

THE
Journal of Obstetrics & Gynaecology
of India

VOL. VI. NO. 3

MARCH 1956

FURTHER OBSERVATIONS ON PERINEAL RUPTURE
IN 226 CASES

BY

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Pleased with what valuable information the measuring of the perineum in the course of the delivery of the head gives and conceiving the idea that all the three diameters that are involved in the process should be taken together into consideration, further observations were made on 226 cases, in addition to the previous 400, the report of the latter having already appeared in the Journal of Obstetrics and Gynaecology of India, Vol. III, No. 2, December 1952. This work has proved to be of great use in arriving at more precise inferences.

In order that the paper may be easily followed, it is necessary that some of the data, which have been described in the previous report, may now be in short referred to. The three diameters are P.A.P. (the an-

tero-posterior diameter of the perineum between the anus and the anterior edge of the perineum), V.V. (the vulvo-vertical between the anterior and posterior commissures), P.T. (the perineal transverse between the sides of the perineum when distended and taken at about its middle level). In the natural state these diameters are P.A.P. one inch and V.V. two inches. The third diameter P.T. becomes available for measuring when the perineum is so much distended by the advancing head that its sides can be distinctly felt and between them the diameter measured. These diameters increase in their lengths as the head is being born, P.A.P. becoming 2 inches, V.V. 4 inches and P.T. also 4 inches.

There are certain factors which at that time operate and lead to rupture of the perineum. They are, (1) some of the attendants who conduct cases may be wanting in skill in effecting delivery of the head as well as of the

Paper read at the Eighth All-India Obstetric & Gynaecological Congress held in Bombay in March 1955.

shoulders; (2) the patient herself may not co-operate with the attending midwife and may force out the head at the height of the pain just when it is crowned; (3) the tissues themselves may be unyielding as is usually found in a primigravida at an advanced age; (4) the genital tract itself may be poorly developed so that the vaginal orifice may be by nature small and inelastic. Under the circumstances tear of the tissues becomes inevitable.

The tear when spontaneous is usually irregular, ragged and therefore rather difficult to be stitched properly. On the other hand, if an artificial aid of the nature of what is called episiotomy is rendered in time, it becomes easier to repair the wound, and what is more the functions of the parts may be restored. So it is essential to know just when aid is to be offered. No means will suggest so assuredly that the time has approached to do so as the actual measurements of the parts can, they being by far the most reliable.

It is only when the head has come down into the lower third of the vagina that it comes into relation with the perineum, for its posterior wall is in direct contact with the upper surface of the perineum as the vagina curves forward to its orifice. When the propelling force of the uterus forces the head down, it is transmitted through the posterior wall of the vagina to the perineum, which is pushed down causing it to bulge and its middle point on the projected part to come to lie 4 inches (10 cm.) below the pubo-coccygeal level. The result of it is to open the vaginal ori-

fice and the anus. When the head is being born the vaginal orifice is 4" from before backwards. As the perineum is bulging, it becomes possible to measure the perineum from side to side, which on full distension measures also 4 inches. Among 226 cases under investigation, there were 137 cases of which the antero-posterior diameter of the vulval slit (V.V.) was 4 inches, and in 138 the perineal transverse (P.T.) was also 4 inches. P.A.P. increased to 2 inches in 134 cases.

As mentioned in the previous report, a form having various columns is used for recording the results of measurements.

These columns are as follows:—

1. Serial numbers. 2. Age of the patient. 3. Parity. 4. Weight of the child. 5. Tear or no tear. If torn, the extent. 6. Perineal antero-posterior measurement. 7. Vulval vertical and perineal transverse. 8. Head measurements.

Column (1) is reference column.

Columns (2) of age and (3) of parity can be considered together. Among 226 cases the numbers of different paras are as follows.

	Greatest no.
Primiparas	63
Second paras	56
Third "	43
Fourth "	16
Fifth "	20
Sixth "	17
Seventh "	4
Eighth "	3
Ninth "	3
Tenth "	1
	226

Column (4) is of weight of the child. The average weight worked out comes to 6.5 lb.

Column (5) represents tears. Out of 226, 40 suffered tear, which number includes 14 cases of spontaneous tear and 26 of episiotomy.

Column (6) gives measurements of the antero-posterior length of the perineum. It was found that the P.A.P. had increased to 2 inches in 134 cases, while above 2 inches up to 3 inches in 77, and under 2 inches up to $1\frac{1}{2}$ inches in 15 cases. So the greatest number was reached in those patients whose P.A.P. rose to 2 inches, it being 134, the percentage comes to 58.85. It is therefore right to hold 2 inches as the standard.

Column (7) furnishes the measurements of the antero-posterior length of vulval slit named as vulvo-vertical (V.V.).

As the head is being born, the V.V. diameter was found to increase to 4 inches in 138. It rose to $4\frac{1}{4}$ inches in 13 and $4\frac{1}{2}$ inches in 3 cases, thus amounting to 16 only; while it remained under 4 inches in 72 cases of which $3\frac{3}{4}$ inches embodied 50. Taking together the cases above and below 4 inches, they show themselves to be only 88 as against 138, being of the length of 4 inches. It is therefore justifiable to recognise 4 inches as the standard length of V.V. diameter at delivery.

Perineal - Transverse diameter (P.T.):—

It is not uncommon to find that in majority of cases the two diameters, the V.V. and the P.T., are at the same time almost equal in length and go on increasing at the same rate.

Among these 226 cases, as individual length is taken into consideration, it is astonishing to notice that even P.T. was observed to have increased to 4 inches in 137 as against the V.V. diameter in 138. But a striking difference is to be made out when the two diameters have reached $3\frac{3}{4}$ inches. Then in case the vaginal orifice is by nature small and also inelastic the occipital part cannot easily advance further while the head during pain under the driving force of the uterus causes the perineum to bulge the more, thus giving 4 inches as its P.T. length, though the V.V. persists to be at $3\frac{3}{4}$ inches. That is the reason why there is difference in the number of cases in the category of (V. V. $3\frac{3}{4}$ — P.T. $3\frac{3}{4}$), they being 50 and 35 respectively. This however does not deter us from arriving at the conclusion that the standard length of P. T. should be regarded as 4 inches. Total number of cases above 4 inches is 35 and those under 54, thus amounting altogether to 89, which number too is less than that of 4 inches by 48.

As there is much interrelation between the vulval-vertical and the perineal-transverse diameters, the vulval slit opening almost to the same extent as does the perineum in bulging, the two diameters may be taken together into consideration and various groups formed in accordance with their respective lengths at head delivery. It has been already mentioned that both the diameters increase to 4 inches each in most cases, it is then justifiable to have 4" + 4" as the standard and to proceed with the process of comparison.

	Number of cases	Torn	Spon.	Tear Episiotomy	Not Torn
Standard Group (V.v. 4" P.T. 4")	116	6	6	—	110
Above Standard (lengths varying from 4" to 4½")	35	1	1	—	34
Below Standard (lengths varying from 3½" to 2½")	75	33	7	26	42
Total	226	40	14	26	186

Since P.A.P. 2" and V.V. and P.T. 4 inches each have been taken as the standard, and as all the three diameters are involved when the head is being born, 2" (4"—4") may be considered together, the P.A.P. being taken as the one component and V.V. and P.T.) as the second. At first P.A.P. may be supposed a constant factor while the second (V.V. and P.T.) factor is taken as a whole but at the same time ranging below the standard in order to find out what

number of cases have undergone tear in each group.

To appreciate the fate of all the remaining cases, which constitute a greater number, 123, we may first take those cases in which the first factor varies in length while the second factor is a constant.

