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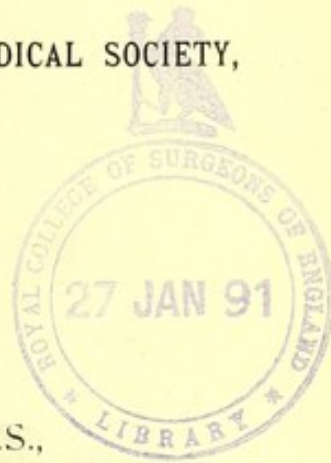
ON

SOME POINTS OF CONTRAST

BETWEEN

FRENCH & ENGLISH SURGERY.

A PAPER READ BEFORE THE MIDLAND MEDICAL SOCIETY,
NOVEMBER 27, 1872.



By JAMES F. WEST, F.R.C.S.,

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THE HISTORY OF THE

ANTHROPOLOGY

OF THE HUMAN RACE

BY J. H. HENNINGSEN

IN TWO VOLUMES

VOLUME I

NEW YORK: THE PUBLISHERS

1880

NEW YORK: THE PUBLISHERS

1880

NEW YORK: THE PUBLISHERS

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CONTRAST BETWEEN FRENCH AND ENGLISH SURGERY.

On some points of Contrast between French and English Surgery.

A Paper read before the Midland Medical Society, Nov. 27th, 1872.

By JAMES F. WEST, F.R.C.S., Senior Surgeon to the Queen's Hospital, and late Professor of Anatomy in Queen's College, Birmingham.

IT cannot be doubted that in the present day a free interchange of thoughts and ideas, whether on matters of Politics, Science, or Literature, between various nations is highly desirable, and that to enable us to appreciate our own short comings, and to estimate aright our own acquaintance with any subject, it is essential to ascertain what is known about it by other people.

In selecting for comment some of the leading features of French surgery, I venture to think that I may be doing some service to English surgery, and that I may be performing a work which will not be unwelcome to the members of the Midland Medical Society. I may, perhaps, expose myself to Mrs. Malaprop's dictum: "comparisons are odorous;" but, in reply, I answer that I shall confine myself almost entirely to a notice of what I myself saw this year in the Paris hospitals; that I shall "nothing extenuate nor set down aught in malice," and shall merely make such remarks, whether in the way of praise or blame, as seem to me to be fairly and legitimately called for.

I shall then have placed you in a position to form your own opinions as to the value and importance, or otherwise, of the contrast, and you will be able, in the discussion which ensues, to say how far the sentiments I have expressed upon the present state of surgery in France are in accordance with your own.

Before speaking of surgical practice, I will first say a few words about those who are now following it with distinction in the hospitals of Paris.

Every English critic must admit that French surgeons are eminently bold and ingenious, ready in emergencies, fertile in resources, and, for the most part, dextrous in manual operations. Next, that they have a thorough belief in French surgery and French surgeons, and that a large number of them are loth to acknowledge that any operation or method of practice which comes from any other nation is worthy of much notice.

One of the leading hospital surgeons of Paris, though learned in the treatment of stricture of the urethra, and conversant with the various urethrotomes, and their name is legion, which French surgeons have invented (*e.g.*, those of Reybard, Civiale, Ricord, Maisonneuve, etc.), had never heard of Holt's or Wakley's instruments or of their manner of treating that disease. He asked me to inform him where he could find an account of their practice. To take another instance, Lister's treatment of wounds seems not to be understood, or at any rate it is not adopted in Paris, while in many of the hospitals of Germany and Switzerland its use is common. This want of cosmopolitan knowledge is due to the fact that French surgeons are not, as a rule, great travellers, and being content with a complete acquaintance with their own literature, rarely study either German or English.

Of course there are some notable exceptions, as M. M. Ricord, Le Fort, Giraldès, the late M. Follin, and others, but still the information possessed by most of the surgical teachers of Paris respecting the newest and best works on English, American, or German surgery is wonderfully small, and their appreciation of it is in proportion to the limited extent of their knowledge.

All medical men in Paris have the title of M.D., and are called M. le Docteur, whether they practice surgery or medicine.

