

Irving Potter M.D. and his Internal Podalic Version

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UICOMP

Irving White Potter (1868 – 1956)



Irving W. Potter, M.D.
1868-1956



IRVING WHITE POTTER
1868-1956



Irving White Potter (1868-1956), at age 86.

Irving W. Potter was a Buffalo NY obstetrician who achieved fame and notoriety by practicing and advocating routine internal podalic version to shorten the 2nd stage of labor in otherwise normal vertex presentations.

By 1942, he had delivered over 25,000 babies --- most of them by version and extraction.

New York Times 1942

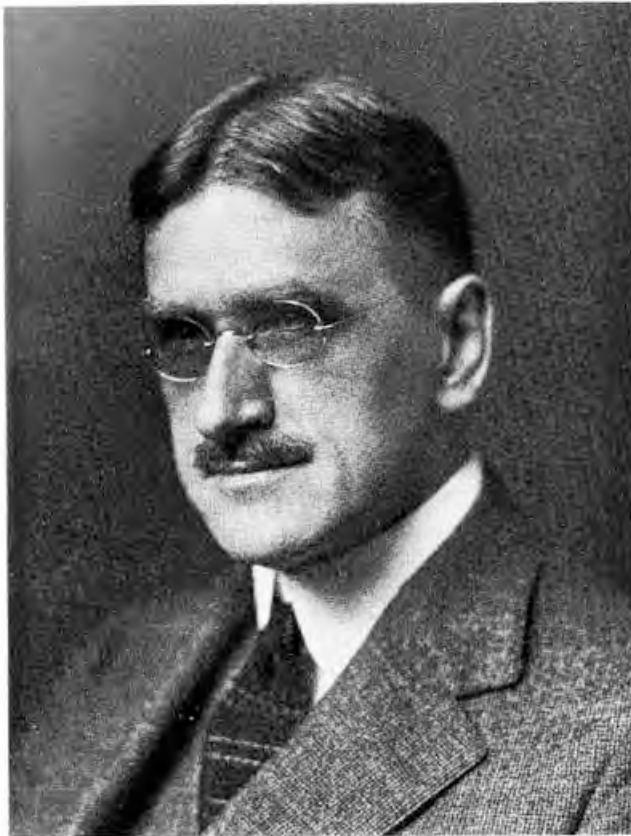
Dr. Potter Honored in Buffalo

BUFFALO, N. Y., July 7 (AP)—
A bronze plaque, honoring Dr. Irving W. Potter, 72, who has delivered more than 25,000 babies in his forty-five years as a practicing obstetrician, was unveiled today in the new obstetrical wing of the Millard Fillmore Hospital. "Medical records attest that Dr. Potter has delivered more obstetrical cases personally than any other doctor in the world," said Dr. Harry C. Guess, president of the hospital's medical staff.

THE FADS AND FANCIES OF OBSTETRICS. A COMMENT ON
THE PSEUDOSCIENTIFIC TREND OF
MODERN OBSTETRICS*

BY RUDOLPH W. HOLMES, M.D., F.A.C.S., CHICAGO, ILL.

1921



R. W. Holmes

The general polemic that labor is a species of the torture of the inquisition has been advanced so frequently that many defend most drastic interferences on the score of saving women this horror ...

Meddlesome midwifery has taken a more serious turn until it comprises all the known methods of necessity, even major surgery, without the vital essence of a valid indication: the favorite role being those which will consummate delivery with the minimal expenditure of time...

Holmes 1921

History of Version (Turning)

Internal Podalic Version

Conversion of any presentation into a footling breech by intrauterine manipulation, and subsequent delivery by breech extraction.

Until the widespread availability of forceps during 18th century, this was only method of delivering an intact child in cases of dystocia, malposition, and emergencies such as hemorrhage (flooding) and cord prolapse.

During the 1800s forceps were favored in Britain and the USA for delivering a child in vertex presentation arrested at the pelvic brim.

In the presence of bony dystocia, high forceps were associated with formidable maternal and fetal morbidity.

Failed forceps ---sometimes after hours of brute force, without anesthesia--- necessitated gory destructive operations on the fetus. This stirred controversy about performing craniotomy in the living child.



James Young Simpson (1811 – 1870)

ON TURNING,

AS AN ALTERNATIVE FOR CRANIOTOMY AND THE LONG FORCEPS,
IN DEFORMITY OF THE BRIM OF THE PELVIS, ETC.

Simpson performed the first version under ether anesthesia in 1847.

He introduced chloroform into obstetric practice, and became a leading advocate of version in preference to high forceps.

James Young Simpson (1811 - 1870)



James Young Simpson

ON DELIVERY OF THE CHILD BY TURNING AS A GENERAL RULE IN LABOUR.

By EDWARD GARLAND FIGG,

Licentiate of the Faculty of Physicians and Surgeons of Glasgow.

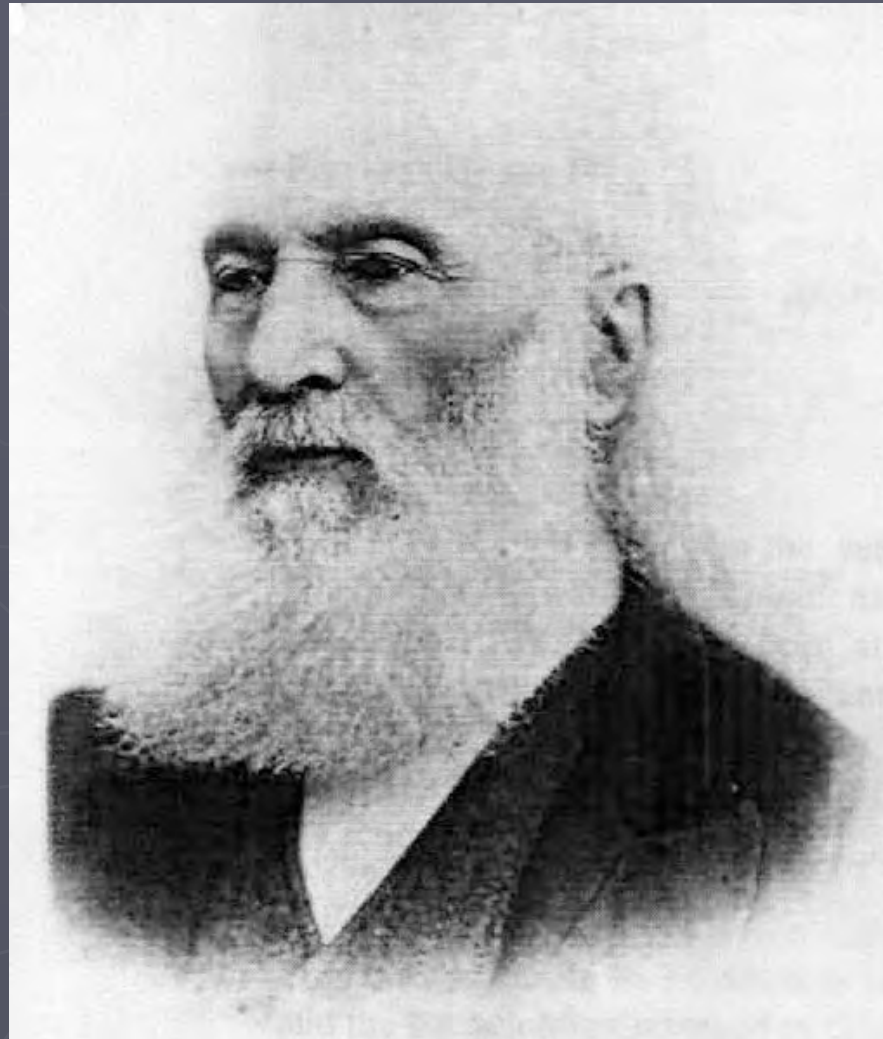
"The Aphorisms in Midwifery have all of late been turned topsy-turvy."—
Dr. Robert Lee in *Medical Times* of Oct. 2, 1858.

