

SOME POINTS ON PERINEAL AND VAGINAL TEARS.*

By FREDERICK FENTON, M.D., C.M.

Associate in Obstetrics, University of Toronto.

Mr. Chairman and Gentlemen,—First I desire to thank your President for the honor he has done me in inviting me to read a paper before your Society. It is not my intention to treat this subject in a systematic or exhaustive manner, but simply to present for your consideration and discussion, two or three points which have impressed themselves upon me.

First as to the causes of lacerations:

Under this heading one must of course mention such things as large head, rigid soft parts, and precipitate labor, but these are not the only or most frequent causes of tearing, in its severe forms at any rate. Undue prolongation of the second stage is, I believe, more apt to result in *severe* tearing of vagina and perineum, than is the opposite condition, viz., precipitate labor. Sufficient weight has not been given to this matter, and women are allowed to drag through weary hours of pain, resulting not only in greater exhaustion of the patient, but increasing the prospects of severe tearing and bruising, with all their possibilities for harm enhanced, by virtue of the lowered vitality of the pelvic tissues and diminished local resistance. A second stage should very seldom exceed three hours, while more frequently a much shorter time is indicated.

This raises the question as to when the second stage begins. Our text-books tell us that the complete dilatation of the cervix marks the division between the first and second stages of labor. Generally speaking that is true, but it is not in the *ordinary* case that we have trouble with tears, nor is it in the *ordinary* case that it becomes of great importance to fix with any degree of definiteness, just when the second stage began. Very frequently in prolonged cases, hours after the membranes have ruptured, the cervix is still not completely dilated, and yet the patient may be suffering, or in danger of suffering, from the same kinds of ill effects as are seen in prolonged second stage. Manifestly then, we cannot take complete dilatation as the only or principal guide in this matter.

In conditions of abnormal position or presentation, one of the most frequent of the general signs is early rupture of the membranes, and these are the very cases which furnish us with

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