A NOTE ON THE "DUBLIN METHOD" OF CONDUCTING THE THIRD STAGE OF LABOUR.

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[Read in the Section of Obstetrics, March 12, 1915.]

ON May 25, 1900, Dr. Henry Jellett made a communication to the Obstetric Section of the Royal Academy of Medicine in Ireland, in which he set out to prove the following three propositions :—

“ 1. That the method of effecting the delivery of the placenta by external manipulations, as opposed to its manual removal or its delivery by traction on the funis, was originated in Dublin.

“ 2. That Credé's method, when introduced *de novo* in Germany, was identical in principle with the Dublin method, and it rapidly came to assimilate itself to the Dublin method in its most important details.

“ 3. That, consequently, there is no difference between the Dublin method and the Credé's method, and that inasmuch as the method originated in Dublin many years before the time that Credé discovered it for himself, its name is and ought to be the 'Dublin Method.' ” (1)

Dr. Jellett appears to have proved quite satisfactorily his second proposition, and so much of the third proposition as depends on the second. With this matter, which is one for the decision of obstetricians, I do not feel competent, and do not propose, to deal. The first proposition and that part of the third which depends on it are, how-

ever, historical questions, and with your permission I should like to make a few observations concerning the conclusion at which Dr. Jellett arrived.

The first work on midwifery by an obstetrician of the Irish School was that published in Dublin by Fielding Ould, "Man-Midwife," early in 1742. In this work, which is entitled "A Treatise on Midwifery, in three parts," the following method is recommended for the management of the third stage of labour:—"The Child, as was said before, must be laid on the Operator's Lap, or on the Bed, as far from the Mother as the Length of the Funis will admit; which he must take in the right Hand, about six Finger's Breadth from the Pudendum, and roul it twice or thrice about his Finger; then the first and second Fingers of the left Hand must be thrust into the Vagina, by its Direction; and the Patient stopping her Breath and forcing as if she were at Stool, the Navel-string must be gently pulled forward as she forces, the Operator rather waiting for her Expulsion of it, than being too desirous to extract it; for pulling the Funis so as to extract the Placenta forcibly, may probably cause a Flooding; or perhaps break the Navel-string whereby the Placenta would be very difficultly brought forth; therefore let him just pull it sufficiently to make it incline forward, still insisting on the Patient's forcing down, which if she be not able to do of herself she must be compelled to it, by putting a Finger into her Throat, which will cause a Pressure of the Diaphragm, and the Muscles of the Belly, by her Efforts to vomit; by these Means it is commonly brought forth in about five Minutes. When it comes away by Expulsion, it is always whole, but it is subject to be broke, and Part of it left in the Womb, if any Violence be used for its Extraction.

“ Most Authors give a strict Charge to lose no Time in the Extraction of this extraneous Body lest the Orifice of the Womb should contract and obstruct its Passage ; and for this Reason they advise the Introduction of the Operator’s Hand into the Matrix ; and by insinuating the Fingers between it and the Placenta, to cause their Separation, the Manner of doing which shall be presently described. This Fear of the Womb closing makes many Operators too Hasty, which often produceth fatal Accidents.” (2)

Ould then proceeds to consider what these accidents are. The first is breaking of the funis, which leads to “ an immoderate flux of Blood by the Umbilical Vein ; the great difficulty of extracting the Placenta without its Direction and Assistance ; the intolerable Pain caused by the (then necessary) Introduction of the Hand into the Womb, and the Danger of not removing the whole Substance entirely ; and lastly, whatever Disorder the Patient may be subject to, during her Lying-in, will certainly be imputed to this Mischance.” (3) The second danger is uterine hæmorrhage, and the third “ Prolapsus Uteri.” Ould then proceeds to say : “ The Reason why we Operators run the Risque of committing these Errors, is, lest the Orifice of the Womb should refuse a Passage to the Placenta, by its speedy Contraction. I shall therefore endeavour to prove that the Orifice is not capable of so speedy a Contraction, as is generally imagined. It is universally allowed, that the Efforts of the Mother in the Time of the Travail, tend chiefly to the Dilatation of the Orifice ; it is also undeniable that these Efforts continue after the Child is born, until the Expulsion of the Placenta is compleated ; hence it follows, that till after this time the Orifice is incapable of absolute Contraction. Besides it is well known that the

