THE CANADA LANCET,

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE, CRITICISM AND NEWS.

The LANCET has the Largest Circulation of any Medical Journal in Canada.

Original Communications.

THE PRIMARY REPAIR OF GENITAL LESIONS OF CHILDBIRTH

BY K. N. FENWICK, M.D., KINGSTON.

During the past few years so much has been accomplished through antiseptic methods, in obstetrics as well as surgery, that we need to review many of the procedures of former years and consider them in the light of this modern reform.

Thus symphyseotomy, at one time discarded as a dangerous operation, has now secured a permanent place as a means of saving mother and child, when the latter was too often sacrificed through that barbarous procedure — craniotomy.

The repair of recent tears of the genital tract has not met with the attention of the general practitioner that the subject deserves, and this operation, too, requires to be looked into again by the light of modern aseptic methods.

That tears both of the cervix and perineum do occur sometimes in the practice of the most skilful, and in spite of the most careful attention during labor, is a fact which everyone must acknowledge. He who says not, is either inexperienced or non-observant.

The blame, however, is not always from its occurrence, but from neglect in promptly detecting, and correctly repairing the damage when it does occur.

The careful physician should always examine, by sight as well as by touch, for often the most serious lesions of the pelvic floor are those which are not apparent superficially. The dread of hæmorrhage, or septicæmia, or of an anæsthetic; the supposed need of assistance; the idea that union may not take place; or else that these lacerations may undergo spontaneous cure, have all been urged as excuses for the neglect of this important duty.

Although spontaneous cure may sometimes occur in a moderate degree of laceration, it is an uncertain rule to go by, for even should the knees be tightly tied together, the passage of the lochia between the torn surfaces will prevent union by the first intention, nor will it ever unite as perfectly as when properly stitched.

When the parts are accurately adjusted by sutures, even when partial union is obtained, the support to the tissues is such as to restore their previous tonicity and vigor, whereas when left to nature the torn ends of muscles, nerves, fascia and mucous membranes are drawn into the cicatrix. The result is too often reflex irritation, subinvolution, or atrophy of the tissues, and loss of support of the pelvic floor, which is sure to end in retroflexion and prolapse. Were these tears carefully attended to in every case after confinement, one source of septic infection would be removed by closing the avenue for the admission of germs, while the work of the gynæcologist would be very materially curtailed.

While these remarks apply more particularly to lacerations of the perineum, and very few will nowadays dispute this position, the repair of a recent laceration of the cervix is still a mooted point. Skene thinks "it is impossible to fully estimate the extent of a laceration in the relaxed condition of the cervix immediately after labor, and the difficulty of accurately adjusting the sutures under the circumstances would subject the patient to exposure, which is unwarranted."

To operate on a recent tear it will be found easier to place the patient on her left side, irrigate with bichloride solution (1-8000), pass a tampon into the vagina so as to prevent blood flowing from the uterus over the wound, then with a curved needle, held in needle-holder, pass a silk worm gut suture deeply through the tear. Beginning at the vaginal part we pass as many sutures as are necessary until we reach the anal part of the wound. We must be careful to catch up the torn fibres of the Levator ani whether the lesion is central or into one or other sulcus. If the tear is into the recto-vaginal septum, that must be carefully adjusted, first by at least two sutures which will restore the torn sphincter ani, and then