

ON LACERATION OF THE PERINÆUM.

By JAMES GRAY, M.D., F.R.P. and S.G., Glasgow.

I HAVE read Dr. Graily Hewitt's practical observations on the treatment of the perinæum in labour. Setting aside his general remarks on this subject, some statements appear to demand fuller explanation, whilst a careful perusal of the paper in question leaves the mind in doubt on essential points, which might be made sufficiently plain.

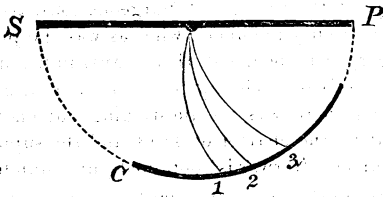
Dr. Hewitt says:—"A careful survey of the facts on record, and the history of the subject generally, have led me to the conclusion that when laceration is actually threatened, the proper treatment would be to procure additional space by making a slight incision on each side of, and at a short distance from, the fourchette." Dr. Hewitt is not aware, seemingly, that Professor Simpson of Edinburgh has for many years had recourse to this mode of treatment; and I know of two cases where Dr. Drummond of Glasgow operated in the manner referred to by Dr. Hewitt. Dr. J. G. Wilson of Glasgow likewise operated in the same manner eight years ago.

Another remark is as follows:—"The proper method of retarding the head would seem to be that recommended by Dr. Leishman, namely, to oppose the fingers inserted within the vagina directly against the head itself."

Fifteen years ago, I was taught this; and the late Dr. Wilson of Glasgow adopted and recommended such a line of practice; and I believe it is well known to most obstetricians; and to hold up Dr. Leishman as the originator of this idea is simply absurd; neither does Dr. Leishman, in his paper, make any such pretensions.

Dr. Hewitt, however, seems to have overlooked the main point in question, namely, why laceration in natural labours takes place in one case, and not in another. In his paper, he takes it for granted that the perinæum in every female is alike in its anatomical relations.

I hold there is great diversity in its position, its length, and its relation to the pubis and coccyx. The pubic margin of the perinæum or fourchette in one female is nearer the symphysis pubis than in another, while in a second it is nearer the coccyx; in a third, it holds an intermediate place, and so on; but I will class these diversities into three orders, which I shall designate—1. Coccygeal; 2. Axial; 3. Pubic; as is shown in the following diagram:—



In the first, or coccygeal, the labour progresses and terminates without rupture of the perinæum, as the perinæum is behind the axis of the outlet, and is not carried forward by the presenting part of the child's head as it emerges under the arch of the pubes.

In the second, or axial, the perinæum holds a mid position, and, consequently, in such cases a slight rupture is apt to take place, as from the intermediate position of the fourchette, the presenting part of the head stretches and carries a portion of it forward.

In the third, or pubic, laceration can hardly be prevented; in this order the fourchette is anterior to the axis of the outlet, and as the head emerges under the

pubic arch, it pushes the distended perinæum forward funnel shaped, stretching it, in many cases, from three to five inches; as the bones do not give way, the head is more inclined to pass in the axis of the outlet.

I think this view of this subject sufficiently explains why rupture does not follow, in all cases, the birth of the child.

Dr. Hewitt says that supporting the perinæum "must be rejected." I hold that by gently supporting the perinæum in the second and third order, and guiding the head of the child forward in the direction of the abdomen of the mother, in the great majority of cases, we may prevent laceration; at all event, it greatly lessens the rent.

Of 2896 cases attended personally, in only one did laceration occur and extend into the rectum. When this happened, the perinæum was not supported; the labour was not rapid; neither was the head of the child very large; nor was there any deformity in the parts of the mother. I believe this accident might have been prevented.

As an auxiliary, chloroform ought not to be overlooked; for it is well known that under its influence the perinæum becomes relaxed, and danger to that part is thereby very much lessened.

Conflict of opinion suggests an opposite line of practice, and a certain amount of truth may be on both sides. It would seem, therefore, to be practical to adopt a middle course without entirely rejecting either recommendation.

Abstract

OF

CASES OF POISONING BY ARUM MACULATUM.

By W. FRAZER, M.D.

[THE following cases are published by Dr. Frazer in the *Dublin Hospital Gazette*. They occurred in the practice of Dr. Nugent of Belturbet.]

CASE I. John M'Call, aged 6 years, was found by his mother, about two hours previous to my seeing him, lying on the roadside on his face, "in a fit," as she termed it, which continuing, she brought him to me. I noticed that there was great spasmodic action of all the muscles of the body, and bloody frothing at the mouth; the pupils were widely dilated, the eyes set and staring, his hands clenched, and the tongue was bitten; there was also a peculiar choking noise in the throat, similar to that heard in persons whilst in a fit of epilepsy; the lips and face were livid, the heart's action very feeble, the pulse weak and intermitting. These convulsive fits lasted each for about five minutes, and then ceased for an interval of nearly the same time; towards the end of each fit, the muscles of the face were affected by a peculiar twitching. I found it almost impossible to get anything swallowed, from the little patient's mouth being kept rigidly closed. I however managed, after a time, to get some solution of tartar emetic down, and I kept strong aqua-ammonia applied at intervals to the nostrils. There was not enough of the antimony taken to cause vomiting; but shortly after he had two or three evacuations of very foetid faecal matter from the bowels; and from this time the fits became shorter in their duration, and much less violent. All this occupied an hour and a half, during which I also applied sinapisms to the chest. The pupils now showed some evidence of being acted on by the stimulus of light, and the little fellow began to shout, as if afraid of something (apparently of guns being fired at him, and of devils).