In the following table P.A.P. is taken as the constant factor, while the second factor has its individual constituent rising variously above the standard.

	Number of cases	Torn	Spon.	Tear Episiotomy	Not Torn
Standard Group 2" (4"—4")	82	2	2	—	80
Group 2" (3½"—3¾")	18	3	—	3	15
Group 2" (3¼"—3½")	3	2	—	2	1
Total	103	7	2	5	96

	Varying P.A.P.	Constant (V.v.—P.T.)	Number of cases	Torn	Spon.	Tear Episiotomy	Not Torn
Group	2"	(4"—4")	82	2	2	—	80
Group	2¼"	(4"—4")	24	1	1	—	23
Group	2½"	(4"—4")	7	1	1	—	6
Group	2¾"	(4"—4")	2	2	2	—	—
Group	1¾"	(4"—4")	1	—	—	—	1
Total			116	6	6	—	110

	Constant P.A.P.	Varying (V.v.—P.T.)	Number of cases	Torn	Spon.	Tear Episiotomy	Not Torn
Group	2"	(4¼"—4½")	6	—	—	—	6
Group	2"	(4½"—4¾")	3	—	—	—	3
Group	2"	(4¾"—4½")	1	—	—	—	1
Total			10	—	—	—	10

In the following table P.A.P. 2" is regarded as the constant factor but the components of the second one vary in lengths. Groups are formed, first are those in which each constituent, though under 4", is taken as being equal in length, and then those which have the component unequal, though under the standard.

Groups with P.A.P. a constant factor while the second factor (V.V. and P.T.) has its constituents varying from 4" to 3 $\frac{3}{4}$ ":

Remarks. When both V.V. and P.T. are under 4 inches but equal in length, i.e. 3 $\frac{3}{4}$ and 3 $\frac{3}{4}$, of the 18 cases, 3 had to be subjected to episiotomy. But when one of the constituents, either V.V. or P.T. had reached 4 inches, there might be no definite in-

dication for episiotomy. Yet it cannot be denied that out of 20 cases, three sustained tears, a number equal to that of episiotomies.

Groups with P.A.P. a constant factor while each of the second factor is definitely under the standard and varying from one another:

Remarks. Cases with V.V. and P.T., each under 3 $\frac{3}{4}$ inches, are few, being only 4. Three of them had episiotomies done on them.

The following groups are formed with P.A.P. 2 $\frac{1}{4}$ " while the components of the second factor are varying, either rising above or remaining under 4 inches.

(P.A.P.) 2 $\frac{1}{4}$ "—(V.V. and P.T.) rising above the standard.

	Constant P.A.P.	Varying (V.v.-P.T.)	Number of cases	Torn	Spon. Tear	Episiotomy	Not Torn
Group	2"	(3 $\frac{3}{4}$ "—3 $\frac{3}{4}$ ")	18	3	—	3	15
Group	2"	(3 $\frac{3}{4}$ "—4")	17	2	2	—	15
Group	2"	(4"—3 $\frac{3}{4}$ ")	3	1	1	—	2
		Total	38	6	3	3	32

	Constant P.A.P.	Varying (V.v.-P.T.)	Number of cases	Torn	Spon. Tear	Episiotomy	Not torn
Group	2"	(3 $\frac{1}{2}$ "—3 $\frac{1}{2}$ ")	3	2	—	2	1
Group	2"	(3 $\frac{1}{2}$ "—3 $\frac{3}{4}$ ")	1	1	—	1	—
		Total	4	3	—	3	1

	Constant P.A.P.	Varying (V.v.-P.T.)	Number of cases	Torn	Spon. Tear	Episiotomy	Not Torn
Group	2 $\frac{1}{4}$ "	(4"—4 $\frac{1}{4}$ ")	9	—	—	—	9
Group	2 $\frac{1}{4}$ "	(4"—4 $\frac{1}{2}$ ")	1	—	—	—	1
Group	2 $\frac{1}{4}$ "	(4 $\frac{1}{4}$ "—4 $\frac{1}{4}$ ")	5	1	1	—	4
Group	2 $\frac{1}{4}$ "	(4 $\frac{1}{4}$ "—4 $\frac{1}{2}$ ")	3	—	—	—	3
Group	2 $\frac{1}{4}$ "	(4 $\frac{1}{2}$ "—4 $\frac{1}{2}$ ")	1	—	—	—	1
		Total	19	1	1	—	18

	Constant P.A.P.	(V.v.-P.T.) Varying	Number of cases	Torn	Spon. tear	Episiotomy	Not torn
Group	2½"	(3¾"-3¾")	1	1	—	1	—
Group	2½"	(3¾"-4")	4	4	3	1	—
Group	2½"	(3½"-3½")	1	1	—	1	—
Group	2½"	(3¼"-3½")	2	2	—	2	—
		Total	8	8	3	5	—

Remarks. In the above two tables there is a marked contrast, there being in the first, in addition to P.A.P. being 2½ inches, the lengths measure above the standard in the V.V. and P.T. factor; and in the second table, they are under. In the first table there are 19 cases, of which only one is torn and that too slightly. In the second are included 8 cases of which only that group, which has the perineal transverse diameter risen to 4 inches, contains 3 cases of spontaneous tear and one of episiotomy; while the remaining three groups, embodying cases characterized by V.V. and P.T. diameters as under the standard contain 4 cases, equal to the

former number. They had to be subjected to episiotomy.

P.A.P. 2½ inches and V.V. and P.T. 4 inches and above. P.A.P. 2½ inches and V.V. and P.T. mostly under 4 inches except one.

Remarks. With P.A.P. as 2½ inches, V.V. and P.T. gave measurements above 4 inches in 6 cases; there was neither a spontaneous tear nor an episiotomy. But when the perineal measurements were under the standard, there were 5 cases all of which were torn, one having spontaneous tear while the rest, four in number, required episiotomy.

	Constant P.A.P.	Varying (V.v.-P.T.)	Number of cases	Torn	Spon. Tear	Episiotomy	Not Torn
Group	2½"	(4"-4¼")	3	—	—	—	3
Group	2½"	(4¼"-4¼")	1	—	—	—	1
Group	2½"	(4½"-4½")	2	—	—	—	2
		Total	6	—	—	—	6

	Constant P.A.P.	Varying (V.v.-P.T.)	Number of cases	Torn	Spon. Tear	Episiotomy	Not Torn
Group	2½"	(3¾"-3¾")	3	3	1	2	—
Group	2½"	(3¾"-4")	—	—	—	—	—
Group	2½"	(3½"-3½")	1	1	—	1	—
Group	2½"	(3¼"-3½")	1	1	—	1	—
		Total	5	5	1	4	—

Table with P.A.P. $2\frac{3}{4}$ inches. No case was there with V.V. and P.T. rising above 4 inches; but all the 4 cases under the standard.

Remarks. There were only four cases. They were all with perineal measurements under 4 inches. They had to be subjected to episiotomy.

Table with P.A.P. 3 inches. These cases were only two. V.V. and P.T. under the usual.

Remarks. In these cases the perineum was greatly stretched antero-posteriorly but the vulval opening remained smaller. Episiotomy was inevitable.

Table with P.A.P. under 2 inches and also V.V. and P.T. under the standard.

There was only one case in which P.A.P. was $1\frac{3}{4}$ ", while (V.v.-P.T.) was 4"-4" (constant). This case is described before.