Figg was impressed by the ease with which Simpson was able to deliver his patient by V&E after several failed forceps attempts. He reasoned that it should be even easier in the absence of disproportion.

In 1858 he published an account of his first 55 (out of 58) deliveries by elective V&E.

Edward Garland FIGG

1815 - 1902



Criticism

His article provoked a deluge of criticism, much of it vicious and *ad hominem* ---such as Dr. Potter would experience 60 years later.

I never dreamed that any man in his senses would have the hardihood to recommend that all natural cases should be artificially converted into footling cases, or to announce that such an interference with Nature's ordinances had become in his practice an established rule...The practice advocated by Dr. Figg appears to me mischievous and dangerous in its tendency...

Ramsbotham, 1859

Figg dismissed the criticism on the grounds that his successful experience trumped any theoretical objections by his detractors.

In 1860 he reported a series of 87 consecutive versions without maternal or fetal complications, and published a long rationale for his practice.

Among the advantages cited, was the saving of time and preservation of sleep of the obstetrician.

Figg moved to Australia in the 1860s, and was not heard from again in the literature.

The controversy prompted a short-lived interest in version ---most notably the work of John Braxton-Hicks on the combined external and internal version (1863).

The death of Simpson (1870), the invention of the axis-traction forceps by Tarnier (1874), and the improved safety of cesarean delivery during the 1880s and 1890s, once again relegated version to obscurity ---until 1916, when Irving Potter first presented his experience to the medical profession.

The POTTER Version

Early in his practice, Potter employed version for malpresentations, or as an alternative to high forceps.

As his experience grew, he refined his technique, and widened his indications; by 1920, he delivered over 90% of his patients by V&E early in the second stage.

By the time he published *The Place of Version in Obstetrics* in 1922, he had already performed more than 4,000 versions, and achieved a national reputation ---albeit a controversial one.

THE PLACE OF VERSION IN OBSTETRICS

By

IRVING W. POTTER, M.D., F.A.C.S.,
BUFFALO, NEW YORK,

OBSTETRICIAN-IN-CHIEF, DEACONESS HOSPITAL AND ST. MARY'S MATERNITY HOSPITAL;
ATTENDING OBSTETRICIAN, CITY HOSPITAL; CONSULTING OBSTETRICIAN, COLUMBUS
HOSPITAL, BUFFALO HOMEOPATHIC HOSPITAL, AND SALVATION ARMY HOME.

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1922

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Buffalo, N. Y.

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Publisher's Announcement

Probably no subject in obstetrics has in recent years evoked so much discussion as the Potter method of version. Acting on the advice of men on the advisory board of this journal, and other prominent obstetricians, we requested Dr. Potter to set forth in a monograph the technic that he employs in this important obstetric procedure.

Howard French, one of the best known medical artists in America, has spent considerable time with Dr. Potter making the illustrations for the book. It will be complete in every way, will set forth in detail the history of version, and each step in the technic as performed by Dr. Potter will be illustrated by drawings that are marvels for clearness.

The monograph will be a volume of about 150 pages with 50 original illustrations.

☛ Undoubtedly you will want a copy. Sign the attached coupon today and mail. Just as soon as the book is published, about February 20th, a copy will be sent to you.

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Obst. Jour.

THIS BOOK IS DEDICATED

TO THE

“WOMAN IN TRAVAIL”

IN THE REVERENT HOPE THAT HER “HOUR” MAY BE SHORTENED, HER
“ANGUISH” LESSENER, AND HER “JOY” MADE COMPLETE

Although his stated goal was the elimination of the 2nd stage, there is no question that version allowed him to manage his time better ---no easy task for a man who delivered over 1000 babies a year for several decades.

Any advance in the practice of Obstetrics, which will conserve the strength and well-being of the attendant ...provided that safety and efficiency are in no way lessened or sacrificed, is worthy of consideration, even upon this ground alone.

Potter Technique

The main principles of Potter's technique were outlined in his 1922 monograph, although he continued to modify the fine points of his technique until the 1940s.

1. Complete dilation and effacement of the cervix.
2. Surgical anesthesia using chloroform.
3. The WALCHER position.
4. Manual "ironing-out" of the vagina for 10-15 minutes.
5. Ensuring that the fetal arms are crossed over the chest.
6. Slow extraction of the child, bringing both feet down together.

7. The buttocks are brought down into the hollow of the sacrum before rotating the child's back anteriorly.
8. Avoidance of abdominal pressure until the arms are delivered, then application of suprapubic pressure and Mauriceau's maneuver to maintain flexion of the head.
9. Occasional forceps to the aftercoming head; episiotomy rarely needed.

Walcher Position



FIG. 65. Modified Walcher or Potter's position for use in version on author's special table. The crutches are allowed to drop below the level of the table.

Gustav Adolph WALCHER (1856 – 1935)



Fig. 51-1. Gustav Adolf Walcher (1856–1935).