Pardon me if I attempt to give you a sketch of a hospital surgeon as he makes his visit to the wards.

His dress strikes one at once as characteristic and peculiar. The head is covered with a black silk biretta, like that worn by Roman Catholic priests. The coat, generally old and blood stained, has in its top button-hole a little red rosette, indicating that the wearer is decorated (and generally he well merits the distinction) with the Cross of the Legion of Honour; most strange to an English eye, however, is the large white apron, extending from the breast to the toes, with which he and his attendant internes (or house surgeons) are clothed. On commencing the round, these aprons are all clean and spotless, and one begins to fancy that they are neither useful nor ornamental appendages. Not so, however, when you watch the professor and his assistants through the wards. You find their progress from bed to bed is rapid, and that the aprons are in constant requisition to wipe the blood, pus, or urine from the hands. Recourse is much less seldom had to soap and water than with us, and there is an evident carelessness about ablution, which to a visitor seems, to say the least, strange. Again, it is certainly rather a shock to our notions of decency and propriety to see the same finger which has recently been employed in passing a catheter or examining a rectum after a hasty wipe on the apron, thrust into the mouth to examine some tumour of the tongue or jaws. This disregard of the feelings of the patient is carried to an extent which we should call extreme.

At the St. Louis Hospital, women with skin diseases, whether syphilitic or not, are placed on a stool in a strong light, and then before the whole class requested by the physician to take off every article of clothing. There they stand perfectly naked, while the professor diagnoses their disease and points out its peculiarities and proper mode of treatment to the assembled students.

Such a disregard of the feelings even of prostitutes would not be sanctioned in this country. Indifference to the sufferings of their patients is again seen in the fact that at many of the hospitals the surgeon is attended through the wards by an infirmier, in his shirt sleeves, carrying a brazier full of hot coals and the accompanying cauteries. These formidable instruments are not only displayed before the eyes of the patients who are about to be operated on, but they have to submit to them without having their eyes bandaged and without chloroform being administered. The agonised look of one poor little boy, whose hand was about to be scored with the hot iron for caries of the carpal bones, recalled to me those lines from Shakespeare's King John—

“O, save me, Hubert, save me ; my eyes are out,

Even with the fierce looks of these bloody men.”

French patients, however, seem to bear pain more equably and unflinchingly than English, and to have a more implicit and unquestioning faith in their surgeons, and in the procedures they are adopting for their relief. Anæsthetics are certainly much less used than with us. I saw the actual cautery frequently applied, and also an amputation of the cervix uteri performed without chloroform. But worse than all, on one occasion some years ago, I saw a very eminent hospital surgeon try for half-an-hour to extract a hair pin from the bladder of a woman, by means of forceps, without success, while the patient lay shrieking most piteously every time the sharp points of the pin lacerated the mucous membrane of the bladder and urethra, in the futile attempts made by him to get them into such a position that the smooth end of the hair pin should first enter the vesical end of the urethra.

The early habits and industry of French surgeons are very praiseworthy. The hospital visit commences at eight, and at that hour both professor and students are at their respective posts. The visit, too, is not a mere perfunctory affair, but lasts till ten or eleven o'clock and is not made once or twice a week, but every morning, or at least every other morning. M. Demarquay, for instance, visits the Hospital Dubois, or Maison Municipale de Santé, for two or three hours every morning, although engaged in one of the largest private practices in Paris. This regularity of attendance, though in part enforced by the Bureau d' Assistance Publique, by whom the hospitals are governed, and to whom even application has to be made in case any physician or

surgeon wants a holiday, is in most cases a labour of love. The love of French surgeons for their profession is rarely equalled, and never excelled, in this country. The payment with them, as with us, is a matter of small amount, rarely exceeding sixty or eighty pounds a year, or, to use the phrase of one of their most accomplished men, "Barely enough to pay for our cabs." This devotion of the French surgeons to their duties was strikingly shown during the siege, and during the reign of the Commune, when nearly all the physicians and surgeons remained in Paris, and gave their time, and, in many instances, their lives, to the service of the sick and wounded in the various hospitals and ambulances. A very eminent surgeon told me that when the environment of Paris was imminent, he sent his wife, children, and servants off to Bordeaux. Two old servants, however, insisted on staying with him, and they soon helped to consume what store of fresh and preserved meats and vegetables he had collected. Then nothing remained for them but to get the allowance of bread and meal doled out at each mayoralty, for money could not buy food. The bread was so coarse and bad, he could not eat it, but he had, fortunately, a good stock of wine and sugar and some preserved fruits, and on these articles, together with a bason of soup or a piece of horseflesh, which was kindly and considerately put by for him, by one of the *sœurs de charité*, when he visited the ambulance daily, he managed to live through that fearful time.

