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Contributors

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THE

SECOND SIEGE OF PARIS.

THE AMBULANCES AND HOSPITALS OF PARIS UNDER
THE COMMUNE.

BY

JOHN MURRAY, M.D.,

Assistant Physician to the Middlesex Hospital.

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MDCCLXXI.

THE following account of a short visit to Paris under the Commune, originally appeared in the form of three letters to the BRITISH MEDICAL JOURNAL. These have been reproduced in a revised form at the suggestion of a few friends who have been able to discover matters of historical interest in them which are not likely to be noticed elsewhere. The events which completed the second siege of Paris, and the downfall of the Commune, occurred a few days after I had returned to England.

JOHN MURRAY.

40, Bryanston Street, London, W.,

June 20th, 1871.



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THE SECOND SIEGE OF PARIS.

THE AMBULANCES AND HOSPITALS OF PARIS UNDER THE COMMUNE.

A DESIRE to add a little to my Sedan professional experiences of war by obtaining a glimpse at the military surgery and medico-social arrangements of the Commune, led me to leave London for Paris on the evening of Friday, the 12th of May. I entered the besieged city by way of St. Denis, passing through the Prussian lines at eight o'clock on the following morning. The only noteworthy incident which occurred on the journey was that at Calais the official at first refused to return my passport, and demurred to my proceeding on my journey. He yielded, however, when I informed him that I was on my way to the English Ambulance in Paris and produced the *brassard* and parchment of the British National Society for Aid to the Sick and Wounded, which I had obtained last autumn, and which I had put in my pocket as a precaution. I drove from the railway-station to 7, Rue d'Aguesseau, the residence of Dr. Rose Cormack, your Paris correspondent, to whose labours during the two sieges you last week paid a just and well merited tribute, one which I have heard fully corroborated during my few days of Parisian exploration. In relation to Dr. Cormack, I may here mention an incident which occurred at an after-part of the same day. When we were together in the Rue du Faubourg St. Honoré, we were met by a person whose occupation is to collect news for a London paper. He stated that he had been arrested at the Commune outpost of Issy some days previously, as a spy, but was immediately liberated on his producing Dr. Cormack's card, which he accidentally had in his pocket-book, with a note thereon to the effect that on the following day there would be four vacant beds at the Ambulance Anglaise. "All right," said the officer. "If you are connected with the English Ambulance, you may go. The Commune is very grateful to Mr. Wallace and Dr. Cormack."

The drive from the railway-station to the Rue d'Aguesseau was most impressive. The deserted streets and boulevards, the few shops and cafés that were open, the boom of the cannon, mingled with the occasional chorus of musketry and the mitrailleuse, strangely contrasted with the thoroughfares of London, which I had left but a few hours before. An explanation of this was at once given by the barricades, the almost ubiquitous costume of the Garde Nationale de Paris, in which nearly every man capable of bearing arms was clothed, the numerous military waggons in the streets, and the stray flag of the Convention of Geneva suspended from the houses.

From a balcony of a mansion in the Rue d'Aguesseau floated the Union Jack by the side of the Red Cross. This building was, I found, the Ambulance Anglaise. It is one of the ambulances which were organised during the German siege. The American and most of the other ambulances were closed on or before the 1st of April, at a time when it was generally supposed that such institutions were no longer necessary. Arrangements had been carried out to a great extent by the Intendance Militaire for removing to their homes in the country the convalescent wounded mobiles and soldiers of the line, excepting such as were not sufficiently recovered to bear the fatigues of the journey, and who were consequently accommodated in the military and civil hospitals of Paris.

The American Ambulance, to which I have just alluded, was organised at the commencement of the siege under the superintendence of Dr. Swinburn. It was under canvas in the Avenue de l'Impératrice; and although it was mainly supported by the Americans, who got the entire credit of the undertaking, English money and English hands assisted in the work. The ever ready generosity of Mr. Wallace added considerably to its support, and Mr. Baillie Cormack, a student of medicine and son of Dr. Cormack, acted as one of the dressers at the Ambulance. It was closed after a very successful career on April 1st. The precautions adopted as to ventilation and cleanliness, which I am told were beyond all praise, no doubt accounted for the total or all but complete absence of pyæmia.

