SECTION OF THE PERINEUM IN PARTURITION.

To the Editor of THE LANCET.

SIR:—Your correspondent, Mr. Rolland, in the last number of your excellent periodical, has suggested the propriety of cutting through the perinæum in cases when

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its rigidity might render parturition difficult and laborious. That cases may possibly occur where such practice might be safe and expedient, I do not mean to assert; but out of upwards of 800 obstetric cases, I have never yet encountered one in which I have conceived that it was indicated. When the os uteri has become fully dilated, and no malformation of the pelvis exists, rigidity of the perinæum will seldom long retard delivery. Cases, indeed, frequently occur, particularly in robust and plethoric females, of middle age, who are parturient for the first time, in which the fourchette is very rigid and unyielding; but this state is seldom of long continuance after the complete dilatation of the os uteri, provided the pains be sufficiently powerful. I have met with a dozen of cases in my practice, where delivery has been retarded for a few hours by the extreme rigidity of the perinæum. In such cases, after the relaxation of the bowels by castor oil, or an enema, I have given a full dose of tincture of opium; and if my patient has been plethoric, or febrile excitement has been present, I have abstracted blood *pleno rivo*. This treatment has never yet failed me.

Though the practice recommended by Mr. Rolland might, in some rare cases, be advisable, it would, I apprehend, be scarcely ever submitted to, in consequence of the timidity of females respecting cutting instruments, and wo to the obstetric wight who would, without an acknowledged necessity, and the highest sanction of his professional brethren, perform such an operation! To him, I apprehend, would be applicable the Hudibrastic lines,—

"Ah! me, what perils do environ
The man who meddles with cold iron."

Your correspondent, I conceive, thinks too lightly of laceration of the perinæum, as, when extensive, it is an occurrence which is productive to the patient not only of much personal discomfort and annoyance, but frequently also of connubial unhappiness; and to the accoucheur it is highly discreditable, as it may, in almost every instance, by judicious management, be prevented. I remain, Sir, your obedient servant,

J. KINNIER, M.D.

East-road, City-road, Nov. 30.

SECTION OF THE PERINEUM IN LABOUR.

To the Editor of THE LANCET.

SIR:—Your correspondent, Mr. Rolland, wishes to direct the attention of the profession to a practice recommended by himself; and as it might be adopted by the unwary whose qualification to judge of the matter should not surpass his own,* I hope he will not be offended by the comment he invites.

He gravely advises the section of the perinæum in labour, on the supposition that the principal resistance to the expulsion of the fœtus is offered by that structure, and that the greater proportion of parturient suffering is a consequence of such impediment. He says, "the lubricated and spongy uterus gives way on the first or second impulse,"—"That when the perinæum has been torn, no bad effects have occurred, only from imaginary fears"—"When the head of the child *hangs* for a longer time than is common for expulsion, I should recommend the use of a bistoury, the division with which would be attended with immediate relief,—if the person be young the happiest results would happen; certainly it would prevent the perinæum from being torn, lessen danger in future labours, and expedite the contraction of the uterus." The whole of these data are incorrect, and the inference is pernicious, the only exception being the somewhat *non-apparent* truth, that "cutting the perinæum would prevent its laceration!"

It were somewhat impertinent, because superfluous, to affect to initiate your readers in the elements known to nearly all, therefore a detailed refutation of Mr. Rolland's creed is spared; but should he adopt the practice which he recommends, or should another follow it, he may be assured that he could not find his justification in reason or authority, and that he would, in the event of an action at law, be certainly and justly amerced in heavy damages for *mala-praxis*. Yours obediently,

W. A. WALFORD.

Nov. 30, 1836.

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DIVISION OF THE PERINEUM.

