Practical Observations ON SUPPORTING THE PERINÆUM.

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Is it possible once and for all to settle the vexed question of the proper treatment of the perinæum in labour? It is very certain that the formation of some definitive conclusions on the subject would be acceptable to those—and they are many—who are engaged in the arduous duties of obstetric practice, and to whom a divided opinion among “the best authorities” on a matter of such every-day occurrence as the management of a natural labour is perplexing and unsatisfactory in the extreme.

The following remarks may or may not assist in the formation of such definitive conclusions; they are, at all events, put forward as a *bonâ fide* attempt to arrive at the truth of the matter.

The fact with which we have to deal is, that, in a certain proportion of cases, the birth of the child is the occasion of an accident to the perinæum; the soft parts which surround the inferior termination of the parturient canal are lacerated by the mere mechanical act of stretching which they undergo—in other words, laceration of the perinæum takes place.

With the knowledge of this fact before them, practitioners have been accustomed to look on laceration of the perinæum as an accident always liable to occur; and a certain preventive procedure, known as “supporting the perinæum”, has been invented. This has been adopted by almost all the highest obstetric authorities, systematically enjoined by obstetric teachers on their pupils, and most extensively carried into effect by practitioners throughout, it may perhaps without exaggeration be stated, the civilised world. It is only quite recently that the propriety of the practice alluded to has been at all seriously questioned;* and at the present time the almost universal practice still is to endeavour to prevent perinæal laceration by, as it is termed, “supporting the perinæum”.

Is the treatment in question proper? Is it based on sound principles? Is “supporting the perinæum” really and truly calculated to prevent laceration of this part during labour? If these questions are to be answered in the negative, much obstetric teaching that has been quietly acquiesced in for many years past will have to be thrown aside; and it will be rendered evident that much valuable time and very much physical exertion have been expended, that much anxious thought has been bestowed, on what was, after all, valueless and to no purpose. If the thing be good, let it be retained; if it be bad, let it be discarded.

Now, however practised, there is this *primâ facie* objection to “supporting the perinæum” in natural labour, that it is an interference with a natural process; that, admirably adapted and contrived as are all the parts concerned in the act of

parturition, it is not reasonable to suppose that such contrivance and adaptation should exist in reference to one and not to every part of the process; that the perinæum should be left in this respect destitute and dependent for its protection on something extraneous; viz., artificial assistance. This objection was long ago enunciated by Denman; it could not fail, indeed, immediately to strike any one giving the matter the very smallest consideration. The reply which some would be likely to make to this is, that the artificial conditions modern civilisation has imposed upon us render artificial expedients necessary for the maintenance of health and the cure of disease. I do not consider that this really constitutes a fair or sufficient reply in the present instance; and I should not have alluded to it, were it not for the circumstance that in this very argument some very remarkable obstetric practice has quite recently been based, or, at all events, defended. It must, I think, be conceded that Nature is likely to be adequate to the protection of the perinæum from serious injury in “natural” labours.

But it is not proposed to rest satisfied with this conclusion. The procedure “supporting the perinæum” must be examined, and its efficacy in preserving the perinæum from laceration under all circumstances thoroughly weighed and sifted.

In limine, I would ask what the term “supporting the perinæum” really means? It is not easy to answer this question, however simple it may appear to those who have not thoroughly considered the matter; for, although in the main the plan recommended by various authorities is identical, the reasons given for advising its adoption, and particularly the ends contemplated by its different patrons, are the most dissonant possible. By one authority we are told that the perinæum is to be “supported” on account of its insuring one thing; another authority contemplates a different, perhaps a directly contrary advantage or gain therefrom; all agreeing, however, in the conclusion that, in some way or other, “supporting the perinæum” saves it from laceration. This diversity of opinion as to the *rationale* of the procedure is, to say the least of it, most suspicious. The fact, indeed, appears to be that the practice came first, the theory afterwards; that the practice was established vaguely, and on quite insufficient grounds. The practice having been established, it was of course necessary that each advocate of it should give a reason to justify the same to himself and the public; hence the sameness of the practice, the diversity of the principles on which the practice has been defended.

A great deal of the confusion which exists in the minds of practitioners, and a great deal of the diversity of reasoning adopted by different writers on this subject, appears to have arisen from the use of a term which may or may not be applicable, according to the mode of reasoning adopted, which is consequently meaningless as a scientific expression, and useless and mischievous in its effects on obstetric practice: I mean the term “supporting” the perinæum. The word “support”, as applied to the procedure now under consideration, is calculated to enlist popular sympathy in its favour. It being known that the perinæum is now and then likely to give way, what more natural than to presume that “support” is likely to be useful in preventing it? The perinæum—the passive agent in the matter—in

* Allusion is here more particularly made to a very able paper by Dr. Leishman, in the *Glasgow Medical Journal* for January 1860.

danger on the one side of being torn by the head of the child, is defended on the other by the hand of the operator. What could be better than "support" under such circumstances? The word itself, "support", in fact implied, as it will be perceived, a foregone conclusion as to the conservative nature of the procedure in reference to the perinæum; and, seeing that no trouble was taken to ascertain what the operation actually was, and in the absence of anything that could be called an analysis of its effects, it is not to be wondered at that "supporting the perinæum" has been so long in vogue.

