

Midwifery by Dr. Shippen
Uriah Derickson
[Mm. 212]

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[p. 1] The connection between the child and the mother is formed by the placenta - when the impregnated ovum has come down into the uterus, it floats about in that cavity for a while, but an exudation of a viscid matter taking place both from the ovum and uterus - a substance is formed, into which the vessels of uterus shoot forth and vessels are sent from it to the foetus[.] this [sic] substance with the intertendure[?] of vessels forms the cake, adhering to no uniform part of the uterus but most commonly to one side of its fundus, being connected to the surface of the uterus by a glutinous matter poured out from the latter, which becomes the membrana decidua - from the edge of the circular cake, all around proceeds two membranes the chorion and amnion - forming with the cake a complete investment[?] for the child - [p.2] Child = The vessels of the mother and foetus are not continuous the former deposit blood in the spongy substance of the cake, from whence it is absorbed by branches which - unite in one trunk called the umbilical vein, this blood after going through the foetal circulation is returned by the arteries and again deposited in the cake. - In a well formed pelvis the diameter of the brim from side to side is from 4 1/2 to 5 1/2 inches - the reverse below the debth [sic] behind sinc - before two and at the sides four - in a natural labour the head of the child by making coresponding [sic] turns suits itself to the shape of the pelvis - but the pelvis is often distorted when after long and hard efforts, the head cannot be forced into - the pelvis - some fault in this is to be suspected and examined into immediately for if the pelvis be well formed, we may wait a long time to let the child be delivered by - [p.3] the efforts of the mother - but if we find the pelvis greatly distorted we aught immediately to diminish - the head and extract by pieces. -

When the woman has come to her full time, the approach of labor is generally indicated by a falling of the tumor from the upper part of the abdomen - an increased care and rigidity in walking - a softness of the mamma - a softness and swelling of the labia externa a mucus discharge from the vagina and if this is somewhat tinged with blood, it affords one of the most devisive [sic] marks of approaching labour -

The pains of labour proceeds from the pressure of the head of the child, now descending down the os uteri - this - pressure stimulates by distention, produces a spasm in the os-uteri which is reverberated from the body - [p.4] of the uterus, and the muscles of the abdomen - the pains may be considered of two kinds, the presaging, and the true labor pains - The presaging are those efforts made by the womb and muscles, with the pressure of the head to dilate the orifice - they are not so violent as the true labor pains, they continue till the orifice is opened; which considering the firmness of it, must be a work of some time, especially in a first child birth, and the time will be longer according as the woman is of a dense or rigid fibre and untill the orifice is dilated so that the membranes begin to protrude. True labor cannot be said to come on. There are three essential qualifications in the midwife delivery - sympathy - & patience - the utmost delicacy in words and behaviour is of great importance it is a sacrifice of feeling to a lady