The industry of the medical profession in France is further shown by the laborious and exhaustive nature of their literary productions. "Holmes' System of Surgery," in 5 vols., or "Reynolds System of Medicine," in 3 vols., are large, complete, and valuable works; but what are they in extent or diversity of information, to compare with the "*Nouveau Dict. de Med. and Chir.*," of which fifteen volumes have already been published, and which has only yet arrived at the letter g, and the word generation? Where, again, in our language, shall we find such masterly monographs on their respective subjects, as "*Rilliet and Barthez's Maladies des Enfants*," or "*Follin's Pathologie Externe*." In originality, and in depth of research, they specially excel. I venture to say that we cannot find three such able and laborious physiologists as Claude Bernard, Brown Séquard, or Marey; and if we go into other departments of science, and especially of surgery, we find equally worthy names to rank beside theirs.

This very thorough and exhaustive study of every subject they take in hand produces another peculiarity, and, as I think, a fault, in French surgeons, and that is their want of concentration in the scientific communications they bring before their medical societies. The recent discussion on the subject of empyema and its treatment by thoracentesis, at the Academy of Medicine, which lasted over four or five *séances*,

which was marked by some of the most brilliant oratory, by the warmest controversial statements, and by the most alarming amount of small talk, is an instance in question.

This tendency to diffuseness was again eminently displayed at the Medical Congress held this year at Lyons. Three-quarters of an hour was allowed for the reading of a paper, which in most cases was more like a lecture, and then followed a discussion, in which the speakers were not limited as to time. The consequence was, discussions had to be adjourned. The meeting lasted eight days, and the real new facts or important matters, either in pathology or practice, might have been compressed into two or three days, with great advantage to all parties concerned.

The beauty of their illustrated works again strikes one very forcibly. Many might be mentioned, but I will merely particularise two, because they are familiar to most English surgeons. I allude to the anatomical plates of Massé, and the *Précis Iconographique des Maladies Vénériennés* of Cullerier.

One great cause of the excellence of the teaching of the Paris surgeons is that in the appointments to the various hospitals, men are not selected because they have influential friends, or long purses, wherewith to canvass a host of governors, but by *Concours*, a system which must bring to the fore the best men, and one by which favouritism is little likely to have weight, as the elective body is composed of professional men of eminence selected from the Paris hospitals, who are solely actuated by *esprit de corps*, and whose only aim is to promote the best man to be their colleague.

The Faculty of medicine select each year a certain number of professors to give special courses on subjects in medicine and surgery, with which they are familiar, and on which they speak with authority, and that the choice is not made without discrimination will be seen from the following list of professors appointed for such purposes this session :—

M. Gavarret will lecture on General Physics, Electricity and Light, and on the Physical Phenomena of Vision ; M. Cruveilhier (the younger) will lecture, instead of Professor Dolbeau, on Surgical Pathology ; Professor Sappey on the Anatomy of the various systems of Locomotion, Circulation, and Innervation ; Professor Chauffard on "Common Morbid Elements," and on the elements of General Therapeutics ; M. Wurtz (the Dean) on Medical Chemistry, and the Chemical Phenomena of Respiration and Nutrition ; M. Axenfeld on Medical Pathology and on Surgical Appliances ; M. Tillaux on the Diseases of the Genito-urinary Organs ; Professor Robin on Histology ; and M. A. Ollivier, instead of the late Professor Daremberg, on the History of Medicine. Lectures on

Clinical Medicine will be given at La Charité by Dr. Bouchard, and Dr. Sée; at the Hotel Dieu, by Dr. Béhier; at La Pitié, by Dr. Lasègue; at La Charité, by Dr. Bouillaud. Clinical Surgery will be represented at La Charité by Dr. Gosselin; at La Clinique by Dr. Broca, at La Pitié by Dr. Verneuil, at the Hotel Dieu by Dr. Richet. Professor Depaul will lecture on Obstetrics, and Dr. Roger on Diseases of Children.

