

tures finally yield before the pressing head, with or without the occurrence of laceration. Cases have also been met with in which the foetal head has perforated the perineum, and the child been born through the opening thus made, leaving the edges of the anus and vulva untouched. In the following case, however, the condition of the parts was such that delivery seemed impossible by any one of the three methods referred to.

E. M—, aged forty, was admitted into the hospital in labour at nine A.M. on Sept. 11th. Labour had commenced at six A.M., and at the time of her admission the head of the child had begun to press on the perineum. Dr. Murray saw her at eleven A.M., and found her suffering severely from the expulsive pains of the second stage of labour. The head of the child was forcing against the perineum, which was still thick and firm; and the posterior fontanelle could be seen and felt at the vaginal orifice. The patient was now in her eleventh labour, and had undergone an operation for laceration of the perineum some nine or ten months previously, which proved rather too successful for her present condition. The vaginal outlet was so small that it would hardly admit the introduction of three fingers.

Dr. Murray, finding it impossible for the head to enter the small orifice it had to pass through, decided to incise the vulva on either side, rather than meddle with the perineum. Accordingly, with a director and blunt-pointed bistoury, the labia were divided at their lower third, in a downward and outward direction, to the extent of an inch on either side. The foetal head, which was prevented from pressing forward during the operation, now immediately passed between the vulva, and the child was born living. The mended perineum remained intact, but the right labium tore for about an inch beyond the termination of the incision made. To this tear two sutures were applied, but the cut surfaces were left unstitched.

Notwithstanding the considerable distension to which the parts had been subjected, contraction and shrinking gradually took place, and the patient left the hospital on October 1st, perfectly well. She has recently been seen, and, with the exception of a slight scar on each labium, the parts are in as sound and good a condition as before her labour.

BRITISH LYING-IN HOSPITAL.

PERINEAL OBSTRUCTION TO LABOUR; DELIVERY BY INCISIONS INTO THE VULVA.

(Under the care of Dr. MURRAY.)

Of the various impediments to the progress of natural labour, that which is offered by the perineum in certain cases does not usually prove insurmountable. Generally the perineal struc-