

**SUTURE OF THE PERINEUM,
PERFORMED
IMMEDIATELY AFTER DELIVERY.**

M. DANYAN, Surgeon to the Maternité, Paris, has recently published in the "Journal de Chirurgie" some remarks and cases on this subject.

M. Danyan, in contradiction to M. Roux and M. Velpeau, is in favour of the suture being resorted to immediately in cases of rupture of the perineum during delivery; thus adopting the views which Dieffenbach was the first to promulgate on the continent. M. Danyan gives six cases, in which he has recently performed the operation, prefacing them thus:—

"The rupture of the perineum is not always, by any means, preceded by extreme distention of the soft parts; this accident may be produced by the too rapid or too violent expulsion of the head, or by its extraction with the forceps, when that extraction is too rapidly performed, or the forceps unexpectedly give way, and that without the perineum being distended to such a degree as to destroy its vitality and powers of cohesion previous to the rupture. When the rupture has taken place the swelling which follows is not always great, and even were this to be feared the application of sutures appears to me more calculated to diminish than to increase it. Generally speaking, immediately after the accident the parts are slightly swollen, but at the same time in such a state of flaccidity that the lips of the rupture are either in juxtaposition, or at least susceptible of being applied one to the other without the slightest difficulty. Are not these as favourable conditions for obtaining a speedy union as it is possible to wish for? When, on the contrary, the lips of the wound are separately cicatrised, the state of the patient is far from being as advantageous, inasmuch as a raw surface must be produced by cutting off the edge of each lip, and considerable traction used to approximate the surfaces.

"The lochial discharge is not an obstacle either to the performance of the operation or to the cicatrization of the wound. After the first gush which follows delivery the flow of blood is generally slight, not sufficient to interfere with the operation; and once it has been performed any discharge which takes place, however abundant it may be, merely bathes the circumference of the wound, providing the coaptation has been carefully performed. Besides, lotions and frequent injections preserve the patient from the irritation which might otherwise result from the lengthened contact of the lochiæ, and the frequent use of the catheter prevents the parts coming in contact with the urine.

"Are such measures incompatible with the position of a recently-delivered female, even

if she be also kept lying on the back, with the thighs close to each other? Certainly not; indeed, they are sometimes rendered necessary by the state of the woman, when no operation whatever has been performed, and are perfectly innocuous if carefully and prudently carried into effect. It is, I confess, painful to our feelings to be obliged to propose to a poor woman, tired by a long and harassing labour, an operation the very idea of which would terrify her, even if in a state of perfect health, and which must appear still more terrible to her just as she begins to enjoy the calm for which she has been so long sighing; yet I can assert that of the six women on whom I operated at the Maternité, there was not one who did not at once consent, on my proposing the operation, and who did not bear it with courage and resignation. In town practice, no doubt, the consent of the patient would be more difficult to obtain, and as the hope of a spontaneous cure will, in all probability, induce the medical attendant generally to remain silent with regard to the lesion which his patient has suffered, we may anticipate that such operations will be rarely performed elsewhere than in public hospitals."

CASE 1.—The first of M. Danyan's cases is that of a young woman, aged 18, who was delivered of her first child after a regular but difficult labour, which had lasted twenty hours. The perineum was ruptured during the expulsion of the head, the rupture extending from the inferior commissure of the vulva to the sphincter ani, several fibres of which were denuded. The lips were slightly swollen, flaccid, and remained in contact spontaneously unless the thighs were separated. They were immediately united by means of the quilled suture, the outer margin of the lips of the wound having been slightly thrown outwards by the action of the suture; a small twisted suture was also resorted to in order to remedy this eversion. Frequent injections were used, the urine carefully drawn off whenever the slightest desire was manifested, and cloths soaked in an emollient fluid kept on the perineum. On the third day the twisted suture was taken off, and on the fifth the threads and rolls of diachylon. The lips of the solution of continuity had become united, but in their deep portion only. The edges had not united, and were thrown outwards; gradually, however, they grew nearer to each other, and at last become united, leaving only a small central depression in the centre. This depression was then found to be the external orifice of a small vagino-perineal fistula, which was to be attributed, M. Danyan thinks, to the middle thread having been placed too deeply. It was cauterised with the acid nitrate of mercury, and soon healed. The patient was seen four months after she had left the hospital; the perineum was then solid, thick, and elastic; it would,

indeed, have been impossible to suspect the previous existence of a perineal rupture had it not been for the sutures, the traces of which were still evident. The lochial discharge was very abundant with this woman.

CASE 2.—The second case is that of a woman aged 31. In the eighth month of this her first pregnancy she experienced a severe moral emotion, which brought on labour. Thirty-five hours after the rupture of the membranes, the child was expelled by a violent effort, and the perineum ruptured on the median line, as far as the sphincter ani. The patient was not seen until the next day, when the parts were at once united by the quilled suture. The perineum being small two threads only were placed. The threads were withdrawn on the fourth day, and the lips of the wound were found to have united. The cicatrization had become perfect on the eighth day, and on the twenty-third the patient left the *Maternité*.