Equally admirable results were obtained, for the same reasons, at Dr. Cormack's Ambulance in the Rev. Mr. Cook's Methodist Church, 16, Rue Demours (Ternes), which accommodated twelve beds, and was given up by that gentleman as an ambulance during the siege; in it only one death occurred. This success was in no small measure due to the unwearied exertions of Mr. Cook, who devoted himself to the care of the

wounded in the ambulance, and indeed in the ambulance service generally throughout the siege.

The English Ambulance not being actually closed on April 1st, Mr. Wallace resolved to keep open this, which in reality is his Ambulance, being entirely maintained at his own expense for the succour of the wounded victims of the civil war. In addition to the Ambulance in the Rue d'Aguesseau, Mr. Wallace maintained during the whole siege, and still maintains, another Ambulance at 26, Boulevard des Italiens, known in Paris by the name of the Ambulance de M. Richard Wallace. It has one large and lofty ward, which formerly, I was told, had been a picture gallery, and contains thirty-two beds, with abundant cubic space for each. It is under the charge of MM. les Drs. Portalier, médecin-en-chef and directeur; Péan, chirurgien consultant; M. Chanu, médecin adjoint; M. Pietre, médecin de nuit; and M. Coudray, pharmacien. The official return, kindly prepared for me up to date May 15th by M. Portalier, states that the Ambulance was founded on September 22nd, 1870, that the number of regular soldiers admitted was one hundred, and the number of National Guards twenty—most, if not all, of the latter having been wounded since the commencement of the civil war. The number of deaths was ten, of which six were due to pyæmia. This Ambulance was to have been closed on April 1st, but has been kept open for the same reason as the Ambulance Anglaise.

Let me now return to the Ambulance Anglaise, which I visited with Dr. Cormack shortly after reaching his house. It consists of two spacious mansions with a central court and garden behind. Accommodation might easily have been afforded for fifty beds, but, in order to obtain abundant cubic space and efficient ventilation, not more than forty, excepting on very rare occasions, have been occupied, and to that number they are now restricted. It was organised on January 1st, and placed under the joint care of Dr. Shrimpton and Dr. Cormack. Latterly, in Dr. Shrimpton's absence, it has been under the charge of Dr. Cormack. Mr. Baillie Cormack has been indefatigable as an assistant and dresser. During the whole of the siege until the Ambulance Anglaise was opened, Dr. Cormack had twelve beds at his disposal in his own house, chiefly supported by the Comité Evangélique. The operations of this Committee appear to have been very extensive. It had six or eight hundred beds widely distributed in and around Paris, and forty or fifty clergymen and readers served as *brancardiers* in the battles. Not only did they carry the litters, but took the place of the horses in the Ambulance-waggons after these animals were unobtainable. At-

tached to the Ambulance Anglaise are two wards for English women, the nucleus of a permanent English hospital which is to be built by Mr. Wallace, and to contain accommodation for twelve men and twelve women. These two English hospital wards are at present under the care of Dr. Herbert ; but when the Ambulance is closed, the care of the wards will be taken by Dr. Shrimpton, Dr. Cormack, and Dr. Herbert in rotation. English out-patients are at present seen here gratuitously every day in the week, except Monday.

The ambulance arrangements of the Commune, at first very incomplete, are now assuming a more or less organised form under the administration of M. Sémérie, Directeur-General. Each *arrondissement* has its own service, its ambulances, and its civil hospitals, to which wounded may be sent ; but, at their own request, a large number of the wounded National Guards are taken to their own homes. The Ambulance de la Presse which was organised during the first siege has been again opened, and numerous other smaller ambulances are at work. In addition to those of the *arrondissements* there are temporary ambulances at the front for attending to the wounded before being sent into Paris. That at the battery near the Porte Maillot, where a large number of casualties have occurred, is on the ground-floor of a new house, and under the care of several surgeons and dressers. It is unnecessarily close to the battery, and has suffered considerably from shells, which are constantly falling around. The captain in charge of this battery and the first gunner were brought into the Ambulance Anglaise only an hour or two before my visit. A few hours previously, a large marine shell had passed through the floor of the apartment adjoining the operating-room into the foundations of the house at the Porte Maillot, and then burst, blowing the floor to atoms. I was much amused at the means of protecting themselves from missiles which were adopted by the surgeons at this ambulance. A large shell had entered the hall through a glass door opening into the garden. The surgeons were in the habit of sitting in this hall over their wine and cigars ; and to afford protection, as they said, from another visitor of the kind, a small mattress was suspended before the broken door—a rather comical guard against enormous marine shells capable of piercing iron-clad vessels, effective as the mattress might be in stopping bullets. But by habit, people under fire become cool and indifferent to danger ; hence the value of experienced troops. In the adjoining house, I saw a poor woman of seventy summers, or thereabout, who exposed herself day after day to a sometimes constant fire to obtain a few *sous* profit on the wine which she retailed to