I cannot bestow equal praise on their system of moving men about from one chair to another. A man may be a very bad teacher of surgery, though a very good teacher of anatomy or physiology, and vice versa; still, on the whole, the appointments are given to deserving men, and as on the surgical side the chairs succeed each other in the following order:—1, Anatomy; 2, Surgical Operations; 3, Surgical Pathology; 4, Clinical Surgery, there is every opportunity given to the professor to teach in turn every department of surgery, and the students must gain by such a thoroughness of knowledge on the part of their teachers.

It will, probably, be interesting to give a *Sample of a Concours, held at the Faculty* this year for a medical professorship. There were seven candidates. First, there was a written essay "On the Anatomy and Physiology of the Pulmonary Lobules;" second, two of the candidates were called on at each sitting to deliver a lecture, after three hours reflection, on a question of pathology. The following were the subjects:—Insufficiency of the Tricuspid, Abnormal Variola, Rheumatism, Ulcers, Membranous Stomatitis, and Cerebral Rheumatism.

Concours was abolished under the empire, though under that system such men as Velpeau, Trousseau, Malgaigne, Nelaton, Sanson, Bouillaud, and Roux were elected, but fortunately it is now re-established.

Another advantage arising from the system of Concours is that men are promoted by merit from the small to the larger hospitals. Lastly, to prevent anything like scientific stagnation, and to promote a proper advance of the juniors to the higher appointments of the hospitals, no surgeon is permitted to hold office after sixty.

Since my former visit to Paris, ten years ago, a new generation of surgeons has sprung up. One misses from the hospitals the great men of that day. Nelaton, Maisonneuve, and Chassaignac have thus retired by seniority, and although one cannot but regret their absence, one must feel that the system which ensures their retirement in the zenith of their fame is an admirable one, and is the best guarantee that their successors, knowing that their time and opportunity are limited, will be as earnest and zealous as they were, even if not gifted with the same amount of talent as they possessed.

Since that time, too unhappily, death has removed M. M. Malgaigne,

the great Louis, Denonvillers, Laugier, Jobert de Lamballe, Follin Adolphe Richard, and many others whose names will not soon be forgotten either in France or in this country. Life is short, art is long; their places have been filled by men of eminence. The profession in Paris now ranks deservedly high, and numbers amongst its members some men who are and ever will be looked upon as leaders in the science of surgery. M. M. Ricord, Gosselin, Demarquay, Broca, Verneuil, Labbè, and Giralès are men whose works and whose reputation are justly held in the highest estimation wherever surgery is known and practised.

I have perhaps dwelt too long on the personal characteristics of the French Surgeons, but I have done so because I have always found that one feels a greater interest in a man's works when one knows something of his character and general conduct.

This must be my apology for detaining you so long on the threshold of my subject. I now propose to review some methods of operation and peculiarities of practice now in vogue in Paris, and which are less known to English surgeons.

Alphonse Guérin's (of the hospital St. Louis) mode of dressing wounds is now in general favour. It consists in introducing a quantity of cotton wool into the stump immediately after amputation, or into any wound whatever, whether surgical or accidental.

The limb is wrapt round and round with cotton wool quite dry and alone; a bandage is then applied, and this is tightened a little every day to keep up a slight amount of compression. The dressing remains undisturbed till the twentieth or twenty-fifth day, when on removing the apparatus a glassful of pus is seen within the wadding, and the wound is found quite healed. Guérin, during the siege, had six successful amputations of the thigh out of nine, and all those of the leg did well.

If any smell is noticed, or if pus exudes, carbolic starch is dusted over the bandages.

All the arteries, large and small, must be tied. The cotton-wool pushed into any wound is extruded by the pus. Carbolic acid or other disinfectants are not needed. Circular amputations are more convenient than flaps, though flaps are no drawback to the treatment.