The intention in supporting the perinæum is, of course, to save it from laceration. In this all agree; but the particular objects and effects of the procedure are, as before remarked, variously conceived by the leading authorities in obstetrics. The text-books which have in this country been most extensively read and followed of late years are those of Lee, Rigby, Ramsbotham, Churchill, Murphy, and Tyler Smith. In all these text-books, with one exception, that of Dr. Tyler Smith, it appears to be taken for granted that "supporting" the perinæum is an useful operation.

The object of the operation, as gathered from Dr. Lee's instructions, is to press the head forward to the symphysis pubis, and thus prevent "the whole force of the uterine action being directed against the perinæum".

In the *System of Midwifery* by the late Dr. Rigby, the author says: "Our object is not merely to support the perinæum, but to direct the head as much forwards under the pubic arch as possible, in order that the anterior portions of the os externum should undergo their share of dilatation, and thus in some measure spare the perinæum." The object of so placing the hand is to "push the soft parts somewhat forwards, and thus relax them. By this means we not only direct the head against the other parts of the os externum, but avoid the danger of its perforating the perinæum." (P. 112.) Further on (p. 114), Dr. Rigby mentions another advantage derived from supporting the perinæum—that, when at the last the pains fail, "and the labour becomes very lingering, . . . firm pressure applied at the lower end of the sacrum, in a direction forwards, materially adds to the effect of each pain in bringing the head through the os externum, and seems also to excite the patient to make a more powerful effort with the abdominal muscles."

Dr. Ramsbotham, the most strenuous advocate of the practice, does not inform us *how* the operation does good; he makes no attempt to show the *rationale* of the process.

Dr. Flectwood Churchill states (*Manual for Midwives and Nurses*, p. 42), in order "that you may do so intelligently [support the perinæum], it may be well to ascertain what it is you want to effect"; that what is wanted to be effected in supporting the perinæum is "to offer some gentle support externally against the pressure internally, to guard against the sudden escape of the head, to guide it forward, and at the same time to draw the integuments gently forward, but never backward." Here, and also in his larger work, Dr. Churchill altogether objects to attempts to retard the progress of the child.

Dr. Murphy says the object in view is "to obviate the effects of too violent distension"; but he gives no further explanation of the *modus operandi* of the

procedure, although the steps of the procedure itself are dwelt upon at some length.

Dr. Tyler Smith considers the procedure objectionable, for a reason to be afterwards stated; and, judging from a passage in one of his earlier writings, evidently mistrusts its efficacy from a mechanical point of view. In his latest work (*Manual of Obstetrics*, p. 307), he expresses himself as follows. He objects to the "constant and sustained support of the perinæum during the latter part of labour"; recommends that the forefinger of the left hand be kept upon the "anterior margin of the perinæum during the last pains, and the right upon the head, with a view to ascertain the moment when the perinæum is distended to a dangerous extent with one hand, and at the same moment to retard the advance of the head with the other. The head should be pressed on passing close to the pubes, so as to strain the perinæum as little as possible."

In the Dublin school, the practice of which is further gathered from the reports of Johnston and Sinclair, and of McClintock and Hardy, the object of the operation is considered to be to retard the advance of the head. These authors do not explain the *rationale* of the process.

Dr. Leishman, the most recent writer on the subject, and a firm opponent of the practice of supporting the perinæum, appears to think it a good thing that the advance of the head should be retarded, in order to save the perinæum, although he strongly objects to the practice of supporting the perinæum *as a means to that end*. He also speaks of the advisability and advantage of directing the head forwards, as having the effect of saving the perinæum; from which it is evident that he considers the ends good, which the supporters of the perinæum have in view, his objection being to the manner in which these ends are attempted to be secured.

The modern French writers, all of whom speak of supporting the perinæum as a recognised procedure, do not explain of its advantages. The same may be said of the chief German authorities.

The objects, effects, or advantages of administering "support", as gathered from the authorities now cited, are:—

By the operation, the head is directed forwards, and the perinæum thus relieved from pressure.

The skin of the perinæum is directed forwards, and the soft parts are thus relaxed.

The progress of the head is to be retarded.

The progress of the head is not to be retarded.

The progress of the head is hastened by supporting the perinæum.

It must be confessed that these conclusions, drawn from statements in the works alluded to, and which may fairly be taken to represent the present state of opinion on the subject, are not a little vague and contradictory. It is evidently not clear to those who uphold the practice of supporting the perinæum what the effects or immediate objects of the operation are. On the one hand, advantages are supposed to be derivable from its direct action on the structures of the perinæum themselves. On the other, the operation is supposed advantageous, because it retards the advance of the head.

It is important, then, to determine what it is which is actually effected by the operation.

[To be continued.]