Placenta has often been extracted, one, two, or three days after the Birth of the Child, when it has been left behind by some Malpractice of the Female Midwife; and this Extraction performed by the Introduction of the whole hand, through the Orifice into the Matrix. Hence it must follow, that if the Orifice be wide enough to receive the Hand, some days after Birth, there certainly will be very little Danger of its closing in a Quarter of an Hour, so as to hinder the Expulsion of the Placenta. I shall beg the Reader's Leave to add one Circumstance more to confirm this Argument, which seems to put it beyond all Controversy; namely, that Nature designed its Expulsion by the Efforts of the Mother; which is proved by real Matter of Fact; for there are constant Instances of Women bringing forth both Child and Burthen without any other Assistance than that of Nature. This happens chiefly to those who have Bastards, Women at Sea, and in Camps." (4)

Next Ould considers the objections of Deventer, "whose Authority has universal Approbation," and who "strenuously adviseth the constant Extraction of this Burthen by the Introduction of the Hand; and very much condemns the pulling it forth by the Funis." Deventer considered that the soft parts were so much dilated immediately after the birth of the child that the introduction of the hand did not cause pain, if it was done as soon as the child was born. Ould says the pain is caused by passing the hand through the bony inlet of the pelvis which does not dilate. Deventer said that there was a danger of the uterus contracting on the placenta, "so that from a flat, soft cake, it become hard and oblong, and as it were contained in a Purse with running Strings drawn up tight about it." In reply, Ould says "all this could not possibly happen in the longest Time that is necessary for its Expulsion;

which, if it cannot be brought to pass in a reasonable Time, suppose ten Minutes, which perhaps does not happen to be one Woman in five hundred, it is then time enough to put the miserable Patient to the Torture of introducing the Hand and thereby separating it from the Fundus Uteri." (5)

Deventer had urged that the introduction of the hand into the uterus for the removal of the placenta had the further advantage of informing the practitioner "whether there be more Infants to come forth; if there be a Mole or other extraneous body." Ould replies that this information can as well be obtained "by searching with two or three Fingers, immediately after Delivery." He further points out "that in the Expulsion of the Burthen, the Action is entirely in the Matrix, by means of the Diaphragm and abdominal Muscles pressing it, which forces out the Placenta as excrementitious; and as this Action is uniform, all Parts of the Placenta are equally pressed, therefore it comes out one intire equal Body, with its Surface next the Womb perfectly smooth; which shows that there is no Part of it left behind." With manual removal, on the other hand, parts of the placenta are very apt to be left in the uterus. Finally, he concludes as follows:—"Though this Practice of Extraction must be condemned, as constantly used in natural Cases, yet where the case is preternatural it is absolutely necessary; namely, when by injudicious Management the Funis is broke; when the Patient is so weak as to be incapable of giving any Assistance, and that the Operator does not think it safe to depend on the Strength of the String; when the Child has been some Time dead, and the String thereby become rotten, and the Placenta corrupted; and besides these, in many other circumstances that may

occur to the prudent Operator; always observing, that it is better to depend on Nature, while there is any reasonable Hopes of Success, than too precipitately to have Recourse to Art." (6)

I have given these extracts from Ould's work at some length, because on this work, I believe, the claim of the Dublin School to be the originator of the method of the management of the third stage of labour, must stand or fall. On November 2, 1759, seventeen years after the publication of his Midwifery, Ould succeeded Moss as the second Master of the Dublin Lying-in Hospital, a post which he held for seven years, and though he lived till November 29, 1789, we have no record of any further writing by him on the subject of Midwifery. The next Dublin Midwifery published was that by Edward Foster in 1781. Foster was Assistant Master to Ould's successor, William Collum, from 1772 to 1775. Foster, however, does not give any clearer description of the Dublin Method than did Ould. Ould certainly recognised that a *vis a tergo* was useful in the delivery of the placenta, and, further, that its manual removal was open to serious objection, but he does not give up the traction on the funis, and nowhere can he be said to describe the "Dublin Method." The principles that he advocates were not originated by him, for they appear to be older than the history of Midwifery. Engleman, writing on Parturition among primitive People, says: "The placenta usually follows the child, but unless this is the case, massage and expression are invariably resorted to. It may again be remarked that primitive people, odd as it may seem, rarely pull on the cord, but in most instances use the *vis a tergo*, stimulate the activity of the womb by friction of the fundus, and press out the contents. Massage com-