	Constant P.A.P.	Varying (V.v.-P.T.)	Number of cases	Torn	Spon.	Tear	Episiotomy	Not	Torn
Group	$2\frac{3}{4}$ "	($3\frac{1}{4}$ "- $3\frac{3}{4}$ "	2	2	—	—	2	—	—
Group	$2\frac{3}{4}$ "	($3\frac{1}{4}$ "- $3\frac{1}{2}$ "	1	1	—	—	1	—	—
Group	$2\frac{3}{4}$ "	($3\frac{1}{2}$ "- $3\frac{3}{4}$ "	1	1	—	—	1	—	—
		Total	4	4	—	—	4	—	—

	Constant P.A.P.	Varying (V.v.-P.T.)	Number of cases	Torn	Spon.	Tear	Episiotomy	Not	Torn
Group	3"	($3\frac{1}{2}$ "- $3\frac{1}{2}$ "	1	1	—	—	1	—	—
Group	3"	(3"-3")	1	1	—	—	1	—	—
		Total	2	2	—	—	2	—	—

	Constant P.A.P.	Varying (V.v.-P.T.)	Number of cases	Torn	Spon.	Tear	Episiotomy	Not	Torn
Group	$1\frac{3}{4}$ "	($3\frac{3}{4}$ "- $3\frac{3}{4}$ "	5	—	—	—	—	—	5
Group	$1\frac{3}{4}$ "	($3\frac{1}{2}$ "- $3\frac{1}{2}$ "	2	—	—	—	—	—	2
Group	$1\frac{3}{4}$ "	($3\frac{1}{4}$ "- $3\frac{1}{4}$ "	2	—	—	—	—	—	2
		Total	9	—	—	—	—	—	9

	Constant P.A.P.	Varying (V.v.-P.T.)	Number of cases	Torn	Spon.	Tear	Episiotomy	Not	Torn
Group	$1\frac{3}{4}$ "	($2\frac{3}{4}$ "- $2\frac{3}{4}$ "	1	1	—	—	1	—	—
Group	$1\frac{3}{4}$ "	($2\frac{1}{2}$ "- $2\frac{1}{2}$ "	2	2	—	—	2	—	—
		Total	3	3	—	—	3	—	—

	Constant P.A.P.	Varying (V.v.-P.T.)	Number of cases	Torn	Spon. Tear	Episiotomy	Not Torn
Group	1½"	(2¾"—2¾")	1	1	—	1 (Symphy- siotomy)	—
Group	1½"	(2¼"—2½")	1	1	—	1 (Forceps & Episio- tomy)	—
		Total	2	2	—	2	—

	Number of cases	Torn	Spon. Tear	Episiotomy	Not torn
Gross total.	226	40	14	26	186

Remarks. The cases which had P.A.P. under 2 inches, were 15 in all. Peculiarities of this class of case are the following:

I. Very few cases, only 15 out of 226, 6.63%.

II. P.A.P., V.V. and P.T. diameters remained under the standard, with the exception of one case in which V.V. and P.T. rose to 4 inches each. This patient was a second para, 21 years old, child 6¾ lb. No tear.

III. Of the remaining 14 cases, P.A.P. rose to 1¾ inches in 12 and to 1½ inches in 2 cases.

IV. In 9 cases out of 12 with P.A.P. 1¾ inches, V.V. and P.T. were above 3 inches, ranging between 3½ inches to 3¾ inches. In these cases delivery was normal without tear, which can be accounted for by small size and weight of the children and the perineal tissues extensible.

V. In the remaining 5 cases, 3 with P.A.P. 1¾ inches and 2 with 1½ inches, but at the same time V.V. and P.T. did not rise above 2½ or 2¾". In all these cases, artificial aid in the shape of episiotomy with forceps application had to be rendered. In one

case with P.A.P. 1½ inches, V.V. 2¾ inches and P.T. 2¾ inches, symphysiotomy had to be done because of outlet contraction. It was also associated with toxæmia and inertia.

VI. Other reasons for the lengths to persist under the standard are:

(a) *Genital tract hypo-plastic.* In almost all the cases which were admitted at the very onset of labour, P.A.P. measured ½" to ¾", the standard length being 1 inch in the non-pregnant state.

(b) *Smallness of foetuses.* Out of 15 cases, in 13 the weight was under the average (6.53 lbs.), ranging between 3½ and 6 lbs. Small children have small heads, which become yet smaller by moulding during their descent through the hypo-plastic narrow birth canal.

(c) *Toxaemia of pregnancy.* Seven patients suffered from it. One of them had a stillborn child, weighing 3½ lbs., two premature children, with 4¾ lbs. as weight of each. All other children weighed 5¾ lbs. and

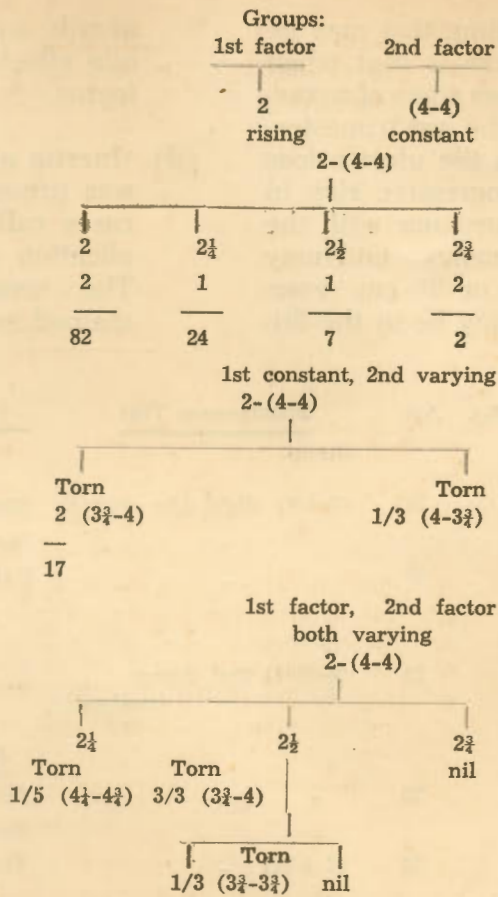
under. One thing that may be mentioned here is that when a patient shows signs of toxæmia early in the last trimester, the fundus of the uterus does not show progressive rise in height in accordance with the age of pregnancy and may persist at 25 or 26 cm. even though she may be in the 8th

month, indicating that toxæmia affects the growth of the foetus.

(d) *Inertia of the uterus.* Inertia was present in all the five cases calling for forceps application to effect delivery. The measurements had remained small as shown in V.

Reg. No.	Para	Baby Wt. lbs.	Age	Spontaneous Tear		Tears		
				Group				
92	I	7½	24	(2-4-4)	slight (1st degree)	Slight	..	5
						Moderate	..	8
169	II	6¼	25	"	"	Extensive	..	1
								14
22	I	6¼	23	(2-3¼-4)	2nd degree (moderate)			
						<u>Paras</u>		
133	II	6¼	23	"	"	Primiparas	..	7
						Second "	..	4
12	I	7	22	(2-4-3¼)	"	Third "	..	3
								14
207	I	6	24	(2¼-4-4)	" slight			
						<u>Age Periods</u>		
165	I	8	20	(2¼-4¼-4¼)	2nd degree	20-25	..	10
132	III	6¼	25	(2¼-3¼-4)	"	26-30	..	4
								14
						<u>Baby wt.</u>		
208	II	6	30	"	"	6 -6½ lbs.	..	3
224	I	6¼	25	(2½-4-4)	"	6¾-7 "	..	7
191	II	6¼	28	(2½-3¾-3¾)	" extensive	7¼-7½ "	..	1
16	III	8	26	(2¾-4-4)	" slight	7¾ "	..	1
149	III	7¾	28	"	" moderate	8 "	..	2
								14

(Continued on page 240)



It may be conceded that most of these cases could have been submitted to the operation and irregular and ragged tear avoided. Second paras had spontaneous tears in the first delivery and so also had the third paras. The union being weak they tore readily. Again, two of them had plastic operations done before.

