

A case of perforation of the perinaeum / by John C. Douglas.

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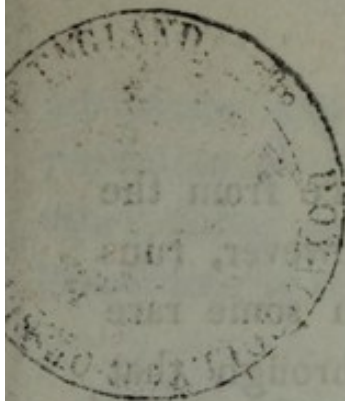
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A CASE

OF

PERFORATION OF THE PERINÆUM.

BY JOHN C. DOUGLAS, M. D. &c. &c.

THERE is scarcely a systematic work on midwifery, in which mention is not made of laceration of the perinæum : a casualty which not unfrequently takes place, particularly in first-births, when the fœtus is passing, or about to pass, through the os externum.

The description of accident of this nature that more usually occurs, and which is sometimes unavoidable, is a simple rent in the perinæum, commencing at its anterior edge, and running either directly or obliquely backwards. The portion of it traversed by the rent is variable in different cases ;

it often does not exceed half the distance from the fourchette to the anus ; it sometimes, however, runs entirely to the sphincter ani ; and, in some rare instances its course is continued through that muscle, and the inferior portion of the rectum. I may also remark that in a few instances of simple laceration, the rent commences at a point in or near to the centre of the perinæum, and thence extends forward to the vagina.

But, there is another species of laceration worthy of notice, although very rarely occurring, which Doctor Denman has not inaptly termed a perforation, or bursting of the perinæum. In this, the foetus is supposed to be protruded through the perinæum solely, without injuring either the sphincter ani muscle, or the inferior commissure of the labia pudendi.

The possibility of such an occurrence is doubted by some practitioners ; and I must confess I am rather disposed to doubt the practicability of a foetus passing through a perforation in the central part of the perinæum. It is true, it is not distinctly stated in the detail of such cases that the perforation was central ; yet, such is the inference to be drawn from the description of every case of the kind, which I have seen. But I am of opinion that this particular kind of rent or perforation, instead of being in the centre, is usually situated towards one side of the

perinæum, and involving also, in its necessary amplification, the labium pudendi of the same side with other parts, as occurred in the case which I am proceeding to relate.

Bridget Brophy, aged 23, was admitted into the Lying-in Hospital of this city on the 24th of January 1810; at which period I was the resident assistant of that extensive establishment. She was accommodated in ward, No. 7, and occupied bed No. 72.

No symptom of labour was manifest until the evening of the 26th; and even then the pains were so slight, together with the circumstance of a first pregnancy, as not to excite any apprehension of approaching delivery.* It may be proper here to remark, that from the multiplicity (nearly 3000) of labours annually occurring in this hospital, the nurse-tenders become so expert in prognostic, as to be able, very generally, to form a probable opinion of the progress of labour, merely from the tone of the patient's voice.

Notwithstanding the previous tranquillity, the nurse's attention was suddenly excited, about ten o'clock, P. M. by the sound of moans denoting approaching delivery. The pupil of the night was

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* All the patients of the ward, this excepted, had been well from the previous day.

called, and he had not been many minutes at the patient's bed-side when she uttered a shriek so unusually expressive of suffering, as to induce the nurse to send for me; which she was the more willing to do, as the gentleman in attendance had very recently entered the hospital as a pupil.*

In proceeding to make myself acquainted with the nature of this case, I found that the head of the foetus had protruded; but, instead of its being in the usual position, it was closely applied to the inner, with an inclination to the posterior part of the patient's left thigh: she was lying in the usual posture, on her left side. While I was reflecting on these circumstances an uterine effort succeeded, by which the remainder of the foetus was protruded. It was of the male sex—briskly alive—perfectly formed, and without any peculiarity.