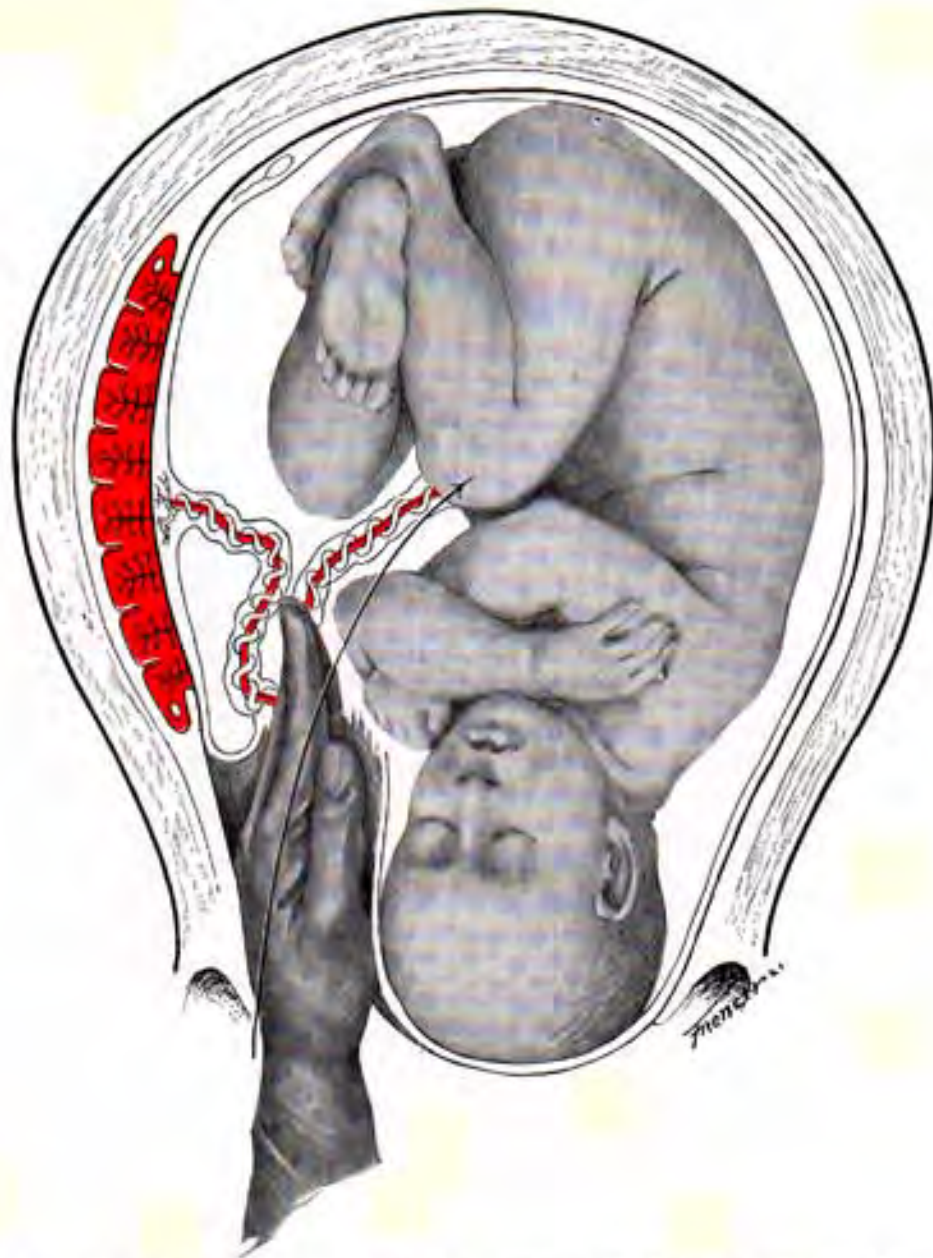


Fig. 5.—Separating the membranes from the uterine wall before rupturing them, carefully avoiding loosening the placenta so as to lessen the amount of bleeding.

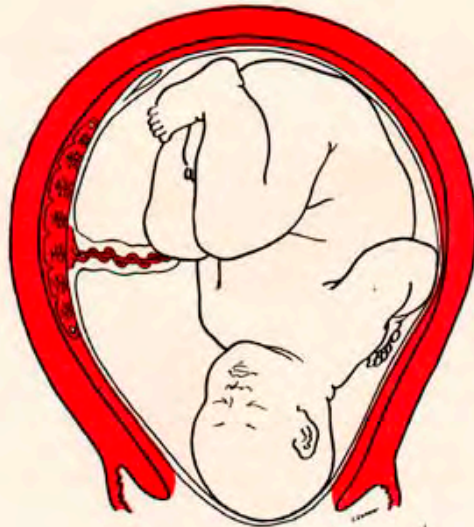


FIG. 5A.

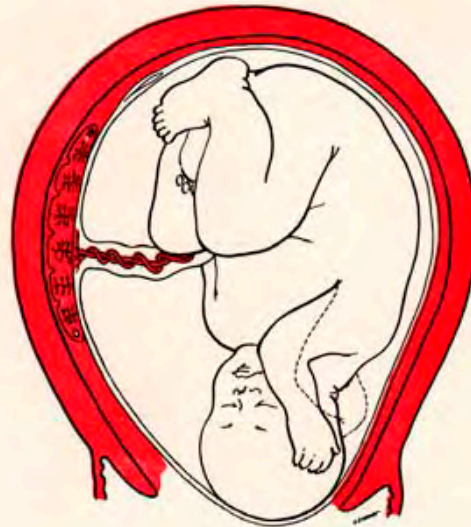


FIG. 5B.

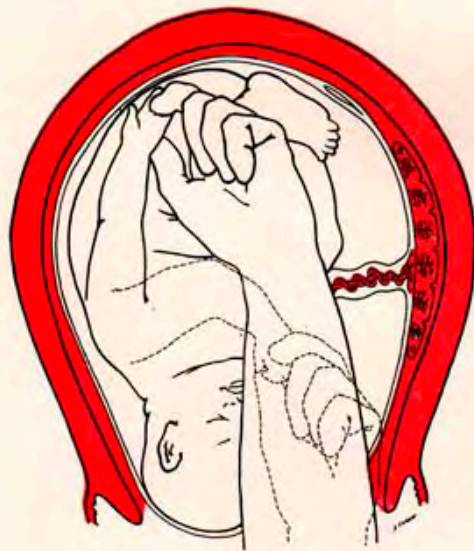


FIG. 5C.

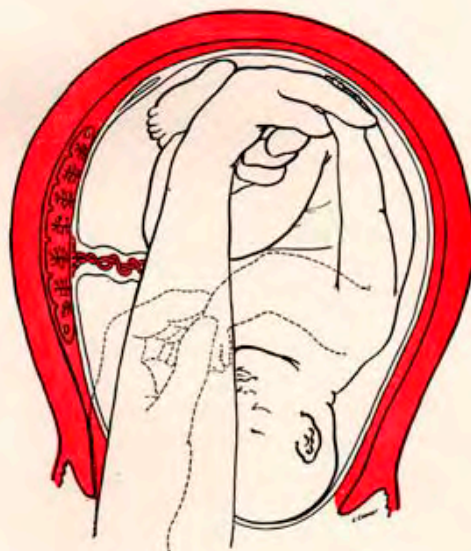


FIG. 5D.

FIG. 5. Frequently found positions of arms in utero which spell disaster if not corrected before attempted podalic version.



FIG. 6. Proper folding of arms across chest and under chin before attempting internal podalic version.