On referring to the above, it may

be noticed that when the antero-posterior length of the perineum rises above 2 inches and at the same time the antero-posterior length of the vulval slit and the perineal transverse remain 3¾ inches or under, there is greater probability of the rupture. It is more so in the case of vaginal orifice, if small and inelastic.

Episiotomies

Reg. No.	Age	Para	Baby Wt.	Group	Paras	No.
17	21	I	7¼	(2-3¾-3¾)	Primiparas	.. 21
135	30	I	6¾	(2-3¾-3¾)	Second paras	.. 4
138	25	I	5	(2-3¾-3¾)3/18	Third paras	.. 1
						26

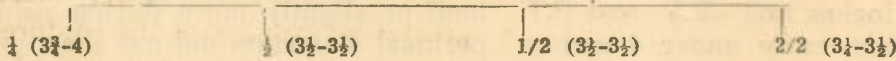
					Age periods		
196	24	I	6	(2-3½-3¾)1/1	16-20	..	8
63	29	I	7	(2-3½-3¾)	21-25	..	11
					26-30	..	5
214	27	I	5¾	(2-3½-3¾)2/3	31-35	..	2
							—
							26
6	23	I	7	(2¼-3¾-4)1/4			
187	24	I	6¾	(2¼-3¾-3¾)1/1			
57	18	I	7	(2¼-3¾-3¾)1/1			

					Baby weights		
117	18	I	6¾	(2¼-3¾-3¾)	lbs.		
119	30	I	5	(2¼-3¾-3¾)2/2	5-5¾	..	5
49	21	I	7¼	(2½-3¾-3¾)	6-6¾	..	12
202	25	II	7¼	(2½-3¾-3¾)2/3	7-7¾	..	9
							—
							26

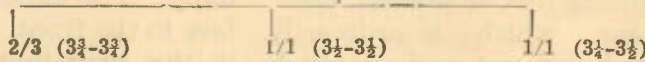
					Forceps and Episiotomy
11	22	I	7½	(2½-3¾-3¾)1/1	5 one of them had symphysiotomy, forceps and episiotomy. 2(P.A.P.) ----- 3/18(3¾-3¾) 1/1(3¼-3¾) 2/3(3¼-3¾)
15	25	I	6¾	(2½-3¾-3¾)1/1	
174	19	I	6¾	(2¾-3¾-3¾)	
217	20	II	6¾	(2¾-3¾-3¾)2/2	
166	20	I	6¾	(2¾-3¾-3¾)1/1	
77	20	II		(2¾-3¾-3¾)1/1	

Reg. No.	Age	Para	Baby Wt. lb.	Group
87	30	II	6	(3-3½-3½) 1/1
98	23	III	5¾	(3-3-3) 1/1
109	21	I	6½	(1¾-2¾-2¾) 1/1 forceps
101	33	I	6	(1¾-2½-2½) forceps
120	20	I	5¾	" 2/2 forceps
32	32	I	6	(1½-2¾-2¾) 1/1 symphysiotomy, forceps and episiotomy
153	19	I	7	(1½-2½-2½) 1/1 forceps.

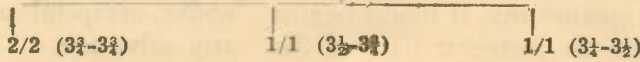
2¼ P.A.P.

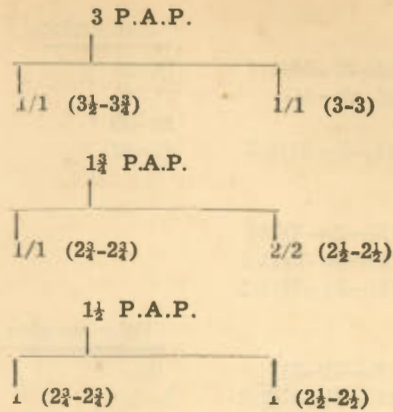


2½ P.A.P.



2¾ P.A.P.





Summary

(1) In majority of cases, in non-pregnant state as well as at the onset of labour, as a patient is admitted to the hospital with pains, P.A.P. (perin-ant-post) and V.V. (vulval vertical) diameters are found to be 1 inch and 2 inches respectively.

(2) Towards the end of the second stage, as the head is passing over the perineum, stretching the perineum from behind forwards, opening the anus and bulging perineum, and dilating the vaginal orifice, these diameters go on increasing so that as the head is being delivered, in most of the cases P.A.P. increases to 2 inches, V.V. 4 inches and P.T. 4 inches.

(3) Should P.A.P. tend to increase above 2 inches and V.V. and P.T. remain persistently under 4 inches, spontaneous tear is most likely to occur.

(4) Realising this, to prevent spontaneous tear, which is ordinarily wide, ragged and not easy to stitch up properly, episiotomy is suggested.

(5) In addition to the diameters calling for episiotomy, if blood begins to escape or the anterior part of the

perineum is found to become very thin, episiotomy becomes imperative.

(6) In case P.A.P. is seen to increase only by half or three-fourth of an inch becoming 1½ or 1¾ inches, while the vaginal orifice does not dilate more than 2½ inches, and the anus at the same time appears not to open more than quarter of its full dilatation during the pain, and if the uterine contractions are gradually getting feebler and more infrequent, forceps with episiotomy is indicated.

Subsequent to the above report, as the observations were being carried on, two cases of unreduced occipito-posterior position were encountered. It was observed in them that though the vulvo-vertical diameter was found to increase by a quarter of an inch or slightly more during pains, perineal diameters did not show any increase. In both cases forceps had to be applied combined with episiotomy. The child was extracted with face to the front. It can be explained in this way that the sinciput could descend through pubo-cervical aperture, it being narrow, while the wider occipital part could not make any advance.

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Measurements

Reg. No.	Age	Para	Weight of	Tear	Perineum Antero-Posterior (Inches)	Vulval-Vertical (Inches)	Perineal-Transverse (Inches)	Remarks
1	18	I	5½	Nil	1¼ - 2	2 - 4	2 - 4	
2	35	V	6	"	1 - 2½	2 - 4	2 - 4	
3	26	II	6	"	1¼ - 2	2 - 4	2 - 3¾	
4	24	II	7¼	"	1¼ - 2¼	2¼ - 4	2¼ - 4	
5	26	II	7	"	1½ - 2	2½ - 3¾	2 - 4	
6	23	I	7	Epis.	1¼ - 2¼	2 - 3¾	2 - 3¾	
7	18	I	6¾	Nil	1 - 2	2¼ - 4	2 - 4	
8	32	VI	7	"	1 - 2	2½ - 4	2½ - 4	
9	27	V	7	"	1 - 2	2¼ - 4	2¼ - 4¼	
10	32	III	7¼	"	1¼ - 2	2¼ - 4	2 - 4	
11	22	I	7½	Epis.	1¼ - 2½	2 - 3½	2 - 3½	
12	22	I	7	Sp. tear	1 - 2	2 - 4	2 - 3¾	
13	19	I	6½	Nil	1¼ - 2	2¼ - 4	2 - 4	
14	20	II	6¾	"	1 - 2	2 - 4	2 - 4	
15	25	I	6¾	Epis.	1¼ - 2½	1¾ - 3¼	1¾ - 3½	
16	26	III	8	Sp. tear	1½ - 2¾	2 - 4	2 - 4	
17	21	I	7¼	Epis.	1 - 2	1¾ - 3¾	1¾ - 3¾	
18	20	I	6	Nil	1 - 1¾	2 - 3¾	2 - 4	
19	30	III	7½	"	1½ - 2½	2¼ - 4	2 - 4	
20	24	II	8	"	1 - 2	2 - 4	2 - 4¼	
			(Premat.)					
21	26	II	4¾	"	¾ - 1¾	2 - 3½	2 - 3½	
22	23	I	6¾	Sp. tear	1 - 2	2 - 3¾	2 - 4	
23	30	III	7¼	Nil	1½ - 2¼	2 - 4	2 - 4¼	
24	25	II	7¼	"	1¼ - 2¼	2 - 4	2 - 4	
25	20	II	7¾	"	1¼ - 2	2 - 4¼	2 - 4¼	
26	27	I	5¾	"	1 - 1¾	1¾ - 3¾	1¾ - 4	
27	29	VI	8	"	1½ - 2¼	2½ - 4¼	2½ - 4¼	
28	18	II	7¼	"	1¼ - 2	2¼ - 4	2¼ - 4¼	
29	26	V	7¾	"	1½ - 2½	2¼ - 4	2¼ - 4¼	