to admit a man into the room during labor, and nothing but the violence of pain, and fear [sic] of death could prevail on her to let him touch her - our sympathy and tenderness is a great - [p. 5] consolation to them under pain. The necessity [sic] of patience may be inferred from this, that their [sic] is not one in a thousand cases in which the child could not be happily delivered in time by the labor pains alone - I have attended a woman in labor from Monday [sic] till - Saturday night - and then had the pleasure to see the child delivered well, and the mother safe, I was once in a situation the most distressing that a practitioner can experience. the [sic] pains were violent and tedious - the woman herself and all the attendants were - importunate for me to relieve the mother by destroying the child, and on my refusal [sic] declaring the - misfortune if any should arise, should be laid at my door, my only reply was that I would save both, and during every five minutes, I felt the pulse to see if I could with safety - venture any farther. at [sic] length after a most painful suspense [sic] [p. 6] of many hours, the child was happily delivered, and the mother in a good state, the only mortification I now had - was to see that they were all very much ashamed of themselves. In the first child birth the woman finds the presaging [sic] pains intolerable enough, and sends for a physician, but after having once experienced the more presaging [sic] bears them patiently, knows they are not sufficient for the birth when called upon in this early stage, we ought not to proceed as if labor had - presaging, we may pronounce all safe promising to call again in an hour, or two, and thus keep an attentive eye to the progress of the pains till true labor comes on, for if we proceed immediately on the commencement of the presaging pains we shall have the discredit of a long labor - during the progress of these pains, the woman is sitting up generally or occasionally [sic] lying down [p.7] to take a little rest - when the pains become violent, and we suppose true labor is beginning [sic], we must request our patient to lie down - as if for the purpose of greater care. The office of touching is then to be performed in the most delicate manner possible [sic] - we ought first to exclude all light as much as circumstances will admit by putting [sic] the candle out of the room, or by darkening the windows, this is not to be done in an ostentatious manner, but by a hint of the nurse. The woman will then submit to be touched much more readily, than while there is a glare of light in the room - then sitting down by the foot of the bed, and having a cup of hogslard, or sweet oil to lubricate the fingers, we must introduce the hand under the clothes, and waiting for a pain gently carry the hand up the vagina, and introduce the finger, while the pain renders the woman nearly insensible and the membranes protruding, we - [p. 8] may pronounce the presentation is natural, and dwell much on the felicity of that circumstance, and do every thing to console and - encourage the patient under her pains, for it is to be remembered that in this state we can give no other natural efforts[.] We ought however to avoid any pointed prognostic respecting the duration of the delivery, for however fair appearance may be, it is imp[o]ssible to predict the time certainly within an hundred pains an expression must therefore be general that all things are right that the delivery will be happy & c [etc.]. But though we are of no assistance by manual assistance yet the woman believes we are helping her, and it is proper to encourage the idea by frequently introducing our fingers and examining the progress of the birth - and in some cases a small assistance may be given by encouraging with the fingers to assist nature in turning the head to a proper situation in the brim [p. 9] of the pelvis - when the presaging pains are long continued and prove of little effect in dilating the os-tince or the true labor pains are too weak, or continue a long time exhausting the

woman, and gaining but little distance, it will be very proper to give 30 or 40 drops of laudanum to give vigor to the pain, or to suspend them for a while. Procure refreshment, and enable them to return with sufficient force, but the consistent practice of giving laudanum on all occasions - when the pains are somewhat protracted - is very injurious. The situation and vigor of the patient must be our director and sometimes when there is very great fullness, bleeding is usefull [sic], and the parts distend more easily. The position of the patient is generally on the left side the back to the side of the bed, and low down toward the foot, the feet being placed against the post - her legs drawn up, and a pillow between her knees doubled - [p. 10] A towel is fastened to the other side of the bed and reaching towards the woman, so that by bending a little towards, she may hold by it with her hands. A sheet is folded in four and layed [sic] under the under sheet of the bed where the woman is afterwards to lie[.] This will prevent the bed lining being injured. A sheet and blanket folded in four are laid on the under sheet of the bed near the foot where the breech is to be placed in delivery. A portion of the sheet hanging down over the foot to cover the lap of the accoucheur, and revive the child. The shift that is to be worn after delivery, must now be on, but folded up out of the way of geting [sic] wet, pinned round the belly, and a broad bandage over it to give strength to the abdomen. - As the continuing in any position for a long time, is very tiresome, the woman may be allowed now and then to change it; and even to get up at any time - [p. 11] before the head of the child begins to form in perineo, and the occiput to protrude under the pubus, but the woman must be carefull [sic] not to stay up too long. -

When the labor is so far advance that the head can be readily felt by the hand, and the tumor in perinio is formed, we can begin to be of material use in the delivery by catching the pains and assisting them by gently moving the head, and pulling it -