In those cases of parturition which I have had on service in the army, I have thought that the suffering of childbirth arises from the stricture of the external parts, but more directed to the perineum than the vulva of the uterus, nymphæ, and external labiæ. The lubricated and spongy uterus gives way on the first or second impulse, and it rarely happens that the head of the child presses on the coccyx, except in malformation, and when the pelvis is small. One case I remember in particular, where the perineum was so tense on the head, that it remained a *considerable time* before relief was given by expulsion, and, from blocking up, the time was lengthened, and a considerable flow of blood followed, causing immediate syncope, as in parturition. The fainting did not stop the discharge from the uterus, which endangered the patient's life. This woman was the wife of a surgeon of the King's Own Regiment. When the perineum has been torn, no bad effects have occurred; only from imaginary fears. The external parts contract more firmly, and, by their elasticity, do not impede childbirth. The profession, from feelings of humanity, have sympathised with those who have been so unfortunate, and, to avoid causing alarm, have considered the utmost care necessary to preserve the perineum whole; and it is looked upon as bad management in those who do not preserve this muscle from injury. When the head of the child hangs for a longer time than is common for expulsion, I should recommend the use of a bistoury, the division with which would be attended with immediate relief; if the person be young, the happiest results would happen; certainly, it would prevent the perineum from being torn, lessen danger in future labour, and expedite the contraction of the uterus. As this proposal is unusual, I should wish the attention of the profession to be more particularly directed towards it. How many women suffer from undue flooding, and retarded labour! The child is secured by the vulva, nymphæ, and labiæ, which are strengthened, and more contracted, in cases of injury of the perineum. It is well known that the loss of venous blood lessens the flooding from the uterus.

J. H. Rolland, Assist. Staff-Surgeon.
Rosa Villa, Wells-st., Camberwell, Nov. 9.

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SECTION OF THE PERINEUM IN LABOUR.

To the Editor of THE LANCET.

SIR:—In consequence of my attention having been lately directed to some observations in your valuable Journal on the subject of division of the perineum during labour, I forward the accompanying case, in which the operation was performed in each labour. I am, Sir, your humble servant,

JAMES TOWNLEY.

Marlborough-place, Kennington,
December 15th, 1836.

I was summoned, on March 26th, 1833, at 7 A.M., to visit Mrs. K., residing in Kenning-

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ton-lane, about 28 years of age, who had been in labour for several hours with her second child, with strong, regular, and expulsive pains. On making an examination, I found a large tumour between the thighs, which, on exposing the parts, I found to be the perineum covering the child's head. The os externum would scarcely admit the point of three fingers; the hair of the child's head was just seen; the anterior part of the perineum was firm, thick, and resisting. As the finger passed posteriorly, it became gradually thinner, until the sphincter ani, which was on the full stretch, was as thin as writing-paper, and was on the point of giving way. I made the nurse keep up pressure on that part to prevent such an accident. It was now very clear what ought to be done; and just as I was about to make the incision, I observed what I supposed to be a scar, and was told, on inquiry, that the late Dr. Walshman had been obliged to divide the perineum for the delivery of her first child. I commenced the incision at about an inch anterior to the margin of the sphincter ani, and carried it through the whole length of the perineum, the anterior and resisting part of which was about half an inch thick. A strong, healthy male child was immediately expelled. There was little hæmorrhage; the parts united by the first intention, and the mother was about again at the usual time.

Until the foregoing happened to myself, I was very incredulous as to any case requiring division of the perineum, having had cases where delivery was retarded for a long time, owing to the unyielding state of the perineum and other soft parts, which invariably have relaxed after waiting for some hours, taking away a sufficient quantity of blood, and using warm-water fomentations, or, what is much better, desiring the patient to sit over hot water. My reasons for operating in this case were, that the perineum would be more likely to unite by the first intention from an incision made with a scalpel than if the parts were lacerated, believing that the perineum very rarely, if ever, unites after laceration, although I am aware that it frequently contracts very much. My other reason was, that there would have been the inevitable destruction of the sphincter ani, and the woman, in all probability, made miserable for life. The mucous membrane of the rectum was slightly protruding, the anus being longitudinally stretched to its utmost bounds, and every practical obstetrician must have been consulted in cases where, from laceration of the perineum, and its extension into the sphincter ani, the patient has been placed in a state which admits of little, if any relief.

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