PERINATAL LESSONS FROM THE PAST

Paul Portal (1630–1703), man-midwife of Paris

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Portal was the first doctor to give a good description of placenta praevia. His textbook contained interesting accounts of problem cases that he had encountered.

Paul Portal was born in Montpellier in 1630. He commenced his surgical studies in his home town, but in 1650 moved to Paris to complete his medical education, attending the lectures of the Faculty, including those of René Moreau and François Mauriceau. In 1657 he competed for and was nominated companion surgeon at the Hôtel Dieu. At first it was his duty to perform the postmortem examinations, but in 1659 he was named chief of the companions and was then called upon to help the midwives in difficult labours on the wards.

The lying-in pavilion of the Hôtel Dieu at that time has been described as a semi-basement room having windows on one side. It was so damp from the periodic overflow of the Seine that in 1660 other quarters were found in the old lithotomy room called St Joseph's ward. This ward was said to contain over a 106 beds in four rows, accommodating some 200 women, often with four or five in the same bed. Approximately 100 women were delivered each month. There were no cribs for the babies, and unclaimed infants were sent to the Foundling Hospital. Hygiene was unknown. Not surprisingly, outbreaks of puerperal fever were commonplace.

The obstetric service at the Hôtel Dieu was under the direction of a nun called La dame des accouchées. Her staff consisted of a mistress midwife who must be either married or a widow and a Roman Catholic. She in turn had four apprentice midwives to assist her. To this service was attached a physician and 12 companion surgeons, who were variously responsible for prescriptions, bleedings, the delivery of syphilitic women, and assisting the midwives with difficult labours.

Portal worked at the Hôtel Dieu for six years (1657–1663) before taking the mastership and then leaving. As a master surgeon he devoted himself entirely to the practice of obstetrics from his address in the rue Saint-Martin. His clientele were mostly persons in humble circumstances. Except for a period of illness between 1668 and 1671, he continued to practice into the 1690s and remained active until his death in 1703.

From the time he left the Hôtel Dieu, Portal kept notes on interesting cases, and, in 1685, published an account of his experience in *La pratique des accouchements soutenue d'un grand nombre d'observations*. He dedicated the book to his teacher René Moreau, professor of the Royal

Academy of Paris and chief physician to Madame la Dauphine. The treatise was divided into six chapters on natural labour, followed by a series of observations on 81 problem cases that he had encountered. This original use of actual case histories to illustrate management has been extensively used since his time. Portal's work is essentially plain and practical rather than physiological and theoretical. It contains a number of significant contributions including the importance of an empty bladder during labour and the first accurate account of placenta praevia: "... the placenta does not always attach itself at the bottom (fundus) of the womb, sometimes it can fasten itself to the neighbourhood of the neck". The following extracts illustrate his powers of observation and experience.

On catheterisation of the bladder⁶

"I have seen divers women in labour, who were afflicted with intolerable pains, by the distention of the bladder; neither could they be delivered, till a probe being inserted into

Figure 1 Paul Portal (1630–1703).

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the neck of it, the bladder was discharged of the urine, and the pain allayed."

On the bag of forewaters⁶

"As the pains increase the water inclosed in the membranes, being pushed forwards into the orifice of the womb, appears at first like as an extended pig's bladder of the bigness of a hazel-nut; but as the pains increase, the water forces itself more forward with the membranes to the inward orifice of the womb, which being thereby opened by degrees, the membranes are more and more extended, but slacken as soon as the pains cease, and return to the same station, with the increase of the pains, pressing very hard upon the orifice of the womb, which opening thus by degrees, and in a manner unperceived, comes not to its full highth in some women, but in some days; whereas in others it proceeds so quick, that they have scarce time to stay for the assistance of a midwife. In such cases you see the membranes or skins, which at first were no bigger than a hazel-nut, to extend in a short time to the bigness of an egg; and in some to the bulk of a child's head in the outward orifice of the womb. This done the membranes or skins break, the water issues forth, and the child pressed forward by the mother, and its own strength, follows with his head foremost, till it quite disentangles itself from the womb."