the National Guards on duty ; and it was not unusual to see people waiting behind walls for the bursting of shells, for the fragments of which they obtained a small sum from old iron merchants in Paris ; but the most lunatic proceeding was the practice of unexperienced hands attempting to extract the charge from unexploded shells for the sum of five *francs* per charge, an experiment which not infrequently ended in a terribly fatal manner, the man and shell being blown to atoms. But we should be surprised at nothing the Frenchman does. I shall not readily forget a scene which happened on Monday, May 14th, and struck me as peculiarly characteristic of the Parisians. Within a mile and a half of the severe fighting, with the din of cannon and musketry falling constantly on the ear, the Parisians were out in their Sunday, which was mostly mourning, attire, watching with evident but mixed feelings of interest, the erection of formidable earthworks at the top of the Rue de Rivoli and Rue Royale, the guns of which were to sweep the Place de la Concorde on the entry of the troops. The fountains were playing as usual in the clear sun ; the water-hose were being plied ; the lamplighter was busy cleaning the street-lamps ; while at the barricades a roaring trade was being driven in *Siröp de Vanille*, the abominable periodical *Père Duchesne*, and coarse illustrated skits on Napoleon, Thiers, and other celebrities. Nor was the combination of circumstances and persons rendered less strikingly Parisian when one's eye caught a glimpse of the strips of paper pasted on the neighbouring shop-windows to diminish the vibration caused by the guns, in the arrangement of which even the light-hearted Celt had not lost his opportunity to impart a touch of the fantastic and comical. Away towards the ramparts, again, might be seen a kite high in air, vying in flight with the shells which now and again flew past it. But I must apologise for this digression.

The means placed at the disposal of the surgeons are insufficient for carrying off the dead and wounded, who are often left lying for some time without receiving any attention. All the medical men remaining in Paris, unless they show sufficient cause for being exempted, are either incorporated with the fighting battalions or are attached to ambulances. Although there is plenty of accommodation at several of the large civil hospitals, the number of wounded sent to them has been limited, except at Beaujon, which is within range of the shells, and receives many of the wounded : 150 have been admitted, under M. Dolbeau and others, into this hospital since the civil war began, amongst whom a good many have been women injured at Neuilly and the

neighbourhood ; I counted seven in one ward at this hospital. A large temporary wooden hospital, which was built during the siege, is now full of wounded National Guards. There are still twenty cases in Beaujon of wounds received during the first siege. At La Pitié there are about forty-five wounded, chiefly under the care of M. Broca, of which number thirty are old cases. At La Charité there are twelve wounded, mostly under M. Gosselin ; and at the Clinic of the Ecole de Médecine only one. There is not a single wounded man in the Hôtel Dieu. The mortality at Beaujon has been excessive. It is very difficult to say what number of killed and wounded there has been since the second siege began. I tried to obtain trustworthy figures, and believe that the Communist loss has been up to this date (May 17th) little under 12,000 in killed and wounded. There are at this time probably about 1500 wounded in the hospitals and ambulances of the *arrondissements*, in addition to those under domiciliary care.

A remarkable feature which I have noticed whilst visiting the ambulances has been the number of volunteers amongst the wounded. In the Ambulance Anglaise a fifth, I should think, were volunteers ; but the occurrence of so large a number was, I cannot but think, in this case a coincidence. Some of them were foreigners, but the majority were Paris boys under nineteen, at which age they become liable to serve in the ranks of the Communist army. It is difficult to imagine what impulse led them at such a time voluntarily to enter the army ; but, although some of them were doubtless enthusiasts, and others took to fighting because almost everyone else was doing it, still I believe the explanation is generally to be found in the thirty sous a day, the pay of the National Guard. Fighting is almost the only means of procuring a livelihood. Boys unable to carry a rifle are earning their few sous a day by working in batteries. One of Dr. Cormack's patients, for instance, was a boy of fourteen, who was wounded by a shell-fragment on the back while replacing sand-bags on a battery as they were knocked off by the guns of Valérien.

