

## The Midwife.

### The Care of the Perineum during Labour.

A valuable paper by an Austrian obstetrician, summarised in the *British Medical Journal*, points out that it is not surprising that a certain number of cases of ruptured perineum occur still, even in the best conducted lying-in hospitals, when one considers that nearly every method of protection of the perineum aims at allowing the foetal head to pass slowly through the vulvar opening, if possible during a pause between the pains, that the pelvic floor is supported by the hand and the foetal head is pushed upwards against the pubes. But he considers that the determining cause of rupture is not to be sought in the rapid transit of the foetal head and the pressure which it exercises, but that the misproportion between the parts passing through and the inelasticity of the external genitals are the real causes. It is mostly the greatest sagittal diameter, that is, the suboccipito-frontal diameter, which stretches the vulva, and as the forehead is being born, the rupture occurs. This diameter measures on an average 11 cm. (that is, about 4½ in.), which corresponds to a circumference of between 34 and 35 cm. (or 13¼ to 13½ in.). Various causes, such as shortness of the foetal neck, increased movability of the maternal coccyx, shortness of the perineum, etc., may cause the deflexion of the foetal head to set in too soon. This should not take place before the whole occiput has passed beneath the symphysis. Under these circumstances, the diameter which has to negotiate the vulvar opening will be the occipito-frontal (12 cm.) or even the mento-occipital (13 cm.) He therefore argues that the best protection for the perineum is to ensure that the foetal head shall pass through the vulva with its most favourable diameter. This can be effected by delaying the deflexion (extension) as long as possible, and pressing on the occiput until not only the occipital bone has passed beneath the symphysis, but the soft parts of the neck are lying in contact with the lower surface of the symphysis. The diameter which now has to pass is smaller than the suboccipital frontal diameter, as the neck is capable of being compressed against the bone. Toff has carried out this principle in a large number of births during the last four years, and has not had a

single ruptured perineum. He applies his method by taking up his position at the right side of the bed, facing the patient. As soon as the head appears at the vulva, he lays his hand on the vulva, with the fingers directed toward the symphysis. At each pain he attempts to bring down more of the occiput, and thus to increase the flexion. As soon as the whole occiput has passed below the symphysis and he can only feel the soft parts of the nape of the neck against the bone, he allows the extension to take place. He prefers to place his patient on her left side, and not on her back, as is usual in Germany. One can further assist matters by pressing the whole head against the symphysis during the extension. In face presentations the same principle is applied, and the chin is brought as far down as possible before the extension is permitted.

### The Central Midwives' Board.

A meeting of the Central Midwives' Board was held at Caxton House, Westminster, on Thursday, July 25th.

#### CORRESPONDENCE.

Amongst the correspondence a letter was received from the solicitor to the London County Council, reporting the conviction of Mrs. Ita Feldmann for unlawfully using a description implying that she was specially qualified to practice midwifery. She was fined 10s. and 23s. costs.

A letter was received from the Clerk of the Council, stating that the proposed amendment of Clause 2 (4) of the Notification of Births Bill did not commend itself to the Lord President.

Miss du Sautoy, Inspector of Midwives for Somerset, wrote inquiring which of the Rules are for preventing the spread of infection within the meaning of Section 8 (3) of the Midwives' Act, and of Rule F. She was referred to the whole of Section E.

#### ELECTION OF HEAD CLERK.

Miss Short was elected Head Clerk out of 50 candidates.

#### FINANCE.

The Secretary, in presenting an account of the financial condition of the Board, stated that they had received £684, and that £623 16s. 5d. had to be paid out. They had only £90 in hand, and would require £500. The Board decided to sell £500 worth of stock to meet expenses.

#### REPORT OF THE STANDING COMMITTEE.

The Committee met on July 11th, and presented an interesting report to the Board.

A letter was read from Charlotte Wells, No. 4844, as to the refusal of the parish doctor to attend when sent for in a case of emergency.

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