bined with expression of various kinds, never very forcible, is used in this stage of labour." (7) Thus we see the practice of ancient and primitive people is nearer to the modern practice than that advocated by Ould.

In the year 1767, just a year after Ould's mastership terminated, John Harvie, M.D., Teacher of Midwifery, published, in London, a pamphlet of forty-eight pages with the following title: "Practical Directions, shewing A Method of preserving the Perinæum in Birth, and of Delivering the Placenta without Violence, illustrated by Cases." (8) This little pamphlet has lately come into my possession, and the description given in it of the method of conducting the third stage of labour seems well worthy of attention.

Harvie points out that there are two general methods of delivering the placenta. "The first, and perhaps the most general, method has been to deliver the placenta immediately after the child. To perform this, some have recommended an immediate introduction of the hand; others have advised pulling by the navel string; and some again say that the woman should be brought to sneeze, cough, or vomit. The second method is to leave this business principally to nature." (9) He objects to manual extraction on account of the pain caused to the patient, and on account of the damage that is likely to be done to the uterus. But, even apart from this, he dreads the "inflammation with the fever which it produces; a fever indeed so fatal that few survive it, though attended from the beginning by the most eminent and the most able physicians." He concludes: "We may therefore flatter ourselves that this method will in time be entirely exploded, as I know it to be at present by a few of the most skilful in our profession." "Pulling on the umbilical

cord to bring down the secundines is," he says, "a practice, in my opinion, extremely dangerous, and likely to produce an inversion of the uterus."

Harvie proceeds then as follows:—"Several authors have recommended, and I am sorry to say it is a most general practice, to make the patient sneeze, cough, or vomit; and the last is even produced sometimes by making her smoke tobacco." (10) This plan he strongly objects to, and he states that he had seen one patient whose life, for some days, was endangered by uncontrollable vomiting induced in this way. Further, by such convulsive efforts "the circulation is quickened, and at the same time the blood is with force expelled from the vessels of the uterus. Many women have been destroyed in half an hour by this loss of blood." He then goes on to show that the uterus will, if left to itself, almost always expel the placenta without danger to the patient. There may, however, be considerable delay, perhaps as much as three days, but such delay is not necessarily attended with danger. He says: "My pupils, who deliver many poor women, according to my instructions, have, of late, left the delivery of the placenta to nature. In general, it comes away soon; but if, after waiting an hour, there is no unusual discharge, they order the woman to be carefully put to bed, and then leave her. In such cases, I have not known of any placenta that has remained longer than nineteen hours; and all the women thus treated, have recovered to great advantage." (11) This method he finds open to the objection that the women are more distressed and frightened by delay in the delivery of the placenta than in delivery of the child, and in consequence he makes the following recommendations: "In the following manner nature may be greatly assisted; and without any

addition of pain. After the child is delivered, the navel-string tied, and the child given to the nurse's care, take the navel-string in your left hand, gently pull down its loose part, till you feel that it is a little tightened, and by it guide the fore-finger of your right hand; thus you will commonly feel that a part of the placenta is fallen into the os uteri, and often that portion of it into which the navel-string is inserted. In either case by gently pressing the finger against the part felt, and continuing the pressure in the direction of the axis of the pelvis, that is, downwards and backwards, it will presently fall out of the uterus; and then it may be safely slipped out of the vagina, by the same finger. . . . There is another safe method of assisting nature in the delivery of the placenta, and which, for these five or six years last past, I have found to answer generally very well in practice. As soon as the child is committed to the care of the nurse, let the accoucheur apply his hand upon the belly of the woman, which is then very loose, and he will readily feel the contracting uterus; having then placed the flat of the hand over it, by a light and gentle pressure, bring it downwards, or towards the pubes, and he will feel the uterus sensibly contracting, and often feel it so reduced in size, as to be certain that the placenta is expelled. By this method we will seldom have any thing to do afterwards, but to help it through the os externum, if even so much remains undone." "After the placenta is thus delivered, it may be advisable to apply the hand, as before, upon the belly; and if the uterus is found to be too large, the pressure cautiously repeated, will expel the greatest part of the coagula, which produced this increase of bulk." (12)