The details of cases of medical and surgical interest which came under my observation I shall defer for the present.

Curiosity led me into the Morgue on my way to la Pitié hospital, thinking that the Commune, a state of siege, revolution, and poverty, would certainly not fail to multiply the occupants of this disgusting institution. But no ; the theft of two Napoleons explained the self-destruction of the one solitary occupant. Nor, whatever the fact may be worth, was the uniform of the National Guard at all a feature amongst the bundles of clothes suspended for the public gaze.

I visited, with Mr. Baillie Cormack, the Quartier Latin. Its deserted appearance was very impressive. At the Sorbonne, the Concierge looked quite offended at our daring to disturb the silence of the quadrangle. Not a student was to be seen; and the only course of lectures announced on the walls, was one on anatomy by M. Paul Jervais. That the department appertaining to the theological faculty should present no symptoms of life, was intelligible, as the Catholic religion and the priesthood are at present little tolerated by the Commune; and the churches are many of them closed or transformed into clubs. We wended our way across the Boulevard St. Michel, and along the Rue de l'École de Médecine to the École Pratique. Here were a few almost untouched bodies in the dissecting room, but no students. The well-known instrument-shops of Charrière and Louer failed to present their wonted activity, notwithstanding the constant requirements of surgery at the ramparts, and the statue of Bichat was alone left to survey the empty court and closed gates of the École de Médecine. There was something strangely contradictory to all this in the "Liberté, Égalité, Fraternité", inscribed on the front of this building. The walls of the Clinique de la Faculté de Médecine opposite, had not escaped this now universally prevalent motto.

Where were the students? With the exception of a few foreigners who still remained in Paris, and those actually required on duty at the hospitals, they were to be found in the battalions of the Garde Nationale, or serving as dressers in the ambulances of the Commune. The medical students had shortly before met, and decided by a large majority to have nothing to do with the Commune, and refused to take out their inscriptions under the Communist medical authorities. Many of the leading members of the Faculty had left Paris. An attempt had been made to get up a new medical school and staff; a new Dean had been appointed; and a meeting of medical men had been called for the consideration of the subject, but no recognition had hitherto been given by the students to the efforts of the Commune. The behaviour of the students is looked upon as a great blow to the Commune, as the medical *élèves* of the Quartier Latin have usually entertained advanced political opinions; those of the Commune, however, have proved too *prononcés* even for them.

An innovation has been introduced at the Beaujon Hospital, which hitherto had not been allowed by the authorities to hold *cours*; the staff have taken advantage of the permission of the Commune, and lectures on the Eye and Ear by Dupley, on Therapeutics by Gubler, on Clinical

Surgery by Dolbeau, and on Clinical Medicine by Axenfeld, are now being delivered. I attended one of M. Axenfeld's lectures on clinical medicine, the interest of which was by no means diminished by the noise of bursting shells within a few hundred yards of the theatre, and the more irritating fusillade of musketry and the hoarse whir-r-r of the mitrailleuse. Several shells (eight, I was informed) had during the past few days dropped within the precincts of the hospital—luckily, without doing much damage. Twenty-five students were present—with one or two exceptions, all were *internes* and dressers. Amongst their number was an Englishman, Mr. Osborne C. Powell, who courteously drew my attention to the interesting cases in the hospital.

Although a large number of the leading members of the profession have left Paris, many still remain to perform their hospital duties, and the Academy of Medicine still holds its sittings. At La Pitié, Lasègue and Broca were making their visits as usual ; several of the staff, however, have left Paris. At the Hôtel Dieu none were absent, and Gosselin was still at La Charité. The national religion being abolished, the Commune has decreed that the wards shall no longer be called by the names of the saints, and that they be numbered. This decree, I was told, has been already effected at one of the hospitals.

I shall now proceed to describe more in detail the medical and surgical features of interest which were afforded by the hospitals and ambulances, and shall at the same time continue to take an occasional glance at social matters, with which they were more or less linked, and which tended greatly to intensify the professional interest of the individual cases. In fact, the hospitals and ambulances formed, to a large extent, a mirror of the social and political state of Paris.