CASE 3.—The third case is that of a woman, aged 31, who was delivered of a first child after twenty-four hours labour. The contractions were never very violent, not even at last. The rupture commenced in the centre of the perineum before the head had escaped, and was completed on the simultaneous expulsion of the head and shoulders. The rupture extended to the sphincter ani, which was slightly injured. The quilled suture was applied twenty hours after the delivery, and the twisted suture was also used to remedy the eversion of the external edges. Febrile symptoms having manifested themselves during the day, and the perineum having become swollen and painful, the patient was bled and purged. The following day the perineum was much less tumefied, and was no longer painful. On the fourth day the pins were withdrawn, and on the fifth the quilled suture. The adhesion was nearly general, although the lochiæ had been very abundant, and very fetid. There remained, however, for some time, a linear depression on the median line, which continued to suppurate, as also the course of two or three of the suture threads. On leaving, three weeks after the operation, there was merely a slight serous secretion from the depression we have described. A year afterwards she returned to the hospital, complaining that the two posterior suture depressions had continued to discharge matter. On examination, it was ascertained that they communicated with the intestine, and that, consequently, there existed a fistula in ano. The fistula was incised, and the cure was speedy and definitive. M. Danyan thinks that the formation of fistula was owing to his having placed the lower thread of the quilled suture too low, thus perforating the intestine.

CASE 4.—In the fourth case the patient, aged 34, was delivered of a first child after most immoderate efforts on her own part, and the perineum ruptured as far as the sphincter. The operation was performed twelve hours after delivery, in the same manner as before. The pins were taken out on the fourth day and the threads on the sixth. The reunion was perfect, and when she left the hospital the perineum was completely restored.

CASE 5.—In the fifth case the patient, aged 21, robust, and rather corpulent, primiparous, had the perineum ruptured as far as the sphincter ani, as in the former cases. She was seen three hours after the accident. There was no swelling, but the edges of the wound were uneven. Two small irregular flaps were excised and the quilled suture applied. The eversion being slight, three interrupted sutures only were resorted to externally. The union, which, at first, did not appear very solid, became as firm, in the end, as in the former cases. A circumstance occurred with this patient which had not presented itself with any of the former, the formation of a small eschar near the margin of the anus. On its falling there remained a wound rather deep towards the rectum superficial anteriorly, which gave rise, for several days, to an abundant and fetid discharge; gradually, however, it healed up, and on the woman leaving the hospital it was nearly, although not quite, healed.

CASE 6.—The sixth case was the only one in which the rupture comprised the sphincter ani and lower portion of the rectum. The operation was not successful. The patient, aged 24, strong and robust, primiparous, arrived at the hospital in the last stage of labour. Although the perineum was properly supported, says M. Danyan (which we think rather doubtful), a rent formed in the posterior region of the perineum, near to the anus, through which the nose, the mouth, and a part of the cheek of the child protruded. As the vulva did not dilate, and it was evident the progress of the labour would complete the laceration, it was considered advisable to incise, longitudinally, the perineum unto the lower commissures, in order to have a more regular wound. The child was at once expelled. The wound, when seen two hours after delivery, was rather ecchymosed, and more tumefied than in the preceding cases. The suture was at once performed; the wound being of considerable length, four threads were necessary for the quilled suture and five needles for the twisted one. The termination of the recto-vaginal septum, which was lacerated, was comprised in the first suture. The same precautions were used as in the other cases, and the swelling soon disappeared, so that, at first, M. Danyan thought the operation would be successful; unfortunately, it did not prove so.

When, on the fourth day, the pins were withdrawn, not only the wound had not united, but an eschar occupied both lips, and a few days later, on the threads being entirely withdrawn, the eschars were found to occupy their entire thickness. After the separation of the mortified parts a healthy suppuration set in, and the granulating surfaces would, no doubt, have easily united had they been brought in contact. The patient would not, however, consent to the operation, slight as it was, and left the hospital on the twenty-fifth day without being cured. The recto-vaginal septum had united, but the lips of the laceration of the perineum had cicatrised separately, and there was inability to retain the fæces.

M. Danyan remarks that although this patient was operated on unsuccessfully her position was in no way aggravated by the operation. He attributes his non-success to the vitality of the parts having been partly destroyed by the long-continued and violent pressure of the head on the perineum, and not to the rupture having been complete. He concludes by stating that, founding his opinion in a great measure on the preceding cases, he thinks that the immediate reunion of the perineum, when ruptured, ought always to be attempted as soon as possible after the accident has occurred, unless the state of the parts is such as to render it probable that eschars will form. He adds that even if the state of the perineal region is such as to give rise to the formation of eschars, it would appear to him advisable to endeavour to bring about the union of the lips of the wound as soon as ever they have fallen, as, by doing so, the most formidable part (to the patient) of the operation of perineography is dispensed with, viz., the preliminary paring away of the cicatrised edges of the wound.

THE LANCET.

London, Saturday, November 4, 1843.