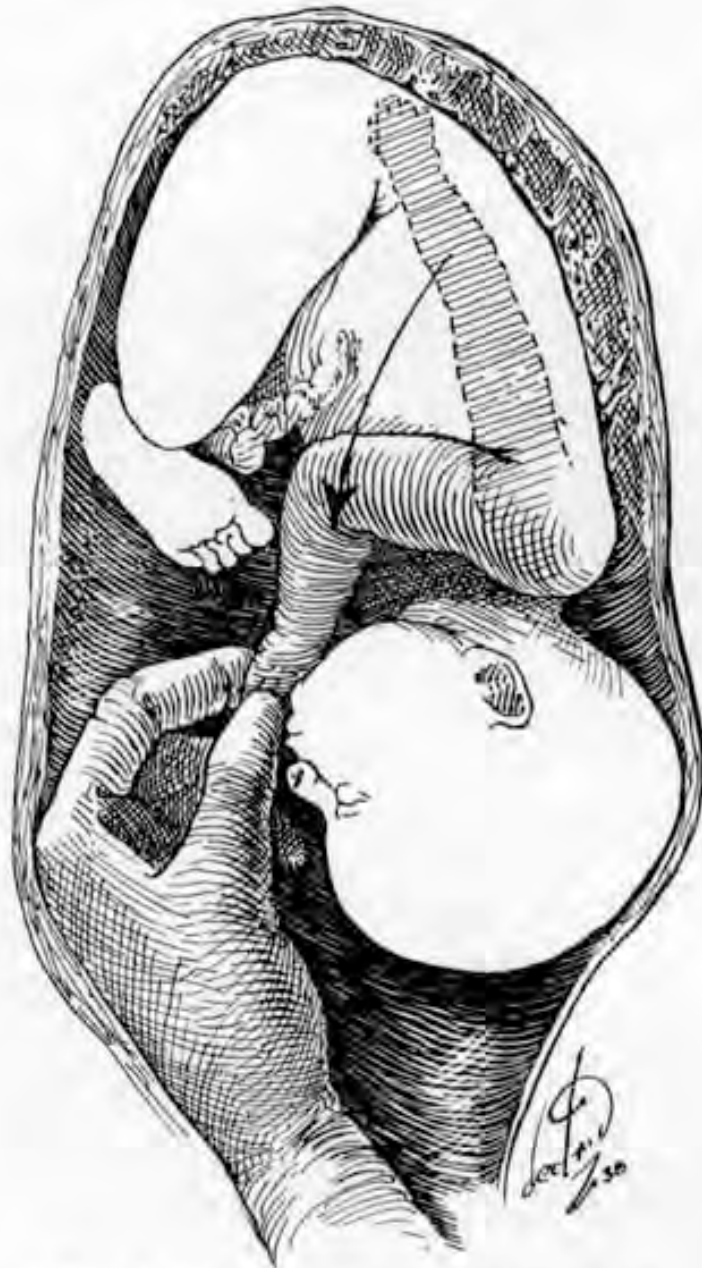


Fig. 5.—Folding arms across chest.

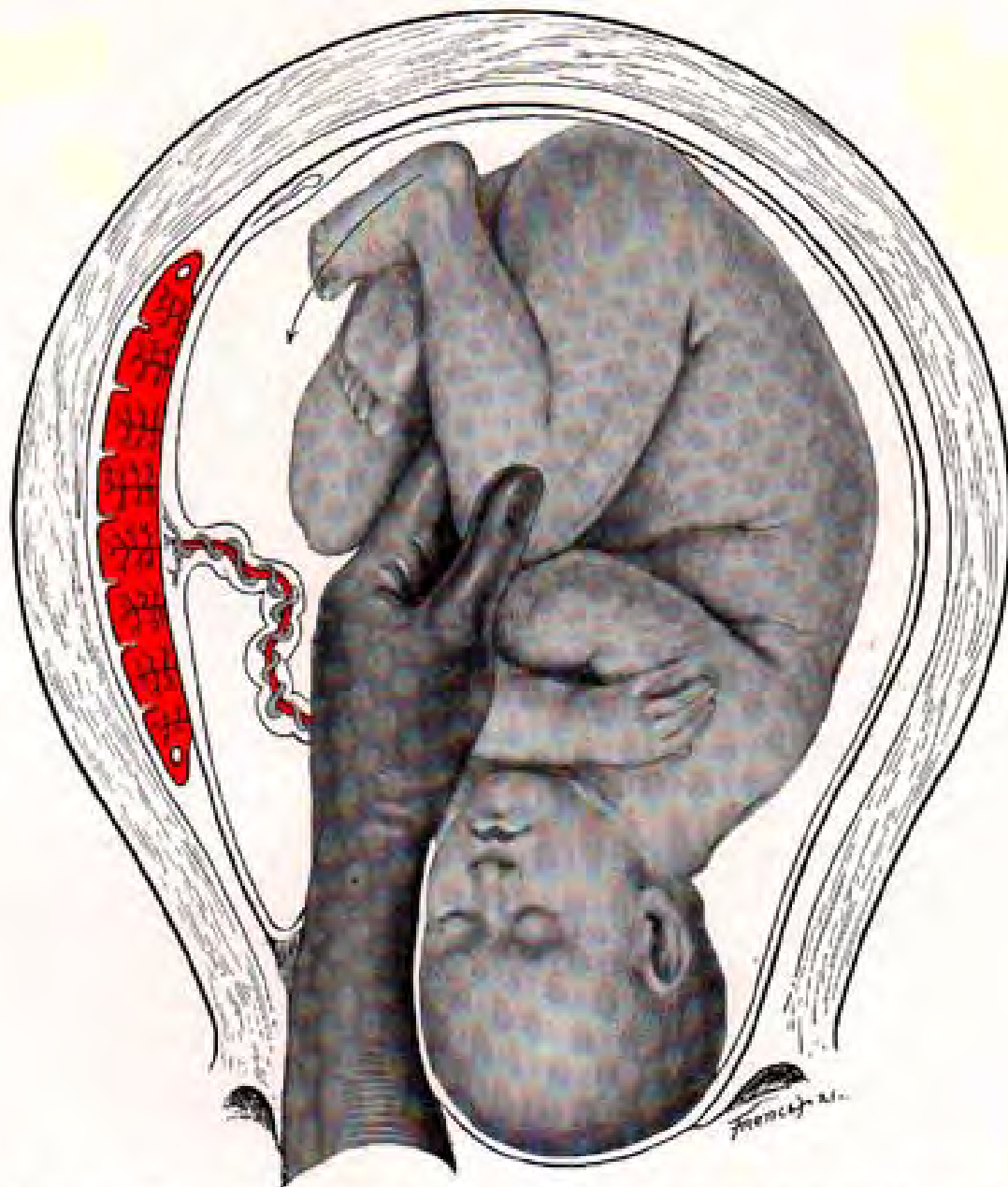


Fig. 6.—Bringing anterior foot down by traction on knee until the foot can be reached. Note position of child's arms folded across the chest.