Measurements

Reg. No.	Age	Para	Weight of	Tear	Perineum Antero-Posterior (Inches)	Vulval-Vertical (Inches)	Perineal-Transverse (Inches)	Remarks
30	25	III	7 $\frac{1}{2}$	"	1 $\frac{1}{4}$ - 2 $\frac{1}{4}$	2 - 4	2 - 4 $\frac{1}{2}$	
31	28	III	7 $\frac{1}{2}$	"	1 - 2 $\frac{1}{2}$	2 $\frac{1}{4}$ - 4	2 $\frac{1}{4}$ - 4	
32	32	I	6	Symph	1 - 1 $\frac{1}{2}$	1 $\frac{3}{4}$ - 2 $\frac{3}{4}$	2 - 2 $\frac{3}{4}$	
33	41	VI	6 $\frac{3}{4}$	Nil	1 $\frac{1}{2}$ - 2 $\frac{1}{2}$	2 $\frac{1}{4}$ - 4	2 - 4	
34	23	I	6	"	1 - 2	2 - 3 $\frac{3}{4}$	2 - 4	
35	25	I	8	"	1 $\frac{1}{4}$ - 2	2 $\frac{1}{4}$ - 4 $\frac{1}{4}$	2 $\frac{1}{4}$ - 4 $\frac{1}{4}$	
36	30	VI	6 $\frac{1}{2}$	"	1 $\frac{1}{2}$ - 2 $\frac{1}{4}$	2 $\frac{1}{2}$ - 4	2 - 4	
37	23	V	6 $\frac{1}{2}$	"	1 $\frac{1}{4}$ - 2 $\frac{1}{2}$	2 $\frac{1}{2}$ - 4	2 - 4	
38	22	II	6 $\frac{3}{4}$	"	1 - 2	2 $\frac{1}{2}$ - 4	2 $\frac{1}{2}$ - 4	
39	26	V	7 $\frac{1}{2}$	"	1 - 2 $\frac{1}{4}$	2 - 4	2 - 4	
40	30	VI	7 $\frac{1}{2}$	"	1 - 2	2 $\frac{1}{2}$ - 4	2 $\frac{1}{2}$ - 4	
41	22	II	7	"	1 - 2	2 - 4	2 - 4	
42	28	IV	8	"	1 $\frac{1}{4}$ - 2 $\frac{1}{4}$	2 $\frac{1}{2}$ - 4 $\frac{1}{4}$	2 $\frac{1}{2}$ - 4 $\frac{1}{4}$	
43	29	III	7 $\frac{1}{4}$	"	1 $\frac{1}{4}$ - 2 $\frac{1}{4}$	2 $\frac{1}{2}$ - 4	2 $\frac{1}{2}$ - 4	
44	25	I	6	"	1 - 2	2 - 4	2 - 4	
45	30	III	7	"	1 - 2 $\frac{1}{4}$	2 - 4	2 - 4	
46	26	I	6	"	1 - 2	2 - 4	2 - 4	
47	20	II	7 $\frac{1}{2}$	"	1 - 2 $\frac{1}{4}$	2 - 4	2 - 4 $\frac{1}{4}$	
48	24	II	6 $\frac{1}{4}$	"	1 $\frac{1}{4}$ - 2 $\frac{1}{4}$	2 $\frac{1}{4}$ - 4	2 - 4	
49	21	I	7 $\frac{1}{4}$	Epis.	1 - 2 $\frac{1}{2}$	2 - 3 $\frac{3}{4}$	2 - 3 $\frac{3}{4}$	
50	23	II	5 $\frac{3}{4}$	Nil	1 - 2	2 - 3 $\frac{3}{4}$	2 - 4	
51	27	II	6	"	1 - 2	2 - 3 $\frac{3}{4}$	2 - 3 $\frac{3}{4}$	
52	28	III	7	"	1 - 2	2 - 4	2 - 4	
53	29	VI	8	"	1 $\frac{1}{2}$ - 2 $\frac{1}{4}$	2 - 4	2 - 4 $\frac{1}{4}$	
54	30	VIII	7 $\frac{3}{4}$	"	1 $\frac{1}{4}$ - 2 $\frac{1}{4}$	2 $\frac{1}{4}$ - 4 $\frac{1}{4}$	2 $\frac{1}{4}$ - 4 $\frac{1}{4}$	
55	22	IV	6	"	1 $\frac{1}{4}$ - 2 $\frac{1}{4}$	2 $\frac{1}{2}$ - 4	2 $\frac{1}{4}$ - 4	
56	25	IV	4 $\frac{1}{4}$	"	1 $\frac{1}{2}$ - 2 $\frac{1}{4}$	2 $\frac{1}{4}$ - 4	2 $\frac{1}{4}$ - 4	
57	18	I	7	Epis.	1 - 2 $\frac{1}{4}$	2 - 3 $\frac{1}{2}$	2 - 3 $\frac{1}{2}$	
58	25	III	6	Nil	2 - 2	2 - 4	2 - 4	
59	24	II	5 $\frac{3}{4}$	"	1 $\frac{1}{4}$ - 2	2 - 3 $\frac{3}{4}$	2 - 3 $\frac{3}{4}$	
60	30	V	8 $\frac{1}{4}$	"	1 $\frac{1}{2}$ - 2 $\frac{1}{4}$	2 $\frac{1}{2}$ - 4 $\frac{3}{4}$	2 $\frac{1}{2}$ - 4 $\frac{1}{2}$	
61	30	VI	7 $\frac{1}{4}$	"	1 $\frac{1}{4}$ - 2	2 $\frac{1}{2}$ - 4	2 $\frac{1}{2}$ - 4	
62	18	I	5 $\frac{3}{4}$	"	1 - 2	2 - 3 $\frac{3}{4}$	2 - 3 $\frac{3}{4}$	
63	29	I	7	Epis.	1 - 2	1 $\frac{3}{4}$ - 3 $\frac{5}{8}$	1 $\frac{3}{4}$ - 3 $\frac{1}{2}$	
64	31	VI	5 $\frac{1}{4}$	Nil	1 - 2	2 - 3 $\frac{3}{4}$	2 - 3 $\frac{3}{4}$	
65	29	VI	6 $\frac{3}{4}$	"	1 - 2	2 - 4	2 - 4	
66	32	III	7 $\frac{1}{4}$	"	1 - 2	2 - 4	2 - 4	
67	33	VII	8	"	1 - 2	2 - 4 $\frac{1}{4}$	2 - 4 $\frac{1}{2}$	
68	24	III	6	"	1 $\frac{1}{2}$ - 2	2 $\frac{1}{4}$ - 3 $\frac{3}{4}$	2 - 3 $\frac{3}{4}$	
69	36	VI	9	"	1 $\frac{1}{2}$ - 2 $\frac{1}{2}$	2 $\frac{1}{2}$ - 4 $\frac{1}{2}$	2 - 4 $\frac{1}{2}$	
70	23	III	6 $\frac{1}{2}$	"	1 $\frac{1}{4}$ - 2	2 - 4	2 - 4	
71	21	I	6	"	$\frac{3}{4}$ - 2	1 $\frac{3}{4}$ - 3 $\frac{3}{4}$	1 $\frac{3}{4}$ - 3 $\frac{3}{4}$	
72	22	II	6 $\frac{3}{4}$	"	1 - 2	2 - 4	2 - 4	
73	30	III	7 $\frac{3}{4}$	"	1 $\frac{1}{4}$ - 2	2 - 4	2 - 4	
74	29	V	6 $\frac{1}{2}$	"	1 - 2	2 - 4	2 - 4	
75	25	I	6	"	1 $\frac{1}{4}$ - 2	2 - 4	2 - 4	
76	21	II	7 $\frac{3}{4}$	"	1 - 2 $\frac{3}{4}$	2 - 4	2 - 4 $\frac{1}{4}$	

