

## Edward Rigby

## A Chapter in the History of Antepartum Haemorrhage

BY

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EDWARD RIGBY was born at Chowbent, Lancashire, on December 9th, 1747. Educated privately in early life, he arrived in Norwich in 1762 and became apprenticed to a Mr. David Martineau, an eminent surgeon of that city. His companions of this period of his life described him as "gay and fond of whatever would promote pleasantry and conviviality." After his apprenticeship, Rigby pursued his medical studies in London with all the advantages which medical education, at that time beginning to flourish there under the influence of the two Hunters, afforded. Admitted a member of the Royal College of Surgeons in 1769, he commenced practice in Norwich in the same year—a connexion which was not severed until his death 52 years later—on October 27th, 1821. In 1789 he was made a member of the Medical Society of London, and in 1814 took his degree of M.D. One of his first appointments was that of attending to all difficult cases of midwifery among the poor of the district. The experience so gained was the foundation of his future fame. For many years he was associated with the Norfolk and Norwich Hospital, first as surgeon and later as physician. At one time he was invited to join Osborn in London as a lecturer in midwifery but domestic circumstances prevented this arrangement.

He was a man of wide interests. He was made a Fellow of the Linnaean Society for his writings on botany and natural history, and later a Fellow of the Horticultural

Society of London. He took a leading part in the public life of Norwich, being a member of the Corporation of Guardians in 1783, an Alderman in 1802, a Sheriff in 1803 and Mayor of the city in 1805. He was one of the founders of the "Norfolk Benevolent Society for the Relief of the Widows and Orphans of Medical Men," the second of its kind in the country. In a eulogy before the Norwich Philosophical Society, with which Rigby had a life-long association, John Cross spoke of him in these words: "To the most unbounded philanthropy he joined a zeal which overcame him on certain occasions, a retentive memory, extensive reading, quick recollection, and an imagination ever active and productive. . . . That which he thought right he would, on all occasions, fearlessly pursue, nor could abuse suffered, opposition offered, or injury sustained, drive him from the good purpose he had undertaken to execute. . . . He possessed the confidence of the public in a medical view not often obtained outside the metropolis. In the treatment of disease he was gentle and cautious and confided sufficiently in the powers of nature."

Rigby was the author of numerous scientific papers on many diverse subjects ranging from medicine to chemistry and agriculture, but to the medical profession: it is his "Essay on the Uterine Haemorrhage which precedes the Delivery of the full-grown Foetus, illustrated with cases," which is of outstanding interest. First published in 1775 as a small volume of 121

pages, it ran through six editions, the last in 1822, published after the death of the author, being expanded to twice the size of the original. A German translation was published in Leipzig in 1787 and a French edition, with notes by Mme. Boivin in 1818. It was well known in America and is believed to have been translated into Russian. In fact it became a volume known the world over.

Early in his career, as he relates in the preface to the fifth edition of his essay, Rigby met with a case of placenta praevia which he thought a rarity as he had not found such a circumstance "recorded in the lectures which I had attended or taken notice of in the common elementary treatises in midwifery." This rather curious statement makes one wonder how many of the "common elementary treatises" he had read. Smellie, to quote the outstanding authority of the time, knew of and described such cases. Later, finding such cases not uncommon, Rigby discovered that others had been recorded by many writers "though," he said, "in no instance which had then reached me had any practical inferences been deduced from it." It is not easy to agree with such a view.

After stressing the dangers of haemorrhage in the later months of pregnancy, in which he declared "the art of midwifery is likewise, in no instance, more at a loss in the use of means for the relief of the patient," he considered the various authors he had read on the subject. He tells us that he had not been able to determine "with any degree of certainty and satisfaction which of the two methods of practice hitherto recommended, it has been most proper to adopt"—whether to endeavour to restrain the haemorrhage and allow nature by her own efforts to expel the child or whether to proceed to deliver the child forthwith. No particular reason was given why different methods of treatment

were employed in different cases, why in some cases it was successful and why in others failed. In short, the advice given was conflicting and contradictory. It was therefore necessary to know, Rigby went on, why in one case reliance might be placed upon the powers of nature and why in another such measures would endanger the life of the mother. This information he declared, should be procured early in labour.

The haemorrhage was due to a separation of the placenta from the uterus before the birth of the child. This might be produced by different causes, a knowledge of which was vital. With a placenta in its normal situation, its separation must be due to some "accidental circumstance, to violence done to the uterus by blows or falls, to some peculiar laxity of the uterine vessels from badness of habit, or fever, or to the influence of the passion of the mind suddenly excited such as fear, anger, etc." On the other hand, he went on, the placenta may be so situated that when "the full term of pregnancy is arrived and labour begins, a flooding necessarily accompanies it and without the intervention of any of the above *accidental* circumstances: that is when it is fixed to that part of the womb which always dilates as labour advances, namely the Collum and Os uteri, in which case it is very certain that the placenta cannot, as before described, remain secure till the expulsion of the child but must of necessity be separated from it in proportion as the uterus opens, and, by that means, an haemorrhage must be *unavoidably* produced." To Rigby must go the credit for introducing the terms "accidental haemorrhage" and "unavoidable haemorrhage."

