

**ON THE TREATMENT OF
RUPTURE OF THE
FEMALE PERINEUM:
IMMEDIATE AND REMOTE**

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On the treatment of rupture of the female perineum: immediate and remote by George
Granville Bantock

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GEORGE GRANVILLE BANTOCK

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IMMEDIATE AND REMOTE

BY

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WITH ILLUSTRATIONS

LONDON

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1878
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1878

P R E F A C E.

THE subject of Rupture of the Female Perineum is one which must interest a very large number of the profession. This condition, for the most part, comes under the notice of the busy General Practitioner in its recent state, and, as a rule, only at a more or less remote period under that of the Consulting Surgeon. Of course the treatment at these two stages differs very materially; for while, on the one hand, we find the parts ready prepared for the sutures, on the other, a delicate and careful operation is necessary before arriving at the same stage. It has been my object to simplify both procedures, as well as to insure the greatest possible success; and, guided by my past experience, which as yet records no failure, I have every confidence in commending the practice herein advocated.

G. G. B.

94, MOUNT STREET, GROSVENOR SQUARE, W.
March, 1878.

ON
THE TREATMENT
OF
RUPTURE OF THE FEMALE PERINEUM.

HISTORICAL SUMMARY.

WE are indebted for the first notice of any operation for the restoration of a ruptured perineum to the great French surgeon, Ambrose Paré,* in these words—"and if it happen, as it sometimes does, that after a forcible delivery the genital parts of the mother are torn, and that the two openings are converted into one, then we should, by means of some stitches, unite the parts unnaturally separated, and treat the wound according to art."

Guillemeau, "the pupil, the rival, and contemporary" of Ambrose Paré, reports the first case of perineal suture. This case was "successful, is given in detail, and is well authenticated." (Roux.)

* Ambrose Paré Œuvres, ed. Malgaigne, t. ii. p. 718 (1561).

The next case on record is one by another French surgeon, Delamotte,* who wrote about the middle of the eighteenth century. The case is as follows:—"I found the interspace (perineum) open, and this opening extended about an inch along the vagina and rectum, but giving rise to no inconvenience in consequence of the presence of retentive power. I then assured the patient that the accident was of no consequence, but that, if she liked, I could cure her immediately. Without hesitation she gave her consent, and I immediately introduced three stitches, one in the vagina and bowel, the other at the extremity of the anus, and the third at the fourchette. I only saw this woman twice in ten days, and found her so perfectly cured that I took out the stitches. Since that time she has been confined several times without a return of the accident." Hitherto it appears that we have been dealing with the recent rupture, but in our own country, about the same time, Smellie, who was then at the height of his fame, taught that it was possible in some cases, not only to restore the rupture by immediate operation, but at a more remote period. He was not, however, very

* *Le Sieur de la Motte*, t. ii. part iii. p. 1218 (1765), observ. ccccii.

confident, for he says, "when the laceration reaches so high as to endanger the woman's retentive faculty, this method" (of paring off the callous edges or scarifying with a lancet or bistoury, and insertion of deep sutures), "doubtless, ought to be tried; but not otherwise, because the operation *very rarely succeeds*."^{*}

Smellie's teaching took no root, as might have been expected, and accoucheurs were in the habit of leaving the cases to nature for the most part, sometimes attempting a cure in recent cases by the application of Peruvian or Canada Balsam, by inducing constipation, &c. But a new era was begun when, at the end of last century, two French surgeons, Noël of Reims and Saucerotte of Lunéville, brought the matter before the French Academy. Saucerotte read his paper in Paris in the year 1797, entitled "Observation on a case of rupture of the recto-vaginal septum during a laborious confinement in which the cure was attempted more than three months and a half after delivery." His experience in the case here recorded led him to the following conclusions:—
"1st, that constipation, which at the time of a

^{*} Smellie's "Midwifery" (McClintock, New Syd. Soc.'s Edit.), vol. i. p. 373.

recent solution of continuity might be a means of cure, is of no use when, as is generally said, the edges of the division have become callous through lapse of time. 2nd, after the operation a cooling and relaxing regimen, a free state of the bowels obtained by mild laxatives, but not by injections, is to be preferred to constipation. 3rd, that it is absolutely indispensable to divide the sphincter ani if we wish to avoid a barrier which offers more resistance to the escape of feces than the edges of the recto-vaginal solution of continuity if we wish to facilitate the cohesion of the divided parts, which I believe impossible without the preliminary precaution."

So that we find Baker Brown anticipated in that part of the operation which he considered peculiar to himself.

Noel of Reims, as I have indicated, divides with Saucerotte the honour of this important advance by also recording a successful case.

In France the seed thus sown, however, took root slowly, for we find the operation almost forgotten. Some twenty years afterwards M. Dubois operated once without success, and M. Paul Dubois also once, in the Maternity Hospital, with only partial success, both following the method of Noel and Saucerotte. The great