I still could not comprehend this anomalism, and having viewed the parts, I beheld a shocking laceration, which had the appearance of a large wound inflicted by external violence. Although I have denominated this a case of perforation of the peri-

* Only for the circumstance of the nurse having been taken at unawares, the patient would have been removed for delivery, according to the custom of the hospital, to a couch situated near the fire-place.

næum, yet the opening was only partly comprised in the perinæum laterally, partly in the left labium pudendi, but chiefly in the integuments of the thigh.

Having disengaged the infant, I put back the funis through the wound into the vagina, and brought it out at the os externum, with the intent of thus extracting the placenta. The placenta, however, seemed determinately disposed to follow the track of the child; its gravity, the dependent situation of the artificial outlet, together with the circumstance of that being much more capacious than the natural passage, all contributed to this effect. I therefore allowed the placenta to fall out through the laceration, and the end of the funis was thus drawn again within the sphincter vaginæ, and followed the placenta.

To this procedure I had but little objection, as it was evident that the transit of the placenta would not enlarge an opening through which the child had passed; and besides, I had scarcely a choice, as I found it would require the exertion of more extracting force than could, under the circumstances, be judiciously used to pull the placenta through the os externum, which was little disposed to dilatation.

Notwithstanding this extensive injury no extraor-

dinary activity of after-treatment was required to obviate febrile action or inflammation, nor were any other than simple topical applications required; even in the course of one day the parts around had so considerably contracted, that the wound did not present half so formidable an appearance as it did shortly after delivery.

The only after occurrence worth notice was that, at the expiration of seven weeks, I found the space left by destruction of substance not likely to be entirely filled up by granulation, the opening yet remaining being nearly equal in size to the os externum, and separated from it only by the sphincter vaginæ. The part of this muscle, which formed the barrier between the two apertures, had become much weakened and faded, in consequence of being denuded and separated from its natural attachments. I therefore divided it at a point about two-thirds distant from the superior, and one-third from the inferior commissure of the os externum. This was only anticipating a process which was rapidly advancing, as it was evident, from the daily fading of the sphincter, which was destitute of support and nourishment at this part, that it would shortly give way spontaneously.

This woman was discharged from the hospital, in good health, on the 26th of March, just two months from the day of her delivery; and I may add, she left it under circumstances which would not excite

any apprehension of a similar casualty in future deliveries.

Although it may have been regretted that the attendance on this patient devolved in the first instance on a pupil of little experience, yet I am of opinion that the casualty which occurred could not, under any management, have been obviated. This opinion I formed from the undilatable state in which I found the os externum, when I made some attempt to extract the placenta through it, and it was confirmed by the circumstance of an experienced nurse having been taken so completely unawares. I likewise feel satisfied, that what may be termed real labour had commenced only a short time before the pupil was called, and that probably during the pain, when the nurse sent for me, the head of the foetus pierced the vagina or internal coat of the perinæum; and that instead of continuing its progress (as may have been usual in such accidents) without cessation through the external tunic, it was, from the rigidity of this, forced down between the tunics of the perinæum and the folds of the left labium pudendi, under the integuments of the thigh; and probably I do not err in conjecturing that, during the succeeding pain, the head was forced through the external tunic of the perinæum, a part of the left labium, and part of the thigh, in which situation I found it on my arrival; and that by the next uterine effort the remainder of the child was expelled,

without any attempt on my part at resistance or retardation.

After the foregoing detail had been committed to paper, an experienced practitioner in midwifery related to me an occurrence which contains the rationale of the child's head having pierced the vagina, much higher up than before it could have met with any resistance from the os externum to give it such a direction.

In the case to which I allude, the expulsive efforts of the uterus are represented to have been very powerful, while the os uteri was neither dilated nor disposed to dilate. The head of the foetus thus bearing upon the cervix, burst through it during the presence of a strong pain ; the laceration took place upon the finger of the accoucheur, and was continued down the entire length of the vagina to the os externum.

The difference in the two cases is, that in the one, which I have detailed, the foetus burst, as I *now* suppose, through the cervix uteri, and *through* the vagina, and passed completely behind the latter, at or near to the sacro-iliac synchon-

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