A popular belief has for some time existed in this country, that the French excel in surgery, and this same opinion is still entertained and taught by a few members of the profession here. I confess that a constant attendance for four months in the surgical wards of the Paris hospitals in 1865 led me to arrive at a very different conclusion. I take it that the great advance which has been of late years made in surgery, lies chiefly in the undeniable recognition of the vast importance of attending to the hygienic conditions in which patients are placed, especially as regards cleanliness of wounds and thorough ventilation of wards. Delicate operations and conservative surgery generally owe their success largely to the maintenance of these necessary conditions. But we find in France, and very generally on the Continent, an incomprehensible ignorance of this ; and the present unhealthy state of the wounded in the

hospitals and ambulances of Paris bears out what I say. I took the opportunity, in my last letter, of alluding to the marked success which had attended the American and Dr. Cormack's ambulances, which is fairly to be attributed to the excessive cleanliness and efficient ventilation constantly enforced. In these ambulances, I am told, no deaths, or at most one, occurred from pyæmia. If, on the other hand, we take for example the results at the Beaujon Hospital, we find that fifteen patients who had the leg amputated all died of pyæmia or gangrene; of three amputations at the shoulder, two proved fatal from the same cause, and the third patient was not yet well. Greater success has attended the other amputations of the upper extremity; but I am unable to give the exact details of the cases. That Beaujon has suffered more severely than many of the other hospitals, may be true; but pyæmia and gangrene have been, I believe, commonly prevalent in all. So generally, indeed, is this known, that the wounded frequently decline to enter the general hospitals. This may account for the comparatively small number of wounded in these hospitals. The wounded greatly appreciate the skill and kindness bestowed on them at the Ambulance Anglaise, to which many have requested to be carried. The ambulances generally, however, have suffered less severely than the hospitals.

It would be a task of no great difficulty to obtain in Paris numerous instances confirmatory of the opinion long entertained in this country, that the congregation of large numbers of wounded together is likely to be followed by disastrous results; especially with such absence of proper dressing and cleanliness of the wounds as is found in many of the French hospitals. In time of war, too, it must be remembered, houses of all descriptions are utilised as ambulances. The Grand Hotel, for instance, the windows of which open into close courts and dark corridors, was appropriated for the purposes of an ambulance during the first siege; and the mortality was, consequently, very excessive. And it is for the same reason painful to recall to mind the magnificence of the great, and in some respects admirable, Herbert Hospital of Woolwich, and the consequences which would probably ensue were it found necessary to fill its wards with wounded men.

In considering the probable mortality among the National Guards wounded during the civil war, it will be well to remember that the Communists have been fighting under much more favourable conditions than existed during the first siege of Paris. They have been exposed to fewer of the fatigues and vicissitudes of weather, and to none of the starvation which so seriously affected the mortality last winter.

There is at present but a trifling scarcity of good food in Paris, as evidenced by the price of provisions ; and the health of the population—omitting the slight prevalence of small-pox—appears to be good. At the Hôtel Dieu, there are plenty of empty beds—a state of matters which cannot be explained by the exodus of three quarters of a million of the population, as the poorer or hospital-going classes still remain in Paris. And it must not be thought that the Commune has by any means neglected to attend to hygienic precautions for the maintenance of the health of the population. The night-soil is removed betimes in the morning ; the hospital service has been conducted by the Assistance Publique as usual ; and the general comfort of the “*citoyens*,” as they are now called and call each other, has not been ignored : even to the systematic watering of the boulevards, which I saw carried on where bomb-shells were occasionally falling. A further attempt has been made by the Commune to improve the public health by dealing a blow at prostitution. Although the general health of the population of Paris may be at present good, it is to be feared that the poverty and depression consequent on the Franco-Prussian and civil wars will tend greatly to increase the ravages of the cholera, which is assuredly approaching.

Before proceeding to give a detailed account of some of the wounded who came under my observation, I may be permitted to say a word on the general nature of the wounds and on some of the dressings commonly in use.

