

Other advantages of the median episiotomy are the ease of repair, improvement in healing, smaller loss of blood and lessening of discomfort for the patient. The only advantage that the mediolateral episiotomy might have is the lower incidence of sphincter tears. However, this complication may be easily overcome by a careful repair² with no untoward after-effects. Any extension of any episiotomy is best considered to arise through carelessness.

In summary, then, it is not recommended that the mediolateral episiotomy be abandoned. Its judicious use in difficult deliveries, for patients with short perineal bodies, and breech presentations should still be considered. The median episiotomy should be the procedure of choice with few exceptions. The end results are gratifying to both the physician and the patient.

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REFERENCES

1. MILLER, R. L.: *Am. J. Obst. & Gynec.*, **80**: 813, 1960.
2. BRANTLEY, J. T. AND BURWELL, J. C., JR.: *Ibid.*, **80**: 711, 1960.

MEDIAN EPISIOTOMIES

GENERALLY speaking, all primigravidas, most patients with breech deliveries, and some multigravidas have perineal incisions at the time of parturition. One author¹ believes that the most common failing of non-specialist obstetrics is the restricted use of episiotomies. One rarely if ever regrets performing this operation; one commonly regrets omitting or limiting it. It may be said that episiotomies became part of hospital obstetrics in contradistinction to that conducted in the home.

Extension of lacerations through the sphincter and where episiotomy has been avoided or the delivery unattended is usually followed by horrified expressions on behalf of everyone except the newborn infant. Under these conditions the repair is difficult; the results uncertain.

The hazard of having an episiotomy extend into the rectum has not limited the use of this procedure. The repair of an extended mediolateral episiotomy is far more difficult than that complication when it arises following a midline episiotomy.