M. Ollier, of Lyons, proposes to apply silicate of potash for the purpose of immobilising the dressing, but this has proved a failure, in consequence of the bandages becoming loose, and requiring to be tightened from time to time, which cannot be done after the silicate has been applied. I have already said that Lister's treatment, which has the same object in view, viz., the exclusion of air, is not practised. In my opinion it is more simple and easy of application, less cumbrous and expensive, and less likely to be fol-

lowed by unpleasant results than a system which ensures the blind shutting up of a stump or wound for twenty or twenty-five days regardless of sloughing, secondary hæmorrhage, or any of the accidents which will occur after the most careful operations.

I repeatedly asked if no such bad results ever accompanied this form of dressing, but I was only able to discover one case, in which secondary hæmorrhage was admitted to have occurred.

I am bound to say, however, that I saw at La Pitié a girl æt. eighteen to whom this apparatus had been applied eighteen days previously, after amputation of the thigh for white swelling. There was no smell, no febrile disturbance, and the stump could be handled without causing pain or uneasiness.

Elevation of stumps and fractures above the level of the rest of the body is a favourite practice, and is said to be attended with good results, a diminution of inflammatory action thence resulting.

Dieulafoy's instrument,* the aspirator, is in everybody's hands, and

* In his communication to the Academy of Sciences, M. Dieulafoy, of Paris, strongly insists on the use of the aspirator as a means of diagnosis and treatment. It serves, in the first place, to show with certainty the presence, seat, and character of various pathological fluids, and also to dry up the source of such fluids. Dr. Dieulafoy, emboldened by the results obtained, does not hesitate in asserting that it is always possible to reach with certainty, and with no kind of danger, any collection of liquid, whatever may be its situation and its nature; that the aspirations may be frequently repeated in the same position without any inconvenience, and almost always with the effect of drying up the source of the fluid. He lays down the following law as the result of his experience:—When a fluid, whatever may be its nature, gathers in a serous cavity, or in any organ, and when that cavity or that organ is accessible without danger to the patient, our first care should be to withdraw that liquid; if it again forms it must be again withdrawn, repeating the operation frequently, if necessary, until the serous membrane is exhausted by irritating and sometimes dangerous agents. The following is a list, divided into three groups, of the various diseases to which M. Dieulafoy's aspirating method has been applied:—1. Fluids accumulating in a serous cavity; hydrocephalus, hydrorachis, pleurisy, pericarditis, hydrarthrosis, synovial cysts. 2. Fluids formed in the deep parts of organs: abscesses or hydatid tumour of lungs, abscess or hydatid of liver, liquid tumours of the spleen and of omentum, ovarian cysts, retention of urine, strangulated hernia of the intestine. 3. Liquids formed within the cellular tissue of various regions: congestive abscess, bubo, perinephritic phlegmon, iliac phlegmon, periuterine phlegmon. To all congenital herniæ, and to recent herniæ which become strangulated at the time of their formation; (2) to old cases of hernia perfectly reducible a few days before the strangulation, and in umbilical herniæ recently strangulated. Dr. Demarquay adds that this aspiration of liquids and gas, with the object of rendering taxis more easy, must be practised at an early time, when we are almost certain to put back into the abdominal cavity an intestinal fold which is not yet altered and is still capable of resuming its functions.—*The Lancet*, August 24th, 1872.

Dr. Dubreuilh had a case under his care in the wards of one of the Paris hospitals on whom aspiration was used with questionable results, and he deserves credit for his candour in immediately making the facts public. The patient was admitted into his wards for a fracture of the patella, with considerable separation of the fragments, and a vast effusion of blood in the articular fossa. Dr. Dubreuilh, with the object of relieving his patient and diminishing the size of the knee, and confident in the harmlessness of the operation, as universally admitted, performed puncture with the aspirator on the inner surface of the joint. No fluid issued. A second puncture on the outer surface was equally unsuccessful. Dr. Dubreuilh then concluded

though very useful in many instances, seem to have fairly run away with the heads of many of the French surgeons.