Measurements

Reg. No.	Age	Para	Weight of	Tear	Perineum Antero-Posterior (Inches)	Vulval-Vertical (Inches)	Perineal-Transverse (Inches)	Remarks
77	20	II	7	Epis.	1 - 2 $\frac{3}{4}$	2 - 3 $\frac{1}{2}$	2 - 3 $\frac{1}{2}$	
78	28	IX	7 $\frac{3}{4}$	Nil	1 $\frac{1}{2}$ - 2 $\frac{1}{2}$	2 $\frac{1}{2}$ - 4 $\frac{1}{4}$	2 $\frac{1}{2}$ - 4 $\frac{3}{4}$	
79	32	V	6	"	1 - 2	2 - 4	2 - 4	
80	27	III	6	"	1 $\frac{1}{4}$ - 2 $\frac{1}{4}$	2 $\frac{1}{2}$ - 4	2 $\frac{1}{2}$ - 4	
81	32	V	6	"	1 - 2 $\frac{1}{2}$	2 - 4	2 - 4	
82	27	III	6	"	1 $\frac{1}{4}$ - 2 $\frac{1}{4}$	2 $\frac{1}{2}$ - 4	2 $\frac{1}{4}$ - 4	
83	20	I	5 $\frac{3}{4}$	"	$\frac{3}{4}$ - 2	1 $\frac{3}{4}$ - 3 $\frac{3}{4}$	1 $\frac{3}{4}$ - 4	
84	29	II	6	"	1 $\frac{1}{4}$ - 2	2 - 4	2 - 4	
85	32	V	6 $\frac{1}{4}$	"	1 - 2	2 - 4	2 - 4	
86	35	VIII	7 $\frac{3}{4}$	"	1 $\frac{1}{4}$ - 2 $\frac{1}{4}$	2 $\frac{1}{4}$ - 4	2 $\frac{1}{4}$ - 4	
87	30	II	6	Epis.	1 $\frac{1}{4}$ - 3	2 - 3 $\frac{1}{2}$	2 - 3 $\frac{1}{2}$	
88	31	II	6 $\frac{3}{4}$	Nil	1 $\frac{1}{4}$ - 2	2 - 4	2 - 4	
89	22	I	5 $\frac{3}{4}$	"	1 - 2	2 - 3 $\frac{3}{4}$	2 - 3 $\frac{3}{4}$	
90	22	I	5 $\frac{3}{4}$	"	1 $\frac{1}{4}$ - 2	2 - 3 $\frac{3}{4}$	2 - 3 $\frac{3}{4}$	
91	30	I	5 $\frac{1}{4}$	"	1 - 2	2 - 3 $\frac{3}{4}$	2 - 3 $\frac{3}{4}$	
92	24	I	7 $\frac{1}{2}$	Sp. tear	1 - 2	2 - 4	2 - 4	
93	21	II	6 $\frac{3}{4}$	Nil	$\frac{3}{4}$ - 1 $\frac{3}{4}$	1 $\frac{3}{4}$ - 4	1 $\frac{3}{4}$ - 4	
94	35	III	3 $\frac{1}{2}$	St. Bir. Nil	1 - 1 $\frac{3}{4}$	2 - 3 $\frac{1}{4}$	2 - 3 $\frac{1}{4}$	Still-birth
95	22	III	6 $\frac{3}{4}$	Nil	1 - 2	2 - 4	2 - 4	
96	30	V	8	"	1 $\frac{1}{4}$ - 2 $\frac{1}{2}$	2 - 4	2 - 4 $\frac{1}{4}$	
97	23	II	6	Nil	1 - 2	2 $\frac{1}{4}$ - 3 $\frac{3}{4}$	2 - 4	
98	23	III	5 $\frac{3}{4}$	Epis.	1 $\frac{1}{2}$ - 3	1 $\frac{3}{4}$ - 3	1 $\frac{3}{4}$ - 3	
99	21	III	5 $\frac{3}{4}$	Nil	1 - 2	2 - 4	2 - 3 $\frac{3}{4}$	
100	29	II	7 $\frac{1}{4}$	"	1 $\frac{1}{4}$ - 2 $\frac{1}{4}$	2 $\frac{1}{4}$ - 4	2 - 4 $\frac{1}{4}$	
101	33	I	6	Forceps,				
102	28	VI	5 $\frac{1}{4}$	Epis.	1 - 1 $\frac{3}{4}$	1 $\frac{3}{4}$ - 2 $\frac{1}{2}$	- - 2 $\frac{1}{2}$	
103	18	II	5 $\frac{3}{4}$	Breech	1 - 2	2 - 2 $\frac{3}{4}$	2 - 3 $\frac{3}{4}$	
104	28	II	6 $\frac{3}{4}$	Nil	1 - 2	2 - 4	2 - 4	
105	27	II	7	"	1 $\frac{1}{4}$ - 2	2 $\frac{1}{4}$ - 4	2 $\frac{1}{4}$ - 4	
106	20	I	6 $\frac{1}{4}$	"	1 $\frac{1}{4}$ - 2	2 - 4	2 - 4	
107	20	II	5 $\frac{3}{4}$	"	$\frac{3}{4}$ - 1 $\frac{3}{4}$	2 - 3 $\frac{3}{4}$	2 - 3 $\frac{3}{4}$	
108	18	I	6	"	1 - 2	2 - 4	2 - 4	
109	21	I	6 $\frac{1}{2}$	Forceps,	1 - 1 $\frac{3}{4}$	1 $\frac{3}{4}$ - 2 $\frac{3}{4}$	1 $\frac{3}{4}$ - 2 $\frac{3}{4}$	
110	35	II	Twins 5-4 $\frac{1}{2}$	Epis.				
111	33	V	8 $\frac{1}{2}$	Nil	1 $\frac{1}{4}$ - 2	2 - 3 $\frac{3}{4}$	2 - 3 $\frac{3}{4}$	
112	18	I	Breech 4 $\frac{1}{2}$	"	1 $\frac{1}{2}$ - 2 $\frac{1}{4}$	2 $\frac{1}{2}$ - 4 $\frac{1}{4}$	2 $\frac{1}{2}$ - 4 $\frac{1}{2}$	
113	22	III	7	"	$\frac{3}{4}$ - 1 $\frac{3}{4}$	1 $\frac{3}{4}$ - 3 $\frac{1}{4}$	1 $\frac{3}{4}$ - 3 $\frac{1}{2}$	
114	28	IV	5	"	1 - 2	2 - 4	2 - 4	
115	24	II	5	"	1 - 2	2 - 3 $\frac{3}{4}$	2 - 3 $\frac{3}{4}$	
116	15	I	6 $\frac{3}{4}$	"	1 - 2	2 - 4	2 - 4	
117	15	I	7 $\frac{3}{4}$	"	1 - 2	2 - 4	2 - 4 $\frac{1}{4}$	
118	18	I	6 $\frac{3}{4}$	Epis.	1 - 2 $\frac{1}{4}$	2 - 3 $\frac{3}{4}$	2 - 3 $\frac{1}{2}$	
119	21	II	5 $\frac{1}{2}$	Nil	1 - 2	2 - 3 $\frac{3}{4}$	2 - 3 $\frac{3}{4}$	
120	30	I	5	Epis.	1 - 2 $\frac{1}{4}$	2 - 3 $\frac{1}{4}$	2 - 3 $\frac{1}{2}$	
120	20	I	5 $\frac{3}{4}$	Forceps, Epis.	1 $\frac{1}{4}$ - 1 $\frac{3}{4}$	1 $\frac{3}{4}$ - 2 $\frac{1}{2}$	1 $\frac{3}{4}$ - 2 $\frac{1}{2}$	