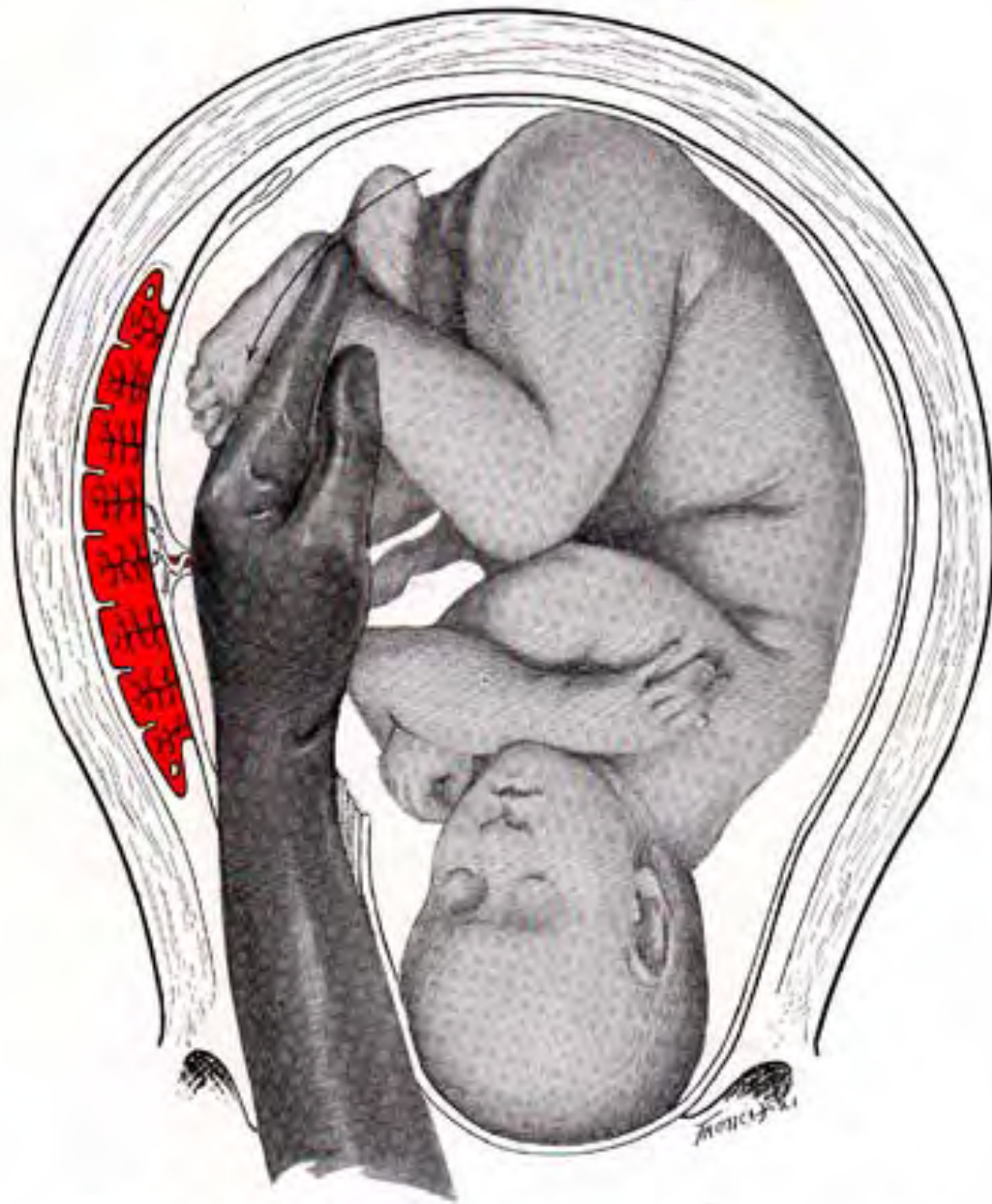


Fig. 7.—Unlocking feet at fundus before attempting the version.

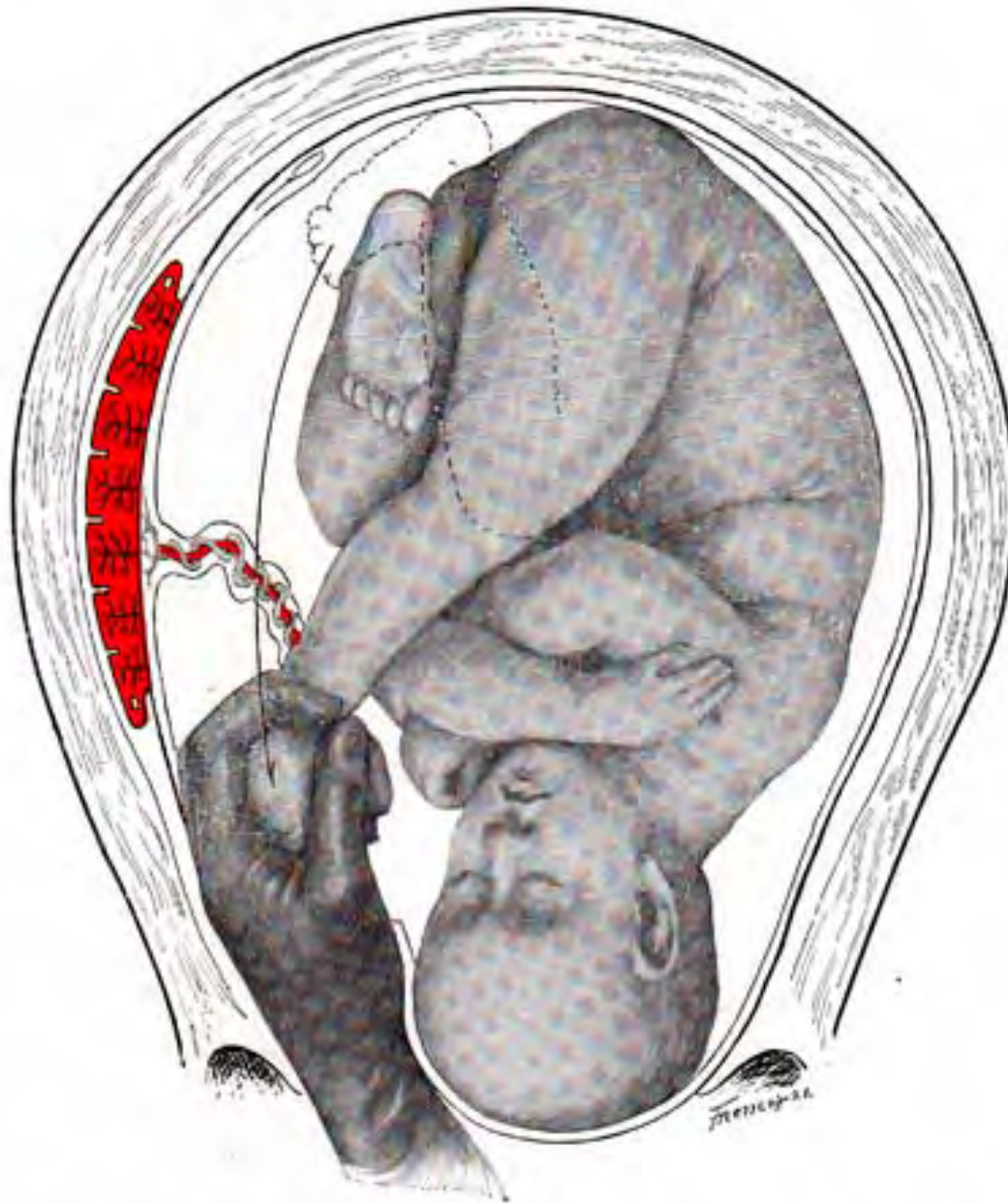


Fig. 8.—Bringing down anterior foot after unlocking feet at the fundus.