From these extracts we see that we have in Harvie's work, published in 1767, as clear and as exact a descrip-

tion of the management of the third stage of labour as was given in any Irish midwifery before the publication of M'Clintock and Hardy's work in 1848. Robert Wallace Johnson, in his "New System of Midwifery," published in London in 1769, recommends Harvie's method, and says: "I have used this method for some time; and have the pleasure to find the propriety of it confirmed by the practice of Dr. Hunter and Dr. Harvie; the latter of whom appears to have been the first who recommended it in his lectures." (13)

While, then, we give every credit to the Dublin School of Midwifery for its early recognition and its consistent teaching of this method of conducting the third stage of labour, we must, we fear, abandon the claim of its having originated that method. Dublin has a prior claim to Credé, but Harvie has a prior claim to both.

John Harvie was a man of some note in his time. He had married a niece of Smellie, and it was to him that Smellie handed over his lecture-room and the good-will of his class when he gave up practice and retired from London in 1759. It was John Harvie also that Smellie appointed joint executor with Mrs. Smellie of his will. To John Harvie and his wife came also eventually the bulk of the Smellie property. (14)

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(2) A Treatise on Midwifery in Three Parts. By Fielding Ould, Man-Midwife. Dublin: Oli. Nelson and Charles Connor 1742. 8vo. Pp. xxxii and 208. P. 56.

(3) *Ibid.* P. 59.

(4) *Ibid.* P. 60.

(5) *Ibid.* P. 63.

(6) *Ibid.* P. 68.

(7) Parturition among Primitive People. By G. J. Engelman. American Journal of Obstetrics. 1882. Vol. XV. P. 622.

(8) Practical Directions, showing a Method of Preserving the Perinæum in Birth, and Delivering the Placenta without Violence. Illustrated by Cases. By John Harvie, M.D., Teacher of Midwifery. London: D. Wilson and G. Nicol. 1767. 8vo. Pp. viii and 48.

(9) Harvie. P. 12.

(10) *Ibid.* P. 38.

(11) *Ibid.* P. 42.

(12) *Ibid.* P. 43.

(13) A New System of Midwifery in four Parts ; founded on Practical Observations : the whole Illustrated with Copper Plates. By Robert Wallace Johnson, M.D. London: D. Wilson and G. Nicol. 1769. 4to. Pp. xii, 440 and x Plates. P. 200.

(14) For references to Harvie see " Dr. William Smellie and his Contemporaries." By John Glaister, M.D. Glasgow. 1894. Smellie's Treatise on the Theory and Practice of Midwifery. Edited by Alfred M'Clintock, M.D. London: The New Sydenham Society. 1876.

DR. PUREFOY said he thought the idea of robbing the Rotunda Hospital of the credit of producing a practice which obstetricians all the world over admitted was a markedly safe practice might have been left to some one else. That Dr. Kirkpatrick had succeeded in the task he for one was very unwilling to admit. He was the happy possessor of Ould's book; he had not studied it with sufficient care to be aware of his views on the management of the third stage, but at any rate the Dublin School has been credited for a very long time with being the originators of this method of management of the third stage. In Spiegelberg's Midwifery that author alludes to it as the Dublin method, and his allusion to it left no doubt on his (Dr. Purefoy's) mind that it was generally recognised as such. The fact that Dr. Harvie described the method did not at all prove (although he must be given full credit for having used it in his own practice) that it originated in England. Whether Dr. Kirkpatrick had tapped all the sources of information on this point he did not know, but he could not help thinking that this practice had been known for a very long time, and in those early days they were not so

keen to support their claims as the originators of many excellent practices in midwifery because it was considered that those claims were generally admitted. He hoped that he might obtain evidence that this method of treating the third stage was in general practice in Ireland very shortly after Sir Fielding Ould's book was published. He thought it should be possible to find that this was the practice, although not specially alluded to, because it was generally recognised. He was still unwilling to give up the practice of speaking of this as the Dublin method, and he considered it a pity that they should be deprived of the credit of what he believed to be the practice of the Dublin School for a very long time. Many of our most cherished and widely received beliefs and opinions are based on tradition, and ecclesiastical writers have often pointed out the danger of depending on *ex silentio* arguments.

SIR WILLIAM SMYLY said they should feel very much indebted to Dr. Kirkpatrick for his careful research into this question, and there was no doubt that the description published by Dr. Harvie was what was now generally known as the Dublin method; but he thought that in most of the discoveries in Medicine the credit was more often given to the person who popularised the method than to the person who first described it. The method appeared to be only mentioned by Dr. Harvie, and he did not even appear to attach much importance to it, as he placed two other methods before it in his book. Whereas in Dublin it was exclusively and systematically taught for generations. He mentioned that when Spiegelberg visited this country he wrote a report in which he said that the two things which impressed him most were—the Dublin method of the delivery of the placenta and the use of chloroform in Edinburgh. He did not think Credé's method was the same as the Dublin method, as his method was much more active and designed to get rid of the placenta as soon as possible; and he advised that it should be expelled with the third pain. Sir William Smyly thought the very best method was the one referred to as being practised by primitive people—*i.e.*, sitting in the crouched position and rubbing the hypogastrium with the hand, and he suggested that the Dublin method was an adaptation of that. He added that after having tried different methods for the

management of the third stage, he had come back to the Dublin method as the best.

DR. TWEEDY said that all Dublin obstetricians had been accustomed to look upon Sir Fielding Ould as the founder of the Dublin method of dealing with the third stage of labour. The method is not described in Ould's book. This book was, however, written when the author was only twenty-one years of age, and before he had acquired any practical experience in obstetrics. He did not become Master of the Rotunda Hospital for sixteen years afterwards. It is, therefore, quite possible that the method described by Harvie originated with Ould, and he (Dr. Tweedy) thought they would be fully justified in believing in the tradition as to the origin of the method.

PROFESSOR SMITH said the late Sir Arthur Macan had asked him some years ago to go through the literature to ascertain the claims of Dublin to this method, but he could get nothing but tradition to support it. Sir Arthur Macan, although very much in favour of German methods and literature, was convinced that this method originated in Dublin. Harvie's book did not come under their notice at the time. He agreed with Dr. Purefoy that the case was not proven. He pointed out that Credé had found that expressing the placenta quickly after birth was followed by hæmorrhage, and in order to prevent this he recommended that at the tenth uterine contraction the placenta should be expressed. At the same time the practice which is known as the Dublin method of managing the third stage was carried on in Dublin by Sir Fielding Ould.

DR. ASHE said he did not think it made very much difference whether the case was proven or not. He considered that when a method was taught in a place and the name of the place was attached to it, that place deserved the credit. This method was known throughout the world as the Dublin method.

DR. KIRKPATRICK, in reply, said it was no pleasure to him to take away any credit from the Dublin School or from the Rotunda Hospital. The record of the Dublin School of Midwifery was one that any country might be proud of, and was, he believed, one of the best records of any department of Irish Medicine. Historical accuracy was, however, a thing

greatly to be desired, and the Rotunda Hospital does not need to base its claims to greatness on a suppression of the truth. Many of those who have written on this subject appear never to have seen Harvie's book. M'Clintock mentioned the book, but said he had never seen a copy of it. Jellett makes no mention of it at all. Had this method of conducting the third stage of labour been the teaching of the Rotunda Hospital when Ould was Master, from 1759 to 1766, it would almost certainly have been described by Foster, who was Assistant to Ould's successor in the Mastership—William Collum. Foster, however, does not describe the method.