LACERATIONS OF THE FEMALE PERINEUM: AND VESICO-VAGINAL FISTULA; THEIR HISTORY AND TREATMENT

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WITH

NUMEROUS ILLUSTRATIONS.

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INTRODUCTION.

THE subjects of the present volume appeared several years ago; the first in the *Pennsylvania Hospital Reports*, published by Messrs. Lindsay & Blakiston, and the second in the pages of the *Medical and Surgical Reporter*, edited by Dr. Butler.

As applications are constantly received for these papers, the writer has deemed it proper to place them before the profession in their present form.

LACERATION OF THE FEMALE PERINEUM:

ITS HISTORY AND TREATMENT.

When it is considered that the female perineum measures in its normal condition from one to one and a half inch, and yet, during the final act of parturition is extended to four and a half—perhaps five—inches, and of course greatly attenuated, it is not surprising that a separation in its continuity should frequently occur.

Such accidents doubtless take place in a large majority of cases from ignorance or carelessness on the part of the medical attendant, and yet may and do happen in the hands of the most competent and expert practitioners. The consequences which often ensue are so peculiarly distressing and mortifying to the female, as to debar her from the companionship of friends, render her offensive to herself, and seriously to undermine her health. In some degrees of this injury the patient's situation is infinitely worse than when afflicted with a vesico-vaginal fistula; and like the latter, until a comparatively recent period, was deemed beyond the compass of surgical resource. It is almost exclusively the result of parturition, though occasionally we hear of such lacerations from external violence, as falling astride the back of a chair, or as in the case related by Prof. H. H. Smith (Smith's Surgery, vol. ii., page 555), where the injury was produced by the horn of an enraged deer.

Partial lacerations are by no means uncommon, and even extensive ones, I am disposed to believe, exist to a degree not generally suspected. Many females, from motives of delicacy, timidity, or hopelessness, carefully conceal such, suf-

fering in silence the many evils which they entail. The successful management of these, in any degree, constitutes one of the most important triumphs of modern Surgery; and if there is any class in this world, more than another, placed under unbounded obligations to cherish and respect our art, it is the mothers of the land.

Anatomy of the Female Perineum.

The subject of this paper cannot be well understood without some presentation of the anatomical components of the female perineum. It extends, in a restricted sense, from the commissural connection of the labia majora to the anus. The two canals, vagina and rectum, as they approach their terminations—vulva and anus—recede from each other, leaving a triangular space into which the deep portions of the perineum extend. (Fig. 1.)

Fig. 1.

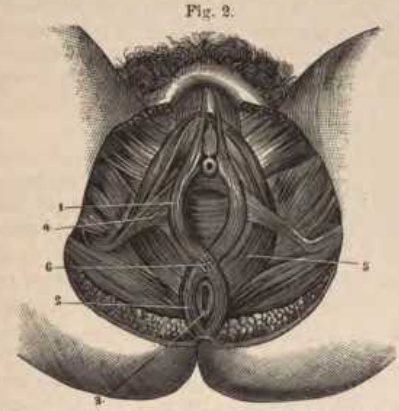
1. Vagina; 2. Rectum; 3 Triangular notch or space into which penetrates the perineum.

Just within the posterior commissure of the labia majora, is a transverse duplicature called the *fourchette*. This is almost constantly torn across in the first labor, but is followed by no inconvenience whatever. The skin and superficial fascia being removed, the muscular apparatus is exposed; consisting of the external sphincter ani. Its origin commences at the coccyx. At the posterior side of the bowel it separates into two elliptical planes which surround the anus, unite in front, and become inserted into the perineal centre.

Below this lies a strong muscular ring, surrounding the lower end of the bowel, the sphincter ani internus. At the perineal centre commences the sphincter vaginæ, continuous with the fibres of the sphincter ani, and passing forwards on either side of the vagina, is inserted into the cavernous portions of the clitoris.

On either side, arising from the ramus of the ischium, are the transverse perineal muscles, inserted into the constrictor vaginæ. In like manner, on each side, there is a levator ani stretching between the pubic bone and the spine of the ischium, and inserted into the side of both the vagina and rectum. (See Fig. 2.) With a knowledge of these muscles,

Fig. 2.



1. Sphincter vaginæ; 2. Sphincter ani externus; 3 Internus; 4. Transversus perinei; 5. Levator ani et vaginæ; 6. Perineal centre.

their attachments and direction, it will not be difficult to understand the displacement of parts which follows lacerations, and which we shall have occasion to refer to presently.

Period of Occurrence.—As might be expected, these accidents are largely confined to primiparæ. I. Baker Brown, whose experience has been very great in this as in many other diseases incident to the female sexual system, states