Measurements

Reg. No.	Age	Para	Weight of	Tear	Perineum Antero-Posterior (Inches)	Vulval-Vertical (Inches)	Perineal-Transverse (Inches)	Remarks
121	28	VII	6½	Nil	1½ - 2¼	2¼ - 4	2¼ - 4	
122	37	VIII	6½	"	1½ - 2	2 - 4	2 - 4	
123	26	IV	8	"	1½ - 2¼	2½ - 4¼	2½ - 4¼	
124	22	I	6	"	1 - 2	2 - 4	2 - 4	
125	25	III	6	"	1 - 2	2 - 4	2 - 4	
126	30	II	6¾	"	1 - 2	2 - 4	2 - 4	
127	36	VI	6¾	"	1½ - 2	2¼ - 4	2¼ - 4	
128	39	V	7¾	"	1½ - 2½	2½ - 4	2½ - 4¼	
129	39	VII	6¾	"	1 - 2	2 - 4	2 - 4	
130	28	IV	6¾	"	1 - 2	2 - 4	2 - 4	
131	21	II	5¾	"	1 - 2	2 - 3¾	2 - 3¾	
132	25	III	6¾	Sp. tear	1 - 2¼	2 - 3¾	2 - 4	
133	23	II	6¾	"	¾ - 2	1¾ - 3¾	2 - 4	
134	27	III	6¾	Nil	1 - 2	2 - 4	2 - 4	
135	30	I	6¾	Epis.	1 - 2	2 - 3¾	2 - 3¾	
136	31	VII	5¾	Nil	1 - 2	2 - 3¾	2 - 4	
37	24	II	6¾	"	1½ - 2¼	2 - 4	2 - 4	
138	24	I	5	Breech				
				Epis.	1 - 2	2 - 3¾	2 - 3¾	
139	28	III	6¾	Nil	1½ - 2¼	2¼ - 4	2¼ - 4	
140	32	VI	7¾	"	1½ - 2¼	2½ - 4	2½ - 4¼	
141	24	III	6½	"	1 - 2	2 - 4	2 - 4	
142	28	V	7¾	"	1½ - 2¼	2¼ - 4	2¼ - 4¼	
143	30	III	6	"	¾ - 2	2 - 3¾	2 - 4	
144	25	IV	6¾	"	1 - 2	2¼ - 4	2¼ - 4	
145	26	III	6	"	1 - 2	2 - 4	2 - 4	
146	35	IX	7½	"	1½ - 2¼	2¼ - 4	2¼ - 4½	
147	24	II	5¾	"	1½ - 2	1¾ - 3¾	1¾ - 3¾	
148	25	III	7¾	"	1 - 2	2 - 4	2 - 4¼	
149	28	III	7¾	Sp. tear	1 - 2¾	2 - 4	2 - 4	
150	22	I	5	Nil	1 - 2	1¾ - 3¾	1¾ - 4	
151	23	II	6	Nil	1 - 2	2 - 3¾	2 - 4	
152	27	V	7	"	1 - 2	2 - 4	2 - 4	
153	19	I	7	Forceps	1 - 1½	1¾ - 2¼	1¾ - 2½	
				Epis.				
154	24	III	7½	Nil	1 - 2	2 - 4	2 - 4	
155	23	III	6½	"	1½ - 2	2 - 4	2 - 4	
156	23	I	7	"	1 - 2	2 - 4	2 - 4	
157	31	II	8	"	1 - 2½	2 - 4½	2 - 4½	
158	28	III	6½	"	1 - 2	2 - 4	2 - 4	
			Twins					
159	28	II	5¼-5¾	"	1 - 2	2 - 3¾	2 - 3¾	
160	27	III	7¾	"	1½ - 2¼	2 - 4	2 - 4¼	
161	30	III	5¾	"	1 - 2	2 - 3¾	2 - 4	
162	24	II	6¾	"	1½ - 2¼	2 - 4	2 - 4	
163	35	V	7¼	"	1 - 2	2½ - 4	2½ - 4	
164	30	I	4¾	"	¾ - 1¾	1¾ - 3½	1¾ - 3½	