On manual removal of the placenta⁶

"In case you find the after-burthen stick close to the womb, you must endeavour to loosen the same: to effect this, twist the navel-string twice or thrice about the fingers of your left hand, and with the fingers of your right (after they have been well greased with oil or fresh butter) slide gently along the navel-string into the womb, taking especial care not to hurt the orifice of the womb (which is very tender at that time) and at the same time to keep close to the string which leads to the after-burthen; when you must endeavour to reach the undermost part, and with your fingers to separate it from the womb gently and gradually, as we do with the pulp of a China orange from the outward rind; and the after-burthen once loosened, will follow without difficulty by pulling only the navel-string. This ought to be done with all possible expedition for fear the womb should close up, because then it will be a difficult task to reach the after-burthen with your fingers ... I must give you this for a caution, that when you pull out the after-burthen by the navel-string, you must do it gently, for fear in case it should stick too close to the womb, you should turn it outward, a thing that has proved fatal to many women."

On delivery of the frank breech⁶

"... when the buttocks of the child come foremost; which, besides the natural shape of those parts, discovers itself after the breaking of the membranes, and the voiding of the water, by a certain black excrement (call'd by the vulgar sort, pitch, and by the Greeks, Meconium) being in effect nothing else than the natural gross excrement of the guts. In such a case as this, you must not be impatient, for though the labour proceeds very slow, yet it is not much

more difficult than a natural birth: whence it is that our midwives say by way of proverb: *that where the buttocks can pass, the head will follow of course*. The position of the child in this case is doubled, with his thighs upon the belly, and the passage being once opened for the buttocks by the reiterated pains, the head follows without much trouble."

On face delivery⁶

"... take this for a general rule, that, if you find the face foremost, to have patience, and not to be too busy with your fingers, unless it be to anoint the passage with fresh butter, to render it the more slippery, and consequently the more easy for the child. For in this case the fingers do more harm than good, both to the mother and child, and prove more troublesome than the labour itself, which differs but very little from a natural travail, except that the face of the child commonly appears black, which is easily removed by applying a mixture of red wine, oil of sweet almonds, and hypericon; in this you may dip a thin cloth, and lay it to the face; but have a care not to touch the eyes, for fear of making them itch. This delivery is very troublesome to the woman, because the privy parts are more extended in this than in any other birth."

On placenta praevia⁶

"January 11th, 1679, I was called out in the morning at four o'clock, to deliver a gentlewoman ... (she) being about eight months with child, was seized with a most violent flux of blood, which having continued for ten or twelve days, she was reduced to a miserable condition. Upon search made with my fingers (well greased) I found the whole vagina or passage filled with clods of coagulated blood, notwithstanding which the flux continued. As soon as I had brought out the clods of blood, I convey'd my fingers further into the inner orifice of the womb, which I found very thin and soft, and so wide, that I could put in three of my fingers foremost; I search'd with one finger first and found the after-burthen foremost, and closely joined round the inner orifice of the womb, which was the occasion of the excessive flux of blood; and as it had reduced the woman to a very low condition, so this join'd to the other circumstances, made me fear the life both of the woman and child ... it was resolved to have her deliver'd, notwithstanding the great danger that must needs attend it; but considering her death was infallible, unless she was delivered, I went to work ... (and) convey(ed) my hand into the inner orifice of the womb, where I again felt the after-burthen fasten'd to it ... I peel'd it off by degrees, and brought it out; and then turning my hand again in the womb, the first thing I met with, was the navel-string, along which I guided my hand first to the child's belly, and then downwards to the thigh, and thence lower to the leg and foot, which I brought out and baptiz'd. Whilst I was pulling this foot the other follow'd, and the whole body after it, as has been observed frequently before. The child being quite alive, the parish priest of the Holy Cross (who had before administered the sacraments unto the mother) had the opportunity of baptizing it, tho' contrary to his and all our expectations. Immediately after the delivery, the woman recovering in some measure her senses ... She was much better the next

day ... The second day ... she complained of a tension and pain in her belly ... yet after some time this woman recovered her health, except that three weeks after her lying-in, she lost the sight of one of her eyes ..."

Although somewhat eclipsed in his day by his distinguished colleague Mauriceau, Portal still built up a considerable reputation for himself as a skilled clinician and obstetrician. He was a quiet, sincere, conscientious, and modest man who spoke ill of no one and eschewed controversy. He referred to physicians as "savants". One of the first to use clinical case histories as a teaching technique, he was clearly an excellent observer who weighed and considered his facts before relating them in a simple and straightforward style. He had confidence in the power of nature and was against interfering

in labour unless matters were obviously deteriorating. Paul Portal still provides us today with lessons from the past.

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