**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.

**Résume**

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 antidata 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

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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 strenous 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 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). How-
ever, 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 in Midwifery almost
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 compli-
cations of pregnancy and parturition.

1. Normal labor.

The various tasks of the midwife during nor-
mal 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 "meddle-
some" one.

Delivery of the placenta should be procured
without delay and for a refractory placenta Na-
ture 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 placent-
al retention as originally exposed by his mentor
W. Harvey (13). Willughby kept silent about
puerperal fever which had been ravaging Wes-
tern 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. 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.

References

1. Boer L. (1791-93); Abhandlungen und Versuche geburtshilflichen Inhalts. Wien
2. de Visscher J. & van de Poll H. (1754); Het Roonhuysiaansch geheim in de vroedkunde ontdekt, etc. Leiden; Joh. Helligert.
3. de Visscher J. & van de Poll H. (1754); Vroedkundige aanmerkingen door den ervaren Engelschen vroedmeester Willoughby(sic) in meer dan veertig jaren bij een verzameld (Observations in midwifery collected by the experienced British man-midwife Willoughby over a period of more than forty years). Leiden; Joh. Helligert. A facsimile was published by the Belgian Royal Academy of Medicine in 1991.
4. Geijl A. (1905); De geschiedenis van het Roonhuysiaansch geheim (History of the Roonhuysian secret). Rotterdam; Meindert Boogaerd.
6. Ould F. (1742); A treatise of midwifery in three parts, Dublin, Oli Nelson.
7. Pare A. (1550); Briefe Collection de /administration anatomique avec la maniere de cooiindre les os; et d'extraire les enfans tant mors que vivans du ventre de la mere, lors que nature de soy ne peut venir a son effect. Paris; Guillaume Cauellat.
9. Rigby E. (1775); An essay on the uterine haemorrhage, which precedes the delivery of the full grown foetus. London.
12. Van Deventer H. (1701); Operationes chirurgicae novum lumen exhibentes obstetricantibus; Leyden, A. Dyckhuisen.

Biography


Publications : books on experimental carcinoma of the uterine cervix, contraception, abortion, induction of labor, and history of anatomy of female genital tract. Many articles in professional journals.