A noticeable fact is the frequency of bullet-wounds of the shoulder, more especially of the right side. This, and also the comparative rarity of bullet-wounds of the lower extremities, common in the Franco-Prussian war, may be accounted for when it is remembered that during the second siege a great part of the fighting has been from houses and from behind barricades and ramparts, or, more commonly, powerful and well mounted earthworks and batteries. This, by the way, tempts me to wander from my subject, and allude to the character of the present revolutionists, who, unlike their more immediate predecessors, are mostly trained soldiers who have passed through a siege in which unexampled opportunities were afforded for understanding the requirements of defensive warfare ; and this it is which accounts for the prolonged nature of the present struggle. The majority of the wounds of the lower extremities are shell-wounds received at the batteries and in the streets ; and, indeed, I think I may safely say that one-half of the wounds received during the Communist war and now in hospital are shell-wounds—an-

other evidence of the mode of warfare now being conducted, as shell-wounds are, from their extent and severity, more generally fatal than those produced by bullets, and those brought into hospital ought therefore to be comparatively less numerous.

There is very little to say about the dressings. At l'Hôpital Beaujon the wounds are commonly treated in the first place with cold water, and when suppuration has commenced by M. Dolbeau's alcoholic dressing, as described in the BRITISH MEDICAL JOURNAL of November 20, 1869. Glycerine alone is employed when the wound is healing. Irrigation with a weak solution of carbolic acid was, I observed, being employed in one case at La Pitié for a shattered hand. An elegant preparation employed by Dr. Cormack for cataplasms is "glycerole," made of starch and glycerine, applied in a cloth wrung out of hot water: a soft application combined with heat and moisture is thus secured for many hours. During the first siege, when linseed-meal could not be procured, this preparation was largely used. The Ambulance Anglaise furnishes in abundance further evidence—if it be still required—of the great value of *étoupe goudronnée* or teased oakum, which gained a deservedly popular reputation with everyone who used it during the Franco-Prussian war. Dr. Cormack believes that much of his success in keeping the wards free from the smell of pus is due to the use of this article of dressing. It soaks up the matter and destroys its odour.

Of the considerable number of wounded who came under my observation, I think it may be better to confine myself more particularly, although not entirely, to a detailed notice of those in the Ambulance Anglaise, as I became more or less familiarly acquainted with them in assisting Dr. Cormack; and they represent, in great measure, the kind of wounds to be found throughout the ambulances. A knowledge of their individual histories, irrespectively of the surgical interest of the cases, will also enable me to cast a glimpse at some non-professional aspects of the war, which no outsider has the same opportunity of fathoming so well as the ambulance-surgeon.

Among the distinguishing features of the Ambulance Anglaise of Dr. Cormack is the scrupulous care bestowed in keeping the wounds clean by effectively syringing out sinuses and suppurating cavities, and attending to the thorough ventilation and general hygiene of the wards. Each patient is supplied with two sponges, which are used only in dressing his own wounds. They are hung in an oiled silk bag above each bed. Minute hygienic care will explain much of the success which up to the present time has attended Dr. Cormack's labours.

Above two hundred cases, sick and wounded together, are either now under treatment, or have passed through Dr. Cormack's care. Twenty-two of the number were not wounded; and seven, when under treatment for their wounds, took small-pox. One (at Les Ternes), when recovering from a severe gunshot wound of the chest, took measles, and then scarlet fever, but ultimately left in good health. One (not wounded) died of typhoid fever. A man, after a gunshot wound of the leg, had small-pox, and recovered. One death occurred from pyæmia, in a case of wound of the groin and compound fracture of the femur; one death in an *infirmier* of the *Ambulance Volante*, from a piece of shell lodging in the abdomen; and one death from erysipelas, in a case where a ball entered close to the anus and came out at the inside of the thigh.

The *infirmiers*, or male nurses, at the Ambulance Anglaise are all convalescent wounded soldiers, who have been retained by Dr. Cormack for the purpose—an experiment which has answered admirably. These men have been wounded themselves, have experienced what it is to suffer, and, from their ambulance experience, understand the wants of the wounded; and they are specially willing servants from knowing that, had they been discharged, they would have at the present crisis been impressed into the service of the Commune—an attention which on their part they would not feel inclined to appreciate. One, a clear-eyed and exceedingly intelligent Parisian, had been wounded in the thigh on January 7th, while on outpost duty; and the other, also a native of Paris, received a bullet in his arm while in a wood at Trochu's last sortie behind the fortress of Mont Valérien, where for some hours the fighting was deadly and desperate.

