

Willughby's Observations in Midwifery: The Dutch Translation

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Summary

The Dutch translation of the manuscript of "Observations in Midwifery" (ca. 1672) by the English man-midwife Percival Willughby (1596-1685) - pupil and friend of William Harvey - was printed in The Netherlands in 1754 and antedated the English edition (1863) by more than a century. This delay may explain why this valuable 17th-century text had no impact on obstetrical practice in Willughby's native country.

Résumé

La traduction néerlandaise du manuscrit "Observations in Midwifery" (ca. 1672) de Percival Willughby (1596-1685), accoucheur anglais et ami de William Harvey, parût en Hollande en l'année 1754. Comme elle antedate l'édition anglaise (1863) de plus d'un siècle, elle ne put influencer la pratique des accoucheurs anglais.

Introduction

This is the story of an English manuscript on the midwifery of the 17th century, a Dutch translation of which appeared one hundred years before the original was finally published in 1863 (14). Had Willughby's *Observations in Midwifery* been printed in the 17th century, this book would have influenced the course of midwifery in England. But fate decided otherwise and Willughby's text, circulating in only a small number of Ms copies, was doomed to become a fossil.

Eighty odd years after Willughby completed the final version of his MS and one century before it was finally printed, two municipal doctors of Amsterdam decided to lift the veil over the secret instrument used by the Roonhuysian accoucheurs : the obstetric lever (11b). Impressed by the timeliness of Willughby's

teaching, Jacobus de Visscher and Hugo van de Poll appended a translation of Willughby's MS (3) to their pamphlet "The Roonhuysian midwifery secret discovered", printed in 1754 (2). The initiative taken by the two physicians (not surgeons !) to make Willughby's teaching known in 18th-century Holland raises some questions and asks for some comments.

Percival Willughby

Our hero was born in 1596 as the son of an impoverished country squire (8). Having completed his studies in the humanities, his MD uncle sent him to London as apprentice to Mr. James van Often, a barber-surgeon and Dutch immigrant. After the untimely death of his master, Percival took up the practice of midwifery in the capital city, where he became acquainted with the 22 years older lecturer on anatomy and surgery at the College of Physicians, Dr. William Harvey, who was to become his venerated mentor and friend (5). In 1631 Willughby moved to Derby, then a small country town, where he

practised until ca 1672. He died in 1685, almost 90 years old.

During half a century, Willughby devoted himself exclusively to the novel speciality of male-midwifery. His practice was large and his life harassing. But this strenuous life was highly rewarding, and over the years he accumulated a clinical experience probably unique in 17th-century England.

This experience Willughby wished to convey to the midwives. From the start of his practice he made notes on difficult or interesting cases. He later classified his notes, provided them with comments and instructions to form a treatise on midwifery, the final version of which was ready in about 1672. He titled his MS : *Observations in Midwifery*.

Willughby's teaching

What were the messages Willughby wished to convey to midwives ? In point of fact, these messages are threefold. First a warning : midwives should refrain from intervening in the natural course of labour. Almost daily Willughby and W. Harvey found themselves confronted with disasters caused by the "meddlesome practices" of midwives. Both of these man-midwives condemned "meddlesome obstetrics" which they considered the main cause of abnormal labor, and both pleaded for "natural obstetrics", long before this term was formally coined by Lucas Boer, at the end of the 18th century (1).

Willughby's second message to midwives was that they should learn the indications for internal podalic version and become thoroughly versed in the practice of this potentially lifesaving manoeuvre. Indeed, non-destructive instruments for extraction of the fetus had not yet been made public and caesarean section was not practised in England. Horrified as Willughby was by the use of the traditional obstetric instruments - the

crotchet and the knife - he advised version-extraction instead applying this manoeuvre as a panacea for difficult labour, as long as the fetus was alive.

Willughby's third and final message reminds us of that kind and deeply religious surgeon Ambroise Pare (7). It is one of sheer humanity: "I desire that all midwives may have a happy success in all their undertakings and that their knowledge, charity, patience and tender compassion may manifest their worth and give their women just cause to love, honour and to esteem them... Let midwives pray to God to direct them, and free their women from all the dangers and perilous accidents happening sometimes in child-bed".

The Translator

As already mentioned, de Visscher and van de Poll appended an abbreviated translation of Willughby's *Observations in Midwifery* to their monograph on the Roonhuysian secret, published in 1754, titled "*Vroedkundige aanmerkingen, etc...*" (3).

The translator is unknown but in their introduction the editors inform the reader that they had received the text from Reinier Boom, written in both English and Dutch which suggests that it was Boom who translated the original MS. The editors go on to add that they had been unable to learn more about the author than what the reader will find in the *Vroedkundige aanmerkingen*, i.e., that Willughby practised midwifery in neighbouring England, with his daughter, before the year 1630. Because most of this statement is wrong and the English MS contains a wealth of information on Willughby and his relations, one might assume that the English text submitted by Boom may itself have been an excerpt of the original. Boom himself is a rather elusive character. He was accredited as a surgeon, passed the midwifery examination of the notorious Collegium Medicum of Amsterdam in

1746, and was a third-generation recipient of the Roonhuysian secret instrument (4, 11b).

How the Dutch obtained a copy of Willughby's MS is another unanswered question. Two hypotheses have been advanced. The first is that it occurred through Willughby's former preceptor who, being a Dutch expatriate, may have maintained contact with members of the profession overseas. The other contention - equally apocryphal - is that Hugh Chamberlen Sr, who lived for some time in The Netherlands, showed a copy or a summary of Willughby's MS to Boom or one of his fellow accoucheurs (8).

