Henrick van Deventer was born in The Netherlands in 1651. He was trained as a goldsmith but left home at the age of 17 to join the puritan community of Jean de Labadie. When he was 21, the sect migrated to Holstein in Germany, and it was there that van Deventer became medical assistant to the parish physician, Dr Walter. Five years later the community, which had grown to some 500 members, returned to the Friesian village of Wiewerd with van Deventer as their physician, surgeon, and man-midwife. The Labadists lived under a strict discipline and ate an ascetic diet, and infantile rickets was common. As a result van Deventer became an expert in the bony deformations of the disease, and on two occasions, in 1689 and 1691, was invited to treat the children of King Christian V of Denmark and Norway for rickets.

In 1694, at the age of 43, van Deventer was granted the degree of Doctor of Medicine cum laude et cum applausu by the University of Groningen. This allowed him to practice medicine outside the parish and he settled in The Hague. Seven years later, in 1701, he published his great work *New Light for Man-Midwives and Midwives*. In this beautifully illustrated book van Deventer dealt systematically with the anatomy of the female genital tract and with normal and abnormal labour. In particular, he emphasised the need to have a thorough knowledge of the pelvis, and he was the first to introduce its morphological classification. He was perhaps the first obstetrician to appreciate the dangers of disproportion due to the rickety flat pelvis (fig 1).

Van Deventer succeeded to the mantle of Mauriceau. Unlike many of his contemporaries, he held midwives in high esteem; indeed, he was married to one. However, he recognised that many were poorly trained and proposed that schools for their instruction should be established in every city. He was a great believer in natural childbirth and believed that obstetricians should only become involved, in the presence of clear pathology. He also avoided using forcing medicines and instruments. At that time it was generally believed that the fetus effected its own delivery. Van Deventer, however, appreciated the importance of uterine contractions, and also of the upright posture for delivery, writing: “Infants by their own gravity pass betwixt the bones into the neck of the womb, which is easily dilated by the force of pressing pains ...” Van Deventer’s believed strongly in God and Nature and maintained a strict moral code. These he combined with a rigorous scientific mind, a rejection of dogma, and a reliance on personal observation, which were reflected in his writing. His book was translated into Latin, German, French and English, with new editions appearing for 25 years after his death in 1724 at the age of 71. The following extracts are taken from an English edition published in 1728.

**Figure 1** Henrick van Deventer, 1651–1724.

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### On pelvic assessment and inlet dystocia

“... the first thing the midwife is to do, is to try the woman by the touch, before the womb and the infant are fallen down into the pelvis; that she may diligently enquire, how the entrance of the pelvis is formed, whether round, or smooth, or large, or narrow, and as it is formed, she is to contrive her work; for if the pelvis is smooth, and the vertebrae of the os sacrum and the os pubis are...”
but a little distant, so that the head of the infant should be stopped, the midwife ought to take a great deal of care, that she does not urge the woman to labour with all her power, and violently endeavour to hasten the birth; for if she tries to press down the head with a sudden and violent force, there may be danger, that the brain should be broke, or the head should be hurt, by pressing it too hard upon the bones; by which means the infant may lose its life; or it may be so closely squeezed together, that they may take pains to bring it forth to no purpose, so that the mother and infant may die without a birth; but if the woman strives with gentle pains, or suffering violent pains, works gently with them, the midwife at the same time directing its head into a larger space, with a safe hand, then at the last it may pass through the narrow space without danger of life; and when the head hath passed, the rest of the body will easily follow, except it be monstrous. Midwives are altogether mistaken, who often urge violent depressions, and advise the woman to strong labour, and strive to increase the pains, by the use of medicines, without distinctly knowing the form of the pelvis..."

**On the management of uterine inertia**

"... if those natural (pains) ... are altogether wanting, or are insufficient, or false, the birth is hindered or delayed ... But if ... the infant is well seated for birth, and there is no danger in delay, then I advise you would submit well seated for birth, and there is no danger..."

**On the bag of fore-waters**

"If the pains ... compress the womb, then the humours in which the foetus swims, must needs make a great pressure upon the mouth of the womb ... then the mouth of the womb is enlarged by the waters ... dilated, till at last, even the membrane broke, and the humours flow out, and the foetus in a little time after is thrust out without much pain ..."

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1 Deventer van H. The art of midwifery improved, fully and plainly laying down whatever instructions are requisite to make a compleat midwife ... made English from the Latin by an eminent physician. edn 3. London: Bettersworth, 1728.