Obviously, he went on, two such conditions, exactly similar in their first symptoms, must terminate differently if treated on expectant lines. Cases of accidental

haemorrhage should be treated thus; but with the placenta presenting, while palliative measures might for a time restrain the haemorrhage, it was bound to recur. His opinion that cases of accidental haemorrhage would terminate safely without manual assistance was, he tells us, supported by Charles White, and John Aikin of Warrington.

After stressing that it was vital that the presence or absence of the placenta in the lower uterine segment should be determined early in labour, he advised that for this purpose the whole hand should be introduced into the vagina and one finger inserted into the uterus, even if pain were caused to the patient by so doing. He recognized that this might be difficult especially in a primipara whereupon it was permissible to wait—"but let it be with the patient"—while increased discharge relaxed the parts. If the placenta was presenting, immediate delivery was to be undertaken. He cautioned, however, against too forcible dilatation of a closed or little-open cervix—"if the womb readily gives way, and the hand pass with ease, we may be certain no harm will follow and may, on that account, confidently prosecute the turning; but if on the contrary, there immediately come on a contraction of the os uteri that, in a purse-like manner, tightly surrounds the fingers, it will prove difficult, and we ought therefore to desist and wait till the parts be more relaxed by pain or discharge as difficulty, in these circumstances, is the truest criterion of danger."

When the placenta was not presenting at the mouth of the uterus Rigby advised awaiting the onset of natural pains, efforts to restrain the haemorrhage and general treatment of the patient being carried out meantime. Should this fail, "bring the uterus to a state of contraction by exciting some pains, which may often be done by

gently irritating the os uteri with the finger; if this succeed, and the mouth of the uterus be thereby so far dilated that the distended membranes may be felt, they must be immediately pierced by passing a probe along the fingers, as upon the discharge of water thus produced the womb necessarily contracts to a certain degree and the flooding proportionately abates: this is, for the most part, soon succeeded by slight pains, which if the child present fair have very soon an effect upon it and push it down." If this failed—and he believed such cases to be very rare—version was indicated.

Rigby believed that even when the case appeared hopeless delivery by version should be attempted, "unexpected success" having sometimes occurred. He had no patience with those practitioners who abandoned their patients in such circumstances lest they should, by their ill-success, damage their reputations. He pointed out the dangerous state of the patient should always be impressed upon the relatives and advised a "second opinion" whenever possible.

A description of cases followed, 28 in the first edition, increased to 106 in the fourth and later editions—64 of these were of accidental haemorrhage, all the mothers recovering—and 42 of unavoidable haemorrhage with 31 successes.

Some years after Rigby's death a violent controversy arose concerning the priority of his doctrine. Burns<sup>1</sup> asserted that Rigby "published an abstract of the doctrines of Puzos and Levret with the addition of some cases from his own practice." Hamilton<sup>2</sup> went even further and declared that Rigby had "availed himself of the discoveries of Dr. Smellie and M. Levret while he contrived to make the profession believe that his doctrines were original," while Lee<sup>3</sup> stated that "no fact of the slightest importance has since (Smellie) been discovered relating to the

causes and treatment of uterine haemorrhage in the latter months of pregnancy." While it must be admitted that claims for originality in Rigby's observations cannot be established, such remarks were rather unfair and it cannot be denied that Lee, notoriously intolerant of criticism, quoted in his essay only such passages from Mauriceau as suited his purpose. This was amply demonstrated by Read.<sup>4</sup> It is also true that Puzos had previously suggested rupturing the membranes in cases of accidental haemorrhage and that Levret and Smellie had written on the treatment of placenta praevia by version. Levret,<sup>5</sup> however, mentioned only a few cases and Smellie's writings on the subject are rather scattered throughout the three volumes. Nevertheless Rigby's writings are well worthy of attention, being without doubt the clearest and most precise exposition on the subject of antepartum haemorrhage which had been published up to that time. As Collins<sup>6</sup> justly observed he was the "first English author who fully established this most important practical distinction in the treatment of uterine haemorrhage, although Levret had many years before published a somewhat similar statement."

One criticism which may be levelled at Rigby concerns his practice of effecting delivery immediately after performing version instead of bringing down a leg and then waiting for labour pains to expel the child, stimulants being given to the mother meanwhile. The value of such a procedure was recognized and practised by Smellie

(Case 331).<sup>7</sup> Rigby was fortunate, too, in that he did not at any time appear to experience difficulty in delivering the after-coming head. Giffard,<sup>8</sup> the first British writer to describe a case of placenta praevia, recorded a number of cases in which he met with such a difficulty.

The subject of this essay should not be confused with his son of the same name (1804-60) who was also a writer of obstetrical subjects, notably his "System of Midwifery,"<sup>9</sup> first published in 1841, and who was for some time a lecturer at St. Thomas's Hospital, later occupying the chair of midwifery at St. Bartholomew's Hospital. He was the first president of the London Obstetrical Society (1859).

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