The following are brief notes of some of the cases in which I saw it used :—

At La Pitié M. Labbè punctured the knee of a boy æt sixteen, with bloody effusion, into and around the joint, the result of an injury, and drew off ten drachms of blood from the joint. Two punctures had already been made in different situations without effect, and compression had been used without benefit. Dr. Labbè was glad he had drawn off the blood, as it would have taken a long time to absorb, and might have led to further mischief. He mentioned a similar case in private practice, in which, after making a small incision, he had withdrawn a large number of worm-like pieces of clotted blood. Healing had rapidly occurred. In a case of stricture and retention, hypogastric puncture had been made; no local symptoms had ensued, and cure by the use of bougies was being gradually effected.

At the Hotel Dieu, M. Cruveilhier punctured a large psoas abscess in a young man æt. twenty, for the second time. On the first occasion, eight days previously, two hundred and sixty centigrammes had been drawn off, and on this, rather a smaller quantity; no bad symptoms had resulted; collodion was applied over the punctured opening.

The aspirator requires to be used with care, or it is not free from danger. At one Paris hospital, I myself saw a case in which the aspirator was plunged into a fluctuating tumour, at the upper part of the thigh of a man, who had a psoas abscess. Several ounces of blood came up into the reservoir of the aspirator, and it was thought to have come from the femoral vein. The opening was closed with collodion, and a second puncture made on the outer side of the thigh, when a large quantity of pus was drawn off. I had no opportunity of hearing the result of the case, but I should think that if the femoral vein was injured, even with so small an instrument as the aspirating needle, the risk to the patient would be very considerable.

Caustics are much in use for the treatment of cancers; the chloride of zinc, or Vienna paste, being most commonly in requisition. The

that there existed only clotted blood in the joint, so did not insist further, but immediately stopped the two capillary openings with collodion, and covered the whole with oil silk. During the first few days after the puncture, no symptoms were observed, but on the Tuesday (the day before Dr. Dubreuilh's communication to the Academy of Sciences) the patient complained of having suffered the whole night. There was high fever; the swelling of the knee had considerably increased, attended by violent pain, and on examining the joint, Dr. Dubreuilh stated that the external opening was gaping. On the following day the patient presented all the signs of purulent arthritis, which, said Dr. Dubreuilh, would probably cause death, whereas, had puncture not been employed, the patient would very likely have recovered.—*The Lancet*, November 2nd, 1872.

caustic is made up into *flèches* or arrows of convenient size, and these are thrust into the morbid growth, and allowed to do their work of destruction. The treatment seems to be more certain and effectual in its action than our plan of putting a large quantity on the surface of tumours.

Another use to which caustic is put is the destruction of sebaceous tumours of the scalp. These cysts seem to dry up, and then to fall, leaving only a white cicatrix. There is said to be no danger of erysipelas.

The actual cautery is in constant demand. Caries of the smaller bones, as of the tarsus and carpus; chronic effusions into joints, white swellings, and a host of other diseases are treated in this way. On being asked why excisions of the knee were rarely, if ever, performed in Paris, M. Demarquay replied, "There is no necessity for them; with rest, immobilisation, and the actual cautery, or the use of *potassa fusa*, nearly every case of bone disease can be cured, and those that cannot require amputation."

The prejudice—for I can call it nothing less—against all excisions is great, but against that of the knee in particular, is tremendous.

The love of French surgeons for favourite hobbies, which they ride to excess, is markedly seen in the present rage for the galvano-cautery. Verneuil recently read at the Academy of Medicine the history of a case of laryngeal phthisis in a man *æt* thirty-eight, for whom he divided the trachea and all the superjacent tissues with the galvanic knife. The canula was introduced, with scarcely any loss of blood, and the patient did well.

I myself saw at the Lariboisière two cases under Le Fort, where tracheotomy had thus been performed, to relieve impending suffocation, through spasm of the glottis from tetanus. The loss of blood in each case was slight, and the operations so far were successful.