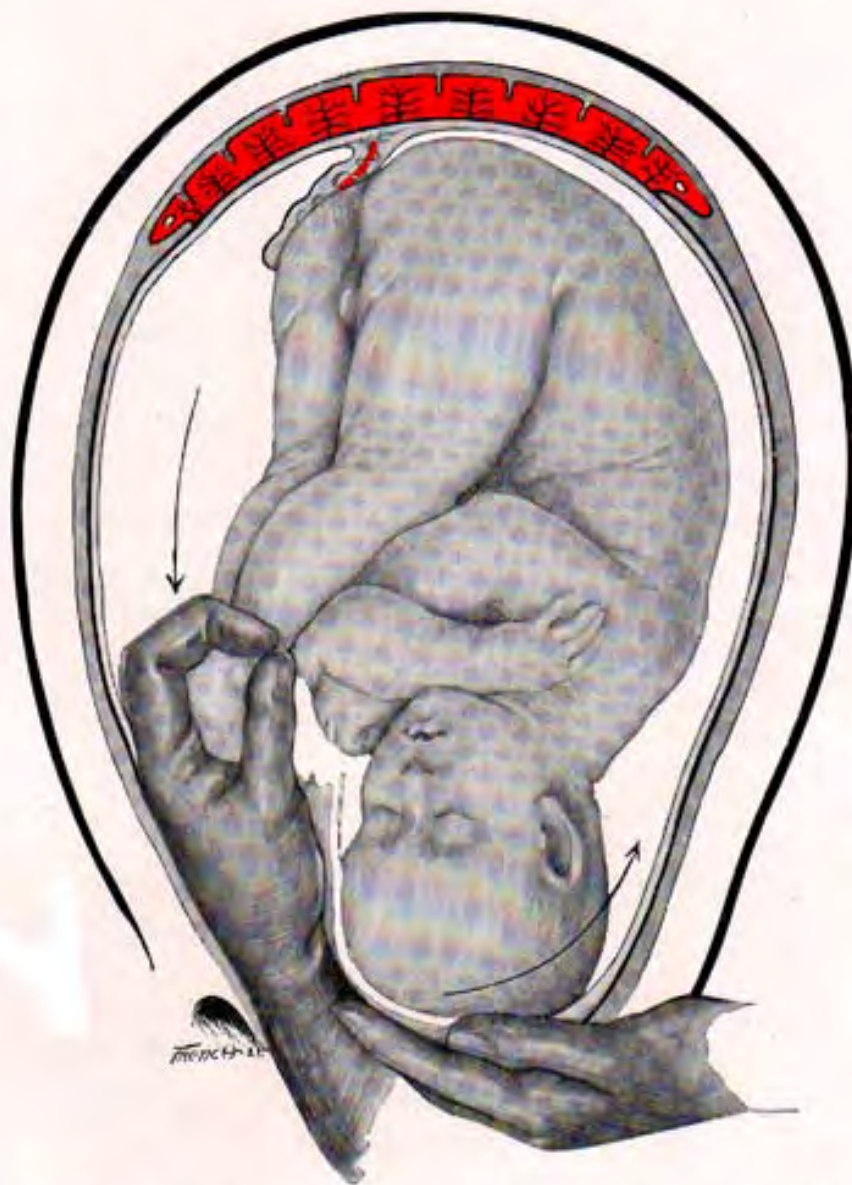


Fig. 10.—Both feet being brought down. Note manner of grasping both feet, also the direction of the arrow. Note manner of first lifting the head out of the pelvis with the left hand then pushing forward with the same hand to reach the feet. If necessary continue the upward pressure on the child's head by using the operator's right hand on the outside of the mother's abdomen. The child's arms still remain folded.



Fig. 3.—The buttocks brought to the hollow of the sacrum using all available space without angulation of the child's body.

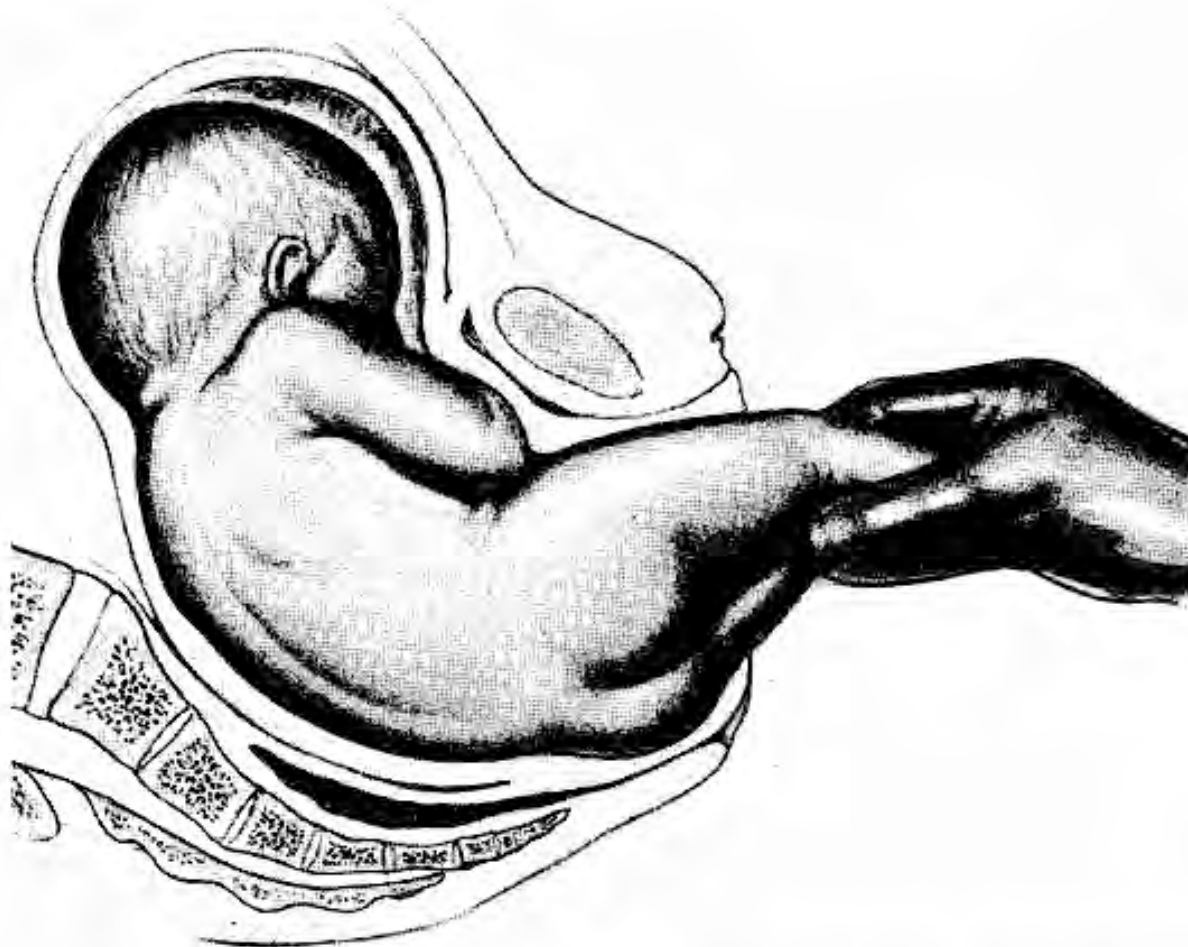


Fig. 4.—Gentle traction on anterior foot rotates buttocks into the direct antero-posterior diameter of the pelvis. After the birth of the buttocks, continued traction downward and forward brings the back parallel to the symphysis.