There are still remaining in the Ambulance Anglaise a few men who were wounded during the first siege; and all these cases are worth taking notice of. Amongst them is a young fellow aged 22, who was wounded on November 30th in the fight at Champigny. He is the only survivor of fifty admitted on that day into a ward in the Hôpital St. Antoine specially prepared for that battle; the others died in most instances of pyæmia. This man was wounded by a ball which entered below the knee on the outside and passed out on the inner side of the thigh, after extensively fracturing the femur. When he was brought to the Ambulance Anglaise some months afterwards, the limb was three inches shorter than that of the opposite side, and there was a sort of cow-tail motion at the seat of fracture, and the sharp end of a large fragment of bone could be felt overlapping the external condyle. The

limb has been kept in a splint, and his general health is now restored under the influence of good dieting and cod-liver oil.

Another of the old cases was that of a Zouave who had been wounded at Champigny by a ball passing through the shoulder from behind without injuring the joint, but breaking the clavicle. The bullet came out anteriorly some time afterwards, encircling several pieces of bone. The lung was uninjured, and he is now recovering. When the news was brought to the ambulance on the evening of Tuesday, May 16th, that the Commune had at length fulfilled its promise that the column in the Place Vendôme should be pulled down, this man became furious and left the premises, declaring that he would not remain another night under a roof that sheltered such *canaille* as the Commune !

Bullet-wounds of the Shoulder.—I have already alluded to the frequency of bullet-wounds of the shoulder during the second siege, and referred to the details of a case dating from the first siege. Amongst the most interesting of those recently brought into the Ambulance Anglaise was that of a National Guard named Brunet, aged 34, who was wounded at Neuilly on April 12th. The bullet had entered from behind at the shoulder and made its exit in the upper third of the arm externally, smashing the upper part of the humerus to fragments. It was found necessary to resect the bone. Dr. Cormack, without any relation to the entry or exit of the ball—as the two wounds, from their position, could not be utilised—made a single longitudinal incision at the outer side of the joint through the deltoid muscle in the course of its fibres, exposing well the bone. Two or three small arteries had to be tied; but there was no bleeding to prevent a good view into the wound, though from the muscularity of the man it was very deep. Having dislocated the head of the humerus, Dr. Cormack dissected out the smashed pieces of bone, and sawed off the end of the shaft. The bone removed showed the humerus, for about three inches of its upper part, to have been smashed into a dozen fragments. The patient was three-quarters of an hour under operation and chloroform. He had suffered intense pain before the operation; but, on awakening from the anæsthesia in his bed about half-an-hour after it, he felt no pain. From immediately after the operation, he has been able to move his fingers and squeeze fairly with his hand; there is perfect sensation. He eats, drinks, and sleeps well. The wound is healthy and closing, with abundant discharge of laudable pus. There is a large abscess at the anterior aspect of the chest, below the point of entrance of the ball.

A. S., aged 36, belonging to the National Guard, was admitted with an extensive wound in the shoulder, received at Issy on May 9th. The case was of some interest from the fact that the shoulder-joint and the vessels at the base of the neck had both very narrowly escaped injury. The ball entered at the external and anterior aspect of the shoulder, and passed out at the sternal end of the clavicle. The skin and muscle along the shoulder and clavicle were torn up, and the periosteum covering the clavicle appeared to have been partially stripped off. The shoulder-joint, however, marvellously escaped injury.

Another example of shoulder-injury was that of J. L., aged 28, who was wounded on May 9th at Issy. Before the Franco-Prussian war he was a marine, but had afterwards been transformed into a franc-tireur for the time. When he fell into the hands of the Commune, he found himself in the artillery uniform of the National Guard. This rapid change from one branch of the service to another was not by any means an uncommon feature of the late troubles in France. While he was defending a gun alone at Issy, a bullet struck him on the anterior part of the shoulder, nicking off the tip of the coracoid process and passing out posteriorly. The wound was, he said, the work of a woman firing from the houses on the side of the Versailles troops—an unusual occurrence; but it was not, he jocularly submitted, *une affaire d'amour*. This man was a drunkard, but the symptoms of alcoholism, at one time very urgent, had been wonderfully subdued by doses of bromide of potassium. He suffered to a remarkable degree from local cