

PERINATAL LESSONS FROM THE PAST

Henrick van Deventer (1651–1724) and the pelvic birth canal

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Hendrick 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*.¹ 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



Figure 1 Henrick van Deventer, 1651–1724.

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 1728.¹

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

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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 monstrosous. 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 suffer to rest till the pains return of their own accord; or, if the infant hath proceeded further, so that it cannot be left in that condition then you are to try ... giving a clyster ... but first you are to consider well, whether the work of your hands may contribute any thing to excite pains, and drive the infant out ... I know, indeed, that medicines are of much force to stir up pains; but a great many observations have taught me that very strong forcing medicines have done a great deal of harm to women in labour.”

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 ...”

On the management of pelvic outlet dystocia

“... I first place the woman ... betwixt sitting and lying down, with her legs spread wide abroad... supported by two women ... that the point of the Os Sacrum may be quite free, and may go back without any hindrance; then I thrust up my whole hand, first put into oyl ... into the vagina; ... my hands being put up, I turn the palm upwards, and the back of it downwards towards ... the Os Sacrum ... My hand being so placed, I advise the woman not to let her pains pass to no purpose, but endeavour with all her power: as soon then as I perceive the pain coming on, (which I commonly perceive before the woman) then I thus advise her, “Now the pains are fast coming on, make use of them, press down with all your force, I will help you.” When I have said this, I gradually press my hand backwards, and now and then strongly against the point of the Os Sacrum, bringing it downwards at the same time, that may give way to the head as it slides down ... and the more I press down with effectual pain, the more strongly the woman is able to labour. By this means, the woman’s violent pressing downwards, and by enlarging the passage, and by bringing my hand back, the infant’s head sliding down succeeds and follows it; this I repeat often as the case requires it, no pain being spent in vain; by this means the woman, who already needs help, takes courage, especially if upon every pain I tell her, “Things go well, and prosper in my hands, we shall presently congratulate you a joyful mother.” The woman in labour being thus encouraged, who just before had cast away all hopes, is now so much strengthened, that collecting all her might, she does her best endeavours; by which means the infant is soon brought forth ... And I can truly witness, that I never, as I know of, tore the mouth of the womb, nor its vagina, nor the intestinal rectum, nor ever wounded or damaged any thing to speak of; wherefore I fear not but that this method of pressing back the Os Coccygis, and enlarging the passage by that means, will be commended as one of the chief Arts, and the most commodious to bring forth a foetus; yet this caution is to be added, that all things must be done with judgment and prudence, for the best arts made use of rashly, are dangerous, and often pernicious.”

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: Battersworth, 1728.