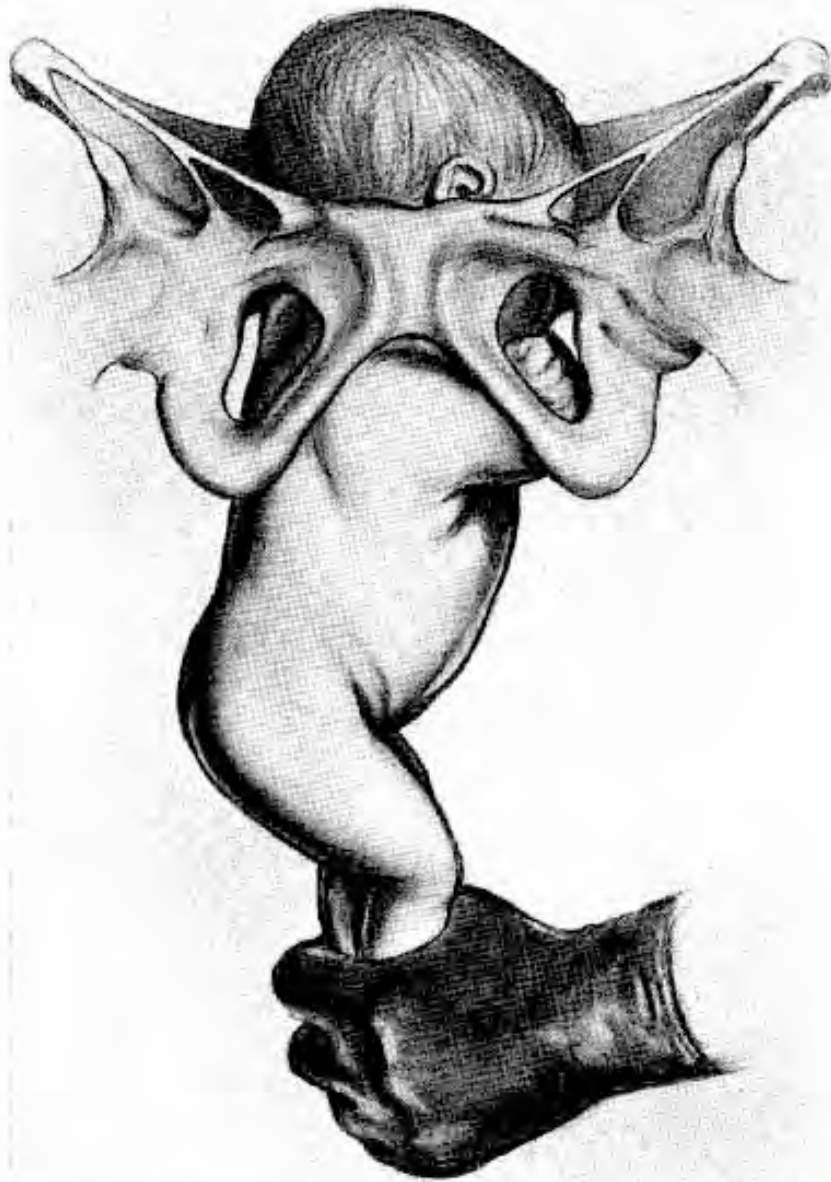
Caldwell 1929

Fig. 5.—Continued very gentle downward traction engages the shoulders in the transverse diameter of the inlet. Extended arms in this diameter seldom cause much trouble.



Caldwell 1929

Fig. 6.—When the shoulders have passed the inlet, by inserting the hand parallel to the symphysis one shoulder is pushed backward into the hollow of the sacrum. This prevents torsion of the body.



Caldwell 1929

Fig. 7.—Traction downward and backward allows the shoulder to engage under the symphysis.



Caldwell 1929

Fig. 8.—When one arm has been delivered and the other arm is high in the pelvis, the anterior shoulder can be pushed back into the birth canal, the head loosened at the brim, and the body rotated completely around so as to bring the other shoulder underneath the symphysis.



Caldwell 1929

Fig. 9.—When the arms are born, the body should be kept parallel to the woman's thigh and the shoulders should be pushed backward and upward into the birth canal. This permits the head to be loosened at the brim and flexed by external manipulation.



Fig. 10.—With the head well flexed and the occipital frontal diameter of the head in the transverse diameter of the inlet, external pressure pushes the head into the hollow of the sacrum. Excessive pressure ruptures the falx. Note the position of the mouth when the biparietal is in the hollow of the sacrum.



Caldwell 1929

Fig. 11.—Rotating the child's body and head after the biparietal has reached the hollow of the sacrum.



Fig. 12.—Protecting the child's neck by the large finger of the operator's hand until the occipital protuberance is underneath the symphysis. Piper's forceps can be advantageously used at this stage.

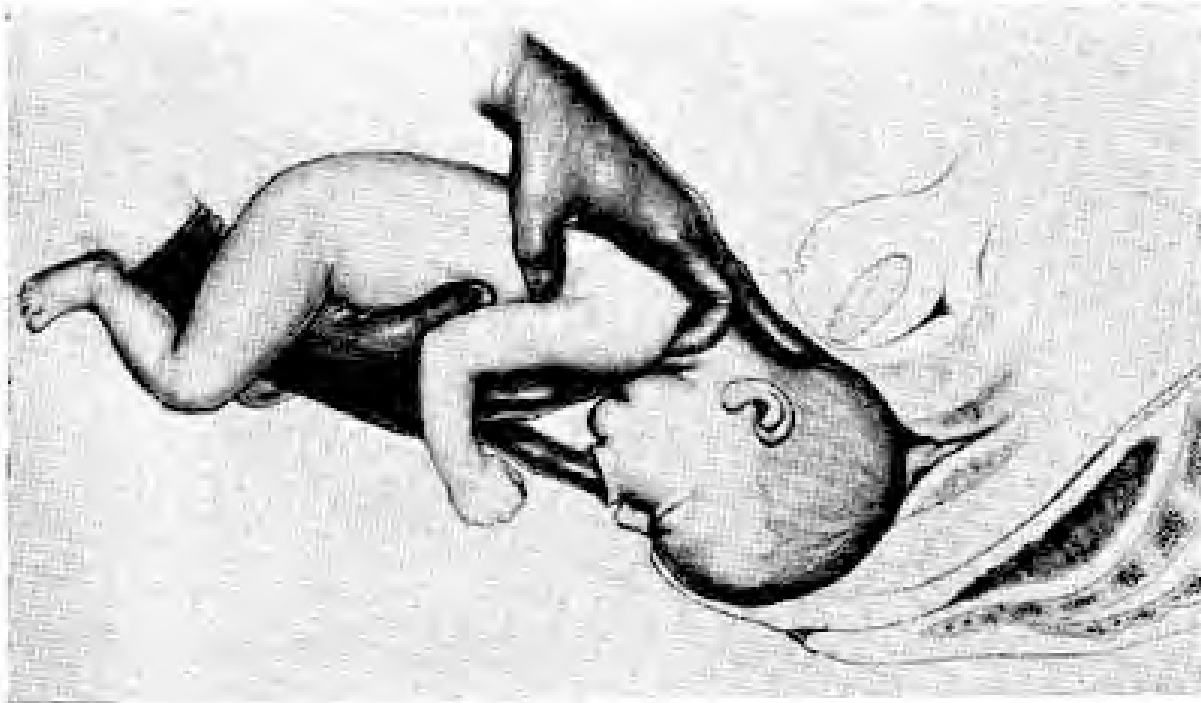


Fig. 13.—With the leverage on the big finger the entire body can be swung up without angulation of the neck.

Caldwell 1929

Controversy

Potter first presented *Version, with a report of 500 cases* at the 1916 annual meeting of the American Association of Obstetricians and Gynecologists.

The negative reaction generated was such that the Executive Committee refused to publish his article in the Proceedings of the AAOG.

He was told that he would in time see the error of his ways, and regret having written such a paper.

Believing that *every intelligent man finds his best teacher in his own experience*, Potter felt justified in expanding his use of version.

In 1917, he reported an additional 200 cases. This paper was published, but attracted no less criticism; there seemed to be a consensus that *while Dr. Potter's results were good, adoption of his teachings would cause untold harm.*

Rucker 1921

Like most men of strong conviction and personality, Potter attracted his share of disciples.

THE IRVING W. POTTER METHOD OF PRACTICING
VERSION.*

BY

E. GUSTAV ZINKE, M. D., F. A. C. S.,

Cincinnati, Ohio.

POTTER VERSION. THE ELIMINATION OF THE SECOND
STAGE OF LABOR. A REPORT OF 200 CASES*

BY M. PIERCE RUCKER, M.D., RICHMOND, VA.