The perino is very subject to laceration at this moment and the palm of one hand must support this during every pain, by an equable pressure, even at the risk of retarding the labor a few pains, and suffering the forehead to slide down on our hands, when the head is freed from the pelvis, by raising it a little we expedite the passage of the face along the sacrum, & by gently - turning the head and neck, we may assist the shoulders to make the proper turns in the pelvis, and thus by cautiously aiding the pains & encourageing [sic] [p. 12] the woman to be patient, a natural delivery is at length affected - the child is then wrapped in a warm covering, and the navel string cut, this must not be done too hastily - for during a few minutes after the birth, and untill the lungs have become fully dilated; the infant is indebted to the cord for its - lungs. two [sic] ligatures are then applied, one at about the distance of an inch from the child, and the cord cut between them by scissors, laying it on the hand - to receive the blood, that it may not fall on the clothes[.] The child is wrapped in a blanket, and laid on a chair by the fire. - The extraction of the placenta must be done very carefully pulling but very little on the cord, when the pains are at the same time, or even when the placenta has come down into the land, it must not hastily [sic] be drawn, for the membranes of the womb will detain some portion of the cake in the vagina, and here have sometimes arisen fatal mortifications. The hand is therefore to be put up gently by the side of the cake to the os uteri to see if any portions adhere. it [sic] is then thrown into into [sic] the bason [sic]. In one case from the woman[']s obstinate refusal to lye [sic] down I was prevented extracting the placenta - untill the uterus was so closely shut that I was obliged to leave it in, at the end of a week - it came away as fresh as if first delivered with the child, the woman died two days

afterwards, but I believe her anxiety on account of the accident was the sole cause, and that had her mind less easily affected, she would have received no injury. - This case determined me never to leave the placenta up. A dry cloth but not warm is applied to the parts the folded sheet and blanket [sic] removed, the - shift left down, and a bandage applied [sic] to the belly and limbs. if [sic] the woman is very weak and faint - [p. 14] she may lie a few minutes in this situation to recover and then drawn up into the bed which is incomparably better, than the dangerous method of having the woman get out of bed, till it is prepared for her. -

If it is a first birth the parts soon recover their former size, and the cessation of pain soon induces easy sleep - but after several births, the patient - suffers much pain from the slow efforts of the womb to contract and sleep is prevented, we must here give from 40 to 80 drops laudanum, less than 40 is not [to] be trusted, the pains are suspended and refreshing sleep ensues. The ignorance of nurses often renders it - necessary [sic] for the physician to take on him the office of nurse - also preparation of the bed - and he should willingly presume any office of assistance to the patient when the nurse is inadequate to the task. -

[p. 15] After the woman has taken several hours of refreshing sleep - the child being in the mean time dressed - should be put to the breast [sic] to suck - if this fails at first, it should be tried [sic] again, soon after - and if the infant can be brought to suck in a few hours or on the next morning after the birth, the danger of obstructed & indurated breasts will be almost wholly done away. -

After the labor is over the physician will retire - into another room, while the bed is preparing, and - the woman put in her proper situation then returning if he finds his patient in good spirits and not exhausted, he may go away contented with the happy issue. The head may present in various manners - as the face, the ear, the back of the head, and other parts - these have generally been considered as cases of great difficulty, and often requires instrumental aid - but I have always found that by patience & permitting [sic] nature to pursue [sic] her own method - [p. 16] all these presentations will become natural as the labor proceeds, and require no assistance from instruments - A breech presentation has also been thought to be an unfortunate one, but I have learned to consider it as wholly innocent, and the child may be evacuated by the breech in the same manner as by the head - from the labor pains alone - but if the passage of the child in this case is tedious, we may expediate [sic] it by passing our hand up the vagina till we find the child's knee, and then getting [sic] hold of the leg with the fingers, gently draw it down, carrying it in an oblique direction and then the whole limb may gradually and very cautiously be stretched out to prevent the mortifying circumstance of a fracture; the other leg may then with more ease be brought down in the same manner - the case becomes a footling - [p. 17] which is simple, by gently pulling the feet during the pains - by these means the body is soon delivered and the head only remains to contend with, but - this is frequently a sufficient difficulty the same gentle means - the patient's perseverance, are here necessary [sic] as when the head first presents, nature may be kindly assisted by a cautious hand but must not be forced - an attempt to extract hastily while the head is depending will prove fatal - I have been obliged to wait 24 hours with the body entirely out, before the head was delivered and the birth was happy in the end - but their [sic] other presentations than those of the head - as of the side back, belly, shoulders, & c [etc.][.] it [sic] is impossible for the child to be born in this manner, we must in these

