

DILATATION INSTEAD OF SUPPORT OF THE PERINEUM.

DR. H. ERNEST TRESTRAIL, M.R.C.P., F.R.C.S. (Physician to the Glasgow Hospital for Diseases of Women) writes: Large and sound practical experience is a far safer basis for the formation of rules of practice than any amount of theory and argument. Many a useful remedy, mode of treatment, and even surgical procedure, has been written down and passed into disuse, simply because men "full of learning," but of slight personal practical knowledge and experience, could not satisfactorily explain its action in accordance with the theories they had adopted.

From the letters of Drs. Fairland, Swan, Eades, Hebert, and Duke, published in the JOURNAL, and of several others which I have received, there can be no doubt that when the parts have been dilated as suggested by me, a ruptured perineum is a very rare occurrence indeed. My own experience, from a personal attendance upon over 3,000 cases of confinement, has fully satisfied me that dilatation, and not support, is the safeguard of the perineum, and the fact that I hardly ever have a case of rupture is my answer to those who, like Dr. Benington, would warn me against "an attempt to forestall Nature," or who would kindly suggest that "those cases which appear to have benefited by this treatment are those which would have done perfectly well if left alone." Statistics, however, also prove very much to the contrary.

If this treatment was advocated by the ancients, who possibly were more expert than we now are in the use of manual aid during labour, as they had not the forceps to fall back upon, it is a great pity that their practice has been discredited by modern writers who have so persistently advised the support of the perineum, instead of the gradual dilatation of the soft parts, where interference is really necessary.

All I claim is that I was the first within recent times to advocate dilatation instead of support, and to bring the subject prominently before the profession. Dr. Duke, however, now again attempts to claim a priority, simply because some years later he wrote saying that he confines the use of my plan of dilating to the duration of a pain. As reasonably might someone now claim to have discovered the use of chloroform simply because he administers it according to his own fancy.

The muscles of the perineum are often powerful, resistant, and rigid, and have to be tired out before dilatation can be effected, so that if the pains are short, or we are only called in at a late stage of the labour, as occurred in the case which I reported when I first brought this subject before the Obstetrical Society of London in 1875, dilatation to be of any use must be continued beyond the pains. But under ordinary circumstances it is sufficient if used even occasionally during a pain. It is not enough, however, just to pull back the perineum and to relax it again immediately, and this is what I intended to convey by the expression "continuous extension." Such details of the application of the principle of dilatation will occur to every practitioner.

No management of the head, however excellent in itself, can alter the simple fact that under the most favourable circumstances the external parts have to open up to a certain size. They are generally capable of being gradually dilated to this extent without injury, but very frequently the time the pains allow for the head to effect this is not sufficient, and the weakest point gives way. Support of the perineum has in practice proved to be a failure, but dilatation in the hands of those who have exclusively used it has undoubtedly been a great success.

The number of ruptured perineums one sees in gynecological practice is really pitiable, and this has induced me again to call attention to the subject.

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