Measurements

Reg. No.	Age	Para	Weight of	Tear	Perineum Antero-Posterior (Inches)	Vulval-Vertical (Inches)	Perineal-Transverse (Inches)	Remarks
165	20		(Premature)					
166	20	I	8	Sp. tear	1 $\frac{1}{4}$ - 2 $\frac{1}{4}$	2 - 4 $\frac{1}{4}$	2 - 4 $\frac{1}{4}$	
		I	6 $\frac{3}{4}$	Epis.	1 - 2 $\frac{3}{4}$	1 $\frac{3}{4}$ - 3 $\frac{1}{2}$	2 - 3 $\frac{3}{4}$	
167	30	IV	7 $\frac{3}{4}$	Nil	1 - 2	2 - 4	2 - 4	
168	30	II	6 $\frac{3}{4}$	Breech Nil	1 - 2	2 - 4 $\frac{1}{4}$	2 - 4 $\frac{1}{4}$	
169	25	II	6 $\frac{3}{4}$	Sp. tear	1 - 2	2 - 4	2 - 4	
170	26	IV	6	Nil	1 - 2 $\frac{1}{4}$	2 - 4	2 - 4	
171	26	I	6	"	1 - 2	2 - 4	2 - 4	
172	25	II	7	"	1 - 2	2 - 4	2 - 4	
173	30	II	6 $\frac{1}{4}$	"	1 - 2	2 - 4	2 - 4	
174	19	I	6 $\frac{3}{4}$	Epis.	1 $\frac{1}{4}$ - 2 $\frac{3}{4}$	2 $\frac{1}{4}$ - 3 $\frac{3}{4}$	2 $\frac{1}{4}$ - 3 $\frac{3}{4}$	
175	28	III	6	Nil	1 - 2	2 - 4	2 - 4	
176	30	III	5 $\frac{3}{4}$	"	1 - 2	2 - 3 $\frac{3}{4}$	2 - 4	
177	25	IV	7 $\frac{1}{4}$	"	1 - 2 $\frac{1}{4}$	2 - 4	2 - 4	
178	20	I	7 $\frac{1}{4}$	"	1 - 2	2 - 4	2 - 4 $\frac{1}{4}$	
179	19	I	6	"	1 - 2	2 - 4	2 - 4	
180	30	IV	6 $\frac{1}{4}$	"	1 - 2	2 - 4	2 - 4	
181	30	VI	7 $\frac{1}{2}$	Nil	1 - 2	2 - 4	2 - 4	
182	26	II	6 $\frac{1}{4}$	"	1 - 2	2 - 4	2 - 4	
183	22	II	6 $\frac{1}{4}$	"	1 - 2	2 - 4	2 - 4	
184	22	I	5 $\frac{1}{4}$	"	1 - 1 $\frac{3}{4}$	2 - 3 $\frac{3}{4}$	2 - 3 $\frac{3}{4}$	
185	40	IX	8	"	1 $\frac{1}{2}$ - 2 $\frac{1}{4}$	2 $\frac{1}{2}$ - 4 $\frac{1}{2}$	2 $\frac{1}{2}$ - 4 $\frac{1}{4}$	
186	24	III	5 $\frac{3}{4}$	"	1 - 2	2 - 3 $\frac{3}{4}$	2 - 3 $\frac{3}{4}$	
187	24	I	6 $\frac{1}{4}$	Epis.	1 - 2 $\frac{1}{4}$	2 - 3 $\frac{3}{4}$	2 - 3 $\frac{3}{4}$	
188	24	II	6	Nil	1 - 2	2 - 4	2 - 4	
189	21	I	6 $\frac{3}{4}$	Sp. tear	1 - 2 $\frac{1}{4}$	2 - 3 $\frac{3}{4}$	2 - 4	
190	35	V	7 $\frac{1}{4}$	Nil	1 $\frac{1}{4}$ - 2	2 - 4	2 - 4	
191	28	II	6 $\frac{1}{4}$	Sp. tear	1 $\frac{1}{4}$ - 2 $\frac{1}{2}$	2 - 3 $\frac{3}{4}$	2 - 3 $\frac{3}{4}$	
192	24	III	6	Nil	1 - 2	2 - 3 $\frac{3}{4}$	2 - 4	
193	22	II	5 $\frac{1}{2}$	"	$\frac{3}{4}$ - 1 $\frac{3}{4}$	2 - 3 $\frac{3}{4}$	2 - 3 $\frac{3}{4}$	
194	26	IV	7	"	1 $\frac{1}{4}$ - 2 $\frac{1}{2}$	2 $\frac{1}{4}$ - 4	2 $\frac{1}{4}$ - 4	
195	32	IV	6 $\frac{1}{4}$	"	1 - 2	2 - 4	2 - 4	
196	24	I	6	Epis	1 - 2	2 - 3 $\frac{1}{2}$	2 - 3 $\frac{3}{4}$	
197	35	VI	6	Nil	1 - 2	2 - 4	2 - 4	
198	25	II	6 $\frac{1}{4}$	"	1 - 2	2 - 4	2 - 4	
199	24	III	7 $\frac{3}{4}$	"	1 $\frac{1}{2}$ - 2 $\frac{1}{4}$	2 $\frac{1}{2}$ - 4	2 $\frac{1}{2}$ - 4 $\frac{1}{4}$	
200	36	VI	5 $\frac{3}{4}$	"	1 $\frac{1}{2}$ - 2	2 - 3 $\frac{3}{4}$	2 - 4	
201	36	VI	6 $\frac{1}{2}$	"	1 - 2	2 - 4	2 - 4	
202	25	II	7 $\frac{1}{4}$	Epis.	1 - 2 $\frac{1}{2}$	2 - 3 $\frac{3}{4}$	2 - 3 $\frac{3}{4}$	
203	22	II	6	Nil	1 - 2	2 - 4	2 - 4	
204	33	IV	6	"	$\frac{3}{4}$ - 2	2 - 4	2 - 4	
205	40	X	7 $\frac{1}{2}$	"	1 $\frac{1}{2}$ - 2 $\frac{1}{2}$	2 $\frac{1}{2}$ - 4	2 $\frac{1}{2}$ - 4	
206	30	III	6 $\frac{3}{4}$	"	1 - 2	2 - 4	2 - 4	
207	24	I	6	Sp. tear	1 - 2 $\frac{1}{4}$	2 - 4	2 - 4	
208	30	II	6	"	1 $\frac{1}{4}$ - 2 $\frac{1}{4}$	2 $\frac{1}{4}$ - 3 $\frac{3}{4}$	2 $\frac{1}{4}$ - 4	
209	21	I	5 $\frac{3}{4}$	Nil	1 - 2	2 - 3 $\frac{3}{4}$	2 - 3 $\frac{3}{4}$	
210	28	III	7	"	1 - 2	2 - 4	2 - 4	

Measurements

Reg. No.	Age	Para	Weight of	Tear	Perineum Antero-Posterior (Inches)	Vulval-Vertical (Inches)	Perineal-Transverse (Inches)	Remarks
211	20	I	6	Nil	1 $\frac{1}{4}$ - 2	2 - 4	2 - 4	
212	22	II	6 $\frac{1}{4}$	"	1 - 2 $\frac{1}{4}$	2 $\frac{1}{2}$ - 4	2 $\frac{1}{2}$ - 4	
213	28	III	6 $\frac{1}{2}$	"	1 - 2 $\frac{1}{4}$	2 $\frac{3}{4}$ - 4	2 $\frac{3}{4}$ - 4	
214	27	I	5 $\frac{3}{4}$	Epis.	$\frac{3}{4}$ - 2	1 $\frac{3}{4}$ - 3 $\frac{1}{2}$	1 $\frac{3}{4}$ - 3 $\frac{1}{2}$	
215	19	I	7	Nil	1 - 2	2 $\frac{1}{4}$ - 4	2 $\frac{1}{4}$ - 4	
216	30	V	6	"	1 $\frac{1}{4}$ - 2	2 - 4	2 - 4	
217	20	II	6 $\frac{3}{4}$	Epis.	1 $\frac{1}{4}$ - 2 $\frac{3}{4}$	2 $\frac{1}{4}$ - 3 $\frac{3}{4}$	2 $\frac{1}{4}$ - 3 $\frac{3}{4}$	
218	22	I	5 $\frac{3}{4}$	Nil	1 - 2	2 - 4	2 - 4	
219	18	I	6 $\frac{3}{4}$	"	1 - 2	2 - 4	2 - 4	
220	30	V	8 $\frac{1}{4}$	"	1 - 2 $\frac{1}{4}$	2 - 4 $\frac{1}{4}$	2 - 4 $\frac{1}{2}$	
221	30	V	5 $\frac{1}{4}$	"	1 - 2	2 - 3 $\frac{3}{4}$	2 - 3 $\frac{3}{4}$	
222	30	VI	6	"	1 - 2	2 - 4	2 - 4	
223	20	I	7	"	1 $\frac{1}{4}$ - 2	2 - 4	2 - 4	
224	25	I	6 $\frac{3}{4}$	Sp. tear	1 $\frac{1}{4}$ - 2 $\frac{1}{4}$	2 $\frac{1}{4}$ - 4	2 $\frac{1}{4}$ - 4	
225	30	IV	6	Nil	1 - 2	2 - 3 $\frac{3}{4}$	2 - 4	
226	25	I	6	"	1 $\frac{1}{4}$ - 2	2 - 4	2 - 4	