Purpose of the Dutch Translation

What exactly was the intention of de Visscher and van de Poll in wishing to publicize the *Observations in Midwifery* almost one century after the MS had been finalized? Obviously, the editors must have felt that even in 1754 obstetricians and midwives in Holland could take profit from the messages their British colleague had attempted to divulge many years ago. In other words, "meddlesome" obstetrics was current practice in The Low Countries, where destructive operations were performed excessively and podalic version was generally ignored in the middle of the 18th century.

Of course, podalic version was known in Holland and Hendrik van Deventer had given detailed instructions for its performance by properly instructed midwives in 1701 (12). However, there was little enthusiasm for this conservational procedure, as can be deduced from Mrs Schraders' diary, in which the Frisian midwife mentioned podalic version as a very unusual procedure in 1745 (10).

Contents of the translation

The Dutch translation consists of three parts; the main text and two introductions, one drafted by the editors themselves, the other a summary

of the first pages of Willughby's MS.

The main body is a faithful translation of Willughby's *Observations* but the translator made large cuts in the text, deleting in this process most of Willughby's quotations and references. Of the case reports he dropped many, while amalgamating or splitting-up others. Positively, on the other hand, by rearranging the subject matter, prefacing the main topics by an abstract, and dividing the text into numbered paragraphs, the translator increased the readability of Willughby's *Observations* considerably. To our regret, however, the Dutch version was bereft of most of the data concerning Willughby, his relationship with his mentor William Harvey, and of many colourful anecdotes.

The Dutch treatise is composed of three main sections concerned with normal labor, pathologic labor, and a small number of complications of pregnancy and parturition.

1. Normal labor.

The various tasks of the midwife during normal labor are discussed in detail notwithstanding the fact that it was Willughby's contention that in "natural births" the role of the midwife is marginal. Her presence, although desirable, is not essential because many parturients will safely deliver unattended and, in any case, they will be better off with no midwife than with a "meddlesome" one.

Delivery of the placenta should be procured without delay and for a refractory placenta Nature may be assisted. Sneezing or coughing may help expulsion and the administration of a "birthing powder" is admissible, but only in the third stage of labor. Although the author was certainly aware of the infective hazard of placental retention as originally exposed by his mentor W. Harvey (13). Willughby kept silent about puerperal fever which had been ravaging Western Europe since 1652 (11). For this omission

there can be only one explanation : that the epidemic had not yet reached England. Because his own patients were usually delivered in their own surroundings sporadic cases of puerperal fever were extremely rare in his practice.

2. Abnormal labor

The second and most interesting section of the *Aanmerkingen* is concerned with abnormal labor. The translator amplified Willughby's introductory paragraph by carefully listing the various causes of dystocia to be discussed, and this list is extremely interesting because it gives an idea of 18th-century views on dystocia.

Pelvic dystocia is not mentioned as such, but cephalopelvic disproportion is discussed at the end of the section among the instances where performance of podalic version may be difficult or even impossible. This, again, may seem peculiar because rickets was widespread in Willughby's country, where the "English disease" arose in the 17th century spreading through all northern parts of Europe, including Holland. Moreover, Willughby had been the first to point out the pernicious effect of the rickety pelvis on the course of labor, describing the "flat pelvis" in a case report dated 1650, not to be found in the Dutch translation.

Dry labor is mentioned as another cause of dystocia, but most of the examples given are cases of premature rupture of the membranes. It is clear that Willughby's message to the midwife was to caution her against the practice of rupturing the membranes artificially.

The misconception that fetal demise may hamper the delivery, which goes back to Antiquity, was shared by Harvey and his pupil Willughby, who still accepted - at least in part - the active role of the fetus during delivery. Although this theory had been shattered by van Deventer (12), the Dutch translator did not delete it. In point of fact, fetal demise is a consequence,

not a cause of malpresentation and cephalopelvic disproportion. Therefore, cases were to be handled accordingly, although in fetal demise one was allowed to make abstraction of the fetus and use the crotchet.

When, however, the fetus was still alive, destructive operations were to be condemned. For the delivery of the fetus, whatever its presentation and provided the pelvis was grossly normal, Willughby wished to use "only his hand and deliver the woman by the Child's feet". The translator took over almost literally the author's detailed description of the technique of internal podalic version which Willughby had refined considerably. He insists, among other things, on keeping the back of the fetus in the anterior position and probably was the first to use malar traction for the extraction of the aftercoming head. In contrast with the French, who kept their patients recumbent, Willughby insisted that the most convenient posture to perform version-extraction (as well as other obstetric manoeuvres) was the knee-chest position. However, because his MS was not published, the paternity of the knee-ellebow position for version-extraction was attributed to Fielding Ould who described it in 1742 (6).

3. Ominous complications

The final and third section of the *Aanmerkingen* is concerned with ominous complications of pregnancy, delivery and puerperium such as vomiting, diarrhoea and fits. The discussion is superficial as the factors causing fits were unknown and eclampsia had not yet been recognized as a clinical entity.

In the next paragraphs follows a discussion of vaginal haemorrhage. The etiology of antepartum bleeding is mysterious and its treatment a riddle. Indeed, Willughby's contemporaries - as those of the Dutch translator - did not yet distinguish accidental from unavoidable haemorrhage, a distinction which was to be

made by Rigby in 1775 (9). However, that Willughby knew about placenta praevia can be easily derived from his case notes, although we are unable to affirm that his insight as to the etiopathology of the disease was correct. At all events, his directions for treatment according to the degree of coverage of the cervix is entirely correct : attempts at spontaneous delivery for partial placenta praevia and podalic version for total placenta praevia, possibly after digital dilatation of the cervix.

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