I cannot help thinking that for stout children, with croup or diphtheria, in whom there was great vascular engorgement of the neck, the use of the knife would be more simple and easy of application, and that the attendant hæmorrhage would probably be no greater. For the removal of very vascular parts, as the tongue and the neck of the uterus, however, it answers admirably. I witnessed two cases which corroborate this statement. In the first, I saw the neck of the uterus removed for epithelioma, by two applications of the galvano-cautery, the first with the platinum wire, and the second with the knife. No pain appeared to be felt, although the patient was not under the influence of anæsthetics, and no hæmorrhage occurred. In the second case, I attended the post-mortem examination of a woman *æt* forty-five, for whom a similar operation had been performed six months previously, by Dr. Labbè, and without hæmorrhage, for cancerous

ulceration of the neck of the uterus. The result of the operation was seen in the entire absence of cancer from the part of the uterus operated on, and in the perfect cicatrization of the line of cauterization. The patient had died from encephaloma of the liver, and from a further development of the disease in the ovaries and fundus uteri. No more gratifying evidence of the value of this method of operative treatment in such cases, could possibly be afforded.

The universally adopted plan of treating fractures of the lower extremity by immobilisation with the silicate of potass, warrants us in believing it to be more advantageous than the use of plaster of Paris, starch, or dextrine. It is clean, light, easy of application, and causes a great saving of bandages; only one, or at most two, rollers are required, and the case which they form, after the silicate has been brushed over them, is as hard as a rock.

Reverdin's plan of skin grafting is extensively used and with good results.

Charpie is (to my thinking) applied superabundantly, and with very questionable advantage. Wounds and compound fractures are stuffed with it, and they are thereby induced to suppurate in excess; the pus saturates the charpie, and in spite of acide phenique, makes it very offensive, and old wards where charpie is employed are, as a rule, never free from a very close, disagreeable smell.

How much the erysipelas and septicæmia, so often seen in the Paris hospitals, and more especially in the older ones, is due to this cause, I, of course, cannot say, but I am disposed to think it has at least no inconsiderable share in the production of such diseases. Our use of dry lint, or dressing of wounds with plain or carbolised water, or red lotion, seems to me to be cleaner, sweeter, and less likely to be followed by such consequences.

French pharmacutists appear to occupy a higher relative position than they do with us, and to justly deserve it: the pharmacien or apothecary of the hospital attends the surgeon during his visit to the wards, and receives from him, at the bedside, instructions as to the various medicines which he orders for his patients. There is a greater amount of nicety or even of elegance in their preparations, and nasty drugs have their taste and odour disguised, so that the most fastidious can take them without discomfort. Purgative medicines are rarely ordered, while lavements, or injections, are in constant request; they are administered by an extremely ingenious instrument, called the irrigateur, which is less apt to get out of order than our enema apparatus, and is so simple that the most uninstructed person may use it with ease. The abuse of purgative medicines with us is much to be deprecated, and we may all take here a useful lesson from the French. In another department of Therapeutics, we should also do well to

follow them. Their system of baths or hydro-therapie is admirable. It is a recognised part of the systematic treatment of most diseases; and, with rare exceptions, the sole agent in the treatment of those of the skin. During my visit to the hospital St. Louis, where there are upwards of six hundred beds devoted almost entirely to skin diseases, I had the good fortune to be shown the baths, and to have them thoroughly explained by one of the physicians, Dr. Gibourt, and I must say I was not less surprised than delighted with their extent and completeness. Instead of allowing hydropathy to be practised as a specialism, and frowned at or looked down upon by the regular practitioners, it ought to be a mode of practice in every-day use. No hospital should be considered complete which had not a thorough system of baths, and no clinical school perfect, in which their mode of administration and special advantages were not explained and illustrated by competent teachers.

In another department of practice we may learn something from them. They insist much more than we do on fresh air and exercise, and calisthenics as curative elements in the treatment of the diseases of children. Their two sick children's hospitals, the Hospital des Enfants Malades and the St. Eugénie, have fine large gardens and playgrounds, with every appliance of the modern gymnasium to interest the children during their absence from their homes, to promote their health, and to invigorate their muscles.

In rachitis a new preparation called the lacto-phosphate of lime is largely used and with good results. I have received a supply of it from Dr. Dusart, the inventor, to whom my thanks are especially due, for the use of the Queen's Hospital, and have there employed it with benefit in that disease. The lacto-phosphate of lime seems to be readily absorbed by the digestive canal, and the remedy is what children's medicines seldom are with us, agreeable to look at and palatable to the taste.

Returning to surgical procedures, I may say that Chassaignac's inventions, the ecraseur and the drainage tubes, are still held in deservedly high repute, and are in daily use. Silver catheters or sounds are nearly obsolete, the soft flexible instruments having almost replaced them, and all are made with olivary or bulbous extremities.

One peculiarity I noticed in Dr. Demarquay's practice, and that was that in a case of stricture, with fistula in perineo, he used a soft bougie, about two feet long; passed first one end into the bladder through the fistula, and then doubling the instrument up, he introduced the other end of it into the fistulous opening, which he had previously enlarged, then passed it from behind forwards to the end of the urethra, and retained it there with straps and tape. This was a mode of practice which was new to me; it somewhat resembles that

recently described by my friend Mr. Furneaux Jordan ; though he pursues an original course, and that is, by making an opening into the urethra from the rectum, while Dr. Demarquay simply passed an instrument through an opening in the perineum which already existed just in front of the anus.

While on the subject of stricture I may state that the French devote a great deal of attention to it. Many instruments are in vogue for the practice of internal division, but Maisonneuve's which cuts from behind forwards, and consists of a lancet-shaped blade, which is passed along a grooved director is the most popular. External urethrotomy is also sometimes practised.

The same marked objection which prevails as to excision of joints is witnessed with regard to another operation, which is peculiarly British ; I allude to ovariectomy. It has seldom been performed, and by most Parisian surgeons is held in horror. The recent visit of some of the most distinguished to our shores at the last meeting of the British Medical Association will do much to put away the false ideas which exist in France with regard to that operation. Several of them had an opportunity of seeing Mr. Spencer Wells perform ovariectomy while in England, and they expressed to me the surprise and delight which they experienced in witnessing the simplicity of the operation when done by so dextrous and masterly an operator.

Much more I might say, and should like to say, on different surgical points of interest but I have probably already occupied your time and tried your patience sufficiently ; however, before concluding, I must give my meed of praise to the variety, the magnitude and excellence of the Paris hospitals, to their capital organisation, to their good system of nursing, performed generally by sisters of charity, who give their services gratuitously ; and lastly I must call attention to a special kind of hospital, unknown in England, which I think of great utility, and of which there is, I believe, an urgent need not only in London, but also in every large town throughout the provinces, I allude to the *Maison Municipale de Santé*. This hospital, which is under the control of the municipal authorities contains nearly six hundred beds, and is for the treatment of sick and wounded persons, who being unable to receive proper treatment at their own homes, can here, for a fixed tariff, obtain all necessary care and attention.

The prices vary from four to twelve francs per diem, and for this fixed charge are provided medical and surgical advice, medicines, baths, food, and linen. There are two physicians, M. M. Cazalis and Besnier, and one surgeon, M. Demarquay, but the patients can, at their own cost, call in consultation any of the physicians or surgeons of the Paris hospitals.

All the officers and nurses have fixed salaries, and no fees are allowed. The hospital is clean, well furnished, comfortable, and contains every variety of bath that the patients can possibly require.

Such an establishment is greatly wanted for the large floating population of Birmingham, comprising as it does, so many clerks and employés in the large shops and manufactories of the town and neighbourhood, who have no home here, and no place where they can have adequate care and suitable nursing in case of sickness, at a moderate cost. An institution of this sort might with propriety be started here, and if carried out on the model of the *Maison Municipale de Santé* of Paris, and as well managed and officered, it could not fail to be a great success.

In conclusion, I must express a hope that nothing I have said in the way of comment or criticism on French surgical practice has been unfair or ungenerous. I desire to pay the highest honour to French surgeons, and to give every credit to them for what they have done, and are doing, to elevate and improve our common profession. I can only wish that they would travel more, and that they would come often among us; thus, while accepting the hospitality which we should be so glad to extend to them, in return for the courtesy and kindness they always show to English visitors, and which I myself received in a very marked degree, they would enlarge their sphere of professional knowledge; and, while not diminishing their sense of respect for their own school of surgery, they would, perhaps, learn to accept more from the teaching of other schools.

