section: Past, present, and future



Keywords:

Cesarean section
Future
History
Past

Dear Editor,

The technical definition of cesarean is the surgical delivery of a fetus ≥ 500 g by an incision across the abdominal and uterine wall. Notes from antiquity show that cesarean was applied for the expulsion of an alive fetus from a pregnant woman about to die. According to the Greek mythology, Apollo sliced open the abdomen of his lover Coronis and removed his son Asclepius via cesarean (Fig. 1) [1]. The first written record for a cesarean section dates back to 1610 by Jeremius Trautmann, a surgeon from Wittenberg, Saxony, in Germany [2].

The origin of the term “cesarean” is contentious. Although there is a popular myth about Julius Caesar (BC 100–44) having been born by cesarean, the historical sources indicate the contrary, noting that Aurelia (BC 120–54) lived long enough to see her son conquer England [3]. Romans passed a law in the 7th century BC, named as “Lex Caesara”. This law required the expulsion of babies in all mothers lost during labor pain. The birth of the word cesarean appears more likely to be related to this law [3].



Fig. 1. The extraction of Asclepius from the abdomen of his mother Coronis by his father Apollo. Woodcut from the 1549 edition of Alessandro Beneditti's *De Re Medica* [1].

On the other hand, the word “cesarean” may have been derived from the Latin verb “Caedare”, meaning “to cut” [2]. Moreover, in Rome, children born by abdominal delivery were called as “Caesones”. While in the past it was an operation of last resort to save the life of a fetus from a dead mother, it has become a more common procedure during the 19th century due to advances in the antiseptics and anesthesia along with a decrease in the morbidity and mortality [4].

In the beginning of the 20th century, cesarean was regarded as a hopeless operation aiming to save the mother's life. However, after the first half of the 20th century, people started to recognize it as a low-risk operation targeting to save the life of the fetus, while at the end of the 20th century, it was deemed as a procedure demanded by the mother, facilitating the work of the physician. However, contrary to the belief among the public, cesarean is not an easier option for a physician; it is a necessity to save the life of the mother and/or fetus in certain conditions. The recent increase in cesarean rates is alarming due to higher morbidity and mortality rates associated with cesarean section. Moreover, complications in future pregnancies related to history of cesarean further increases the risk. These rates soar due to various factors. Performing studies focusing on the correction or elimination of these factors is the responsibility of everyone involved in this condition.

In conclusion, it should be borne in mind that cesarean may be a life-saving intervention for both the mother and the baby in certain conditions. Since it is the most commonly performed procedure by obstetricians, its importance should be fully understood and physicians should act accordingly while bearing in mind that it has higher complication rates than vaginal birth. As shown by the evidences, cesarean has a past almost as old as the history of humanity and it would not be a far-fetched idea to predict that it will continue to be so. Therefore, physicians should act based on the medical indications and exhibit a well-judged and rational approach.

Conflict of interest

The authors report no conflicts of interest.

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