AT THE twenty-ninth meeting of the American Association of Obstetricians and Gynecologists, Dr. Irving W. Potter¹ reported 500 cases of internal podalic version, most of which were done for the sole purpose of shortening labor and to avoid suffering. The paper was very adversely criticized, and the Executive Committee considered the principles laid down by the essayist so dangerous that the paper was withheld from publication in the proceedings of the association.

OBSTETRICAL SOCIETY OF PHILADELPHIA

STATED MEETING, OCTOBER 12TH, 1922

THE PRESIDENT, DR. STEPHEN E. TRACY, IN THE CHAIR

DR. NORMAN L. KNIPE read a paper entitled **Version in the Manner Suggested by Potter, as a Safe, Routine Procedure in Delivery; with a Report of over a Hundred Consecutive Cases without the Death of a Child.**

AN ANALYSIS OF THE POTTER VERSION*

BY EDWARD SPEIDEL, M.D., LOUISVILLE, KY.

These papers, published between 1918 and 1923, endorsed many aspects of Potter's practice. The support and praise of their authors did much to defuse public criticism of Dr. Potter, and later elevate him to iconic status.

Potter did his part by responding graciously to his critics in public forums, and rarely discussing his indications for version ---content to demonstrate his technique to anyone and everyone.

Over the years, more than 900 doctors made the trip to Buffalo among them Joseph B. DeLee.

Joseph Bolivar DeLEE

(1859 - 1942)



J. B. DeLee

...one who has visited Potter is much too impressed with his sincerity and ability to call it [version] absurd. No, for the rank and file and for most of the officers of our profession, the old watchful expectancy is still the flag to rally around.

DeLee, 1918

At the present writing there appears in Buffalo an interesting figure, modeled after the famous Scotchman, Mr. Figg, of Simpson's time—Dr. Irving W. Potter. He has reduced the science and art of obstetrics to a very simple formula. Excepting those few cases where the baby is born before he arrives, he delivers all women by cesarean section or podalic version and immediate extraction.

DeLee, 1924

John Osborn Polak

(1870 - 1931)



JOHN OSBORN POLAK
Editor of the department of "Gynecology," 1925-1930.

Reviewing Potter's book, Polak wrote, in 1922:

...the practice of Obstetrics in Potter's hands divides itself into version and cesarean section, interrupted by the occasional spontaneous delivery occurring before the arrival of the attendant.

That this is radicalism does not admit of argument

...we are as yet ignorant as to why version was performed 920 times in 1113 deliveries in 1920

...unless it was for the convenience of the operator or that questionable indication, eliminating the second stage of labor.

Brooke Melander ANSPACH (1876 -)



Brooke Melander Anspach

The method of shortening the second stage of labor as a routine procedure by the performance of version is an astonishing proposition, to say the least, especially when no abnormalities are present and Nature gives promise to deliver the patient in due time. For years breech presentations have been regarded as increasing the risk to both child and mother. At first thought it would seem that such a plan as routine version would be rejected as preposterous, and nothing but the skill and dexterity of the inventor of this method, who has been able, by virtue of his unusual gifts, to impress his onlookers, would tend to lead the medical profession to consider seriously so remarkable a plan of treatment. It is not surprising, though, that, even in the hands of the originator of routine version, the fetal mortality should be high.

Anspach, 1923

John Whitridge Williams (1866 – 1931)



J. Whitridge Williams

Williams 1930

As far as can be gathered from his writings, as soon as the cervix is partially dilated and offers but little resistance, Potter completes its dilatation manually, and without removing the hand from the uterus, ruptures the membranes and turns and extracts the child.

If his claims are substantiated, he will have effectively revolutionized obstetrics and will have converted childbirth from a physiological and in great part spontaneous process into a routinely operative one. Furthermore, he will have done away with the necessity for any knowledge of the mechanism of labor and in great part with everything formerly taught concerning the practice of obstetrics. He may be right, but I doubt it. Of two things, however, I am sure: first, that he is an extraordinarily accomplished operator, and second that should his practice become generally adopted the mortality from childbirth will increase, and many more children will perish than at present.

Williams-Stander 1945

To our knowledge, the practice of routine version and extraction, advised by Potter, at present is not followed in any of the teaching hospitals.

Irving W. Potter, the man

Born into a prosperous Buffalo NY medical family in 1868.

Apprenticed for 2 years after completing medical school in 1891, then entered general practice in Buffalo. In 1906, he limited his practice to obstetrics. Unlike most of the specialists of the era, he did not receive any formal PG training, nor did he travel to the great European clinics.

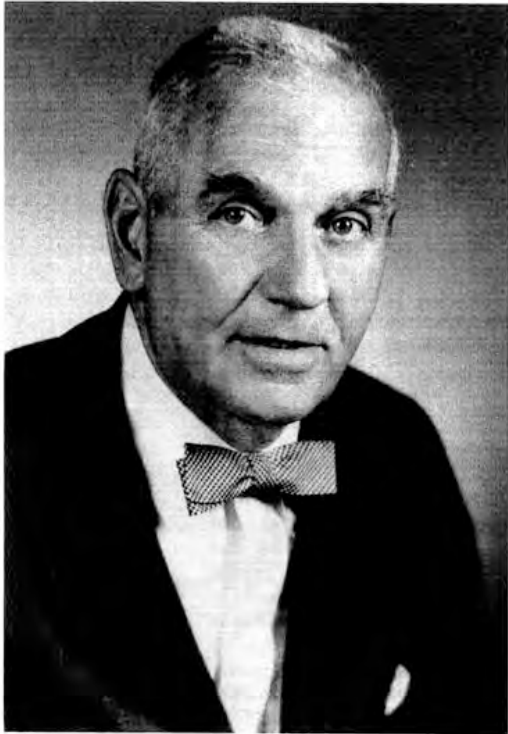
He was a workaholic:

...he lives in his automobile; he sleeps upon the floor in the patient's home; he rests almost anywhere, in any position, under all conditions. He is devoted to his patients and to his practice.

His son, Milton Grosvenor, joined his father in practice in 1925, and co-authored a few articles on version --- although he was more judicious in his indications.

In a remarkable display of consistency, if not hubris, he delivered his 3 grandsons by version. All three became obstetrician-gynecologists; Paul and Benjamin are now retired, and recall Irving with great affection.

Despite failing eyesight, he practiced until shortly before his death in 1956. He never took a vacation.



Milton Grosvenor Potter
1895-1970

After his death, friends and grateful patients created the Irving W. Potter memorial fund ---leading to the construction of the Dr.Irving W. Potter Memorial Suite, a state-of-the-art obstetrical facility at the Deaconess Hospital of Buffalo, NY, that opened in 1962.

Clyde L. Randall, late Professor of OBGYN at the State University of NY (Buffalo), paid a final tribute to Potter:

Many who regarded Potter as the proponent of beliefs regarded as unwise, or as a perpetrator of procedures not generally approved, knew him neither as a physician nor as a friend.

Those privileged to know him remember a truly beloved physician, with friendliness and hospitality in rare degree, and an ability to work unceasingly with all the good-humored assurance of the physician whose grateful patients are legion.

Obituary, 1956

This presentation is based on an article published by Ronald. M. Cyr M.D. in the 2006 July-August issue of the ACOG Clinical Review.

From an audio cassette provided to me by Benjamin Potter, I have compiled a 30-minute MP3 file of a 1952 interview of Irving Potter by the late David Nichols, M.D.

If you would like a copy, E-Mail me at rmcyr@uic.edu.