cases find the feet – then turn the child and make it a footling case – it is not here merely intruding our fingers into the vagina and uterus, the whole hand and arm must enter – and after one hand – [p. 18] must be carried nearly to the scrobiculus cordis, to get the feet, one foot alone will answer making a half breechling, but both are better, having found the feet, the child turns very easily in the uterus, but I have sometimes had my arm and hand so compressed by the vagina and uterus as to deprive me of the power of moving it (or even a pin) and I have then been obliged to withdraw my hand – and dip it and my arm into cold water for a while [sic] to recover strength and again lubricating them repeated the attempt, having brought down the feet, the delivery is as before. The instruments used in midwifery may very properly be called instruments of death, in the hand of 99 out of 100 who use them. – It is difficult to define the case in which they are necessary – Doctor Hunter and Doctor Machenzie would frequently and publicly declare their opinion, that no case of midwifery ever occurs [p. 19] which would not by sufficient patience be perfected by nature alone and Doctor Hunter insisted on it, that a woman in London – from whom seven children had been taken by destroying them – might by patience bear a living child – in one instance of labor in this lady, under his direction, twelve hours of strong pain were only able to gain about half an inch in distance[.] The doctor wished to persist, the patient was in good strength and spirits – yet the clamors of the attending women (who are up to any thing, when they set fairly about it) forced the Doctor to ease the woman by committing murder – the forceps in certain cases may afford aid and relief but it is hard to determine, when they are absolutely necessary [sic] – for if their [sic] is any room to insinuate them between the head and the pelvis – there is room enough to admit the passage of the child – by natural efforts. The forceps ought not to be used till the tumor in perinio is formed – [p. 20] When the patient is of a weak constitution – has been weakened by previous hard labor – the countenance pale and depressed – a dizziness in the eyes, the pulse falls and the woman seems to be sinking, and unable to support the pains, or where the pains are weak and ineffectual, or totally absent after every support from cordials & refreshment produced by Laudanum have failed, the forceps will do a good office in assisting – exhausted nature – they ought to be kept concealed under the clothes, and the blades covered with leather to prevent noise from their striking together, and being well lubricated and warm, are introduced, between the hand and child's head, till they pass the ears, the blade should be first introduced on that side where it is the most difficult, as below the pubis, before on the sacrum, when the ears presents to the sides of the pelvis, the back convenience of tying the handles after they [p. 21] are locked. When some insurmountable obstacle prevents the head from descending below the brim, we must examine to see if the pelvis is distorted, which unless the distortion be very great, is not an easy matter. – Indurated feces in the rectum, sometimes are an obstacle, these may be felt through the vagina, and must be evacuated. If urine in the bladder be the cause, this must be drawn off. When every obstruction that can be discovered and removed has been removed, and the head is still immovably fixed, at the brim we have only to wait for the pains to produce their effect, untill [sic] all our artificial means can no longer prevent the patient from sinking. Our object is, to save mother and child if possible [sic], when the latter is impossible, we must save the mother by diminishing the head of the child. This is performed by the scissors, and when a perforation sufficiently larg[e] is made at the fontanelle, or opening at the occiput [p. 22] the brane [sic] is extracted by the hand, the descent of the head is rendered easier by the

cranium collapsing, and is assisted by the crotchet and fingers. The head, being protruded, the rest of the child seldom creates much difficulty.

Uriah Derickson ejus Liber, April 7th 1798.

N.B. if one arm is born the waters evacuated, the womb contracted and the pains exhausted, the best mode of proceeding is to stand the woman on her head, and by this means the arm may be pushed up and the feet brought down with ease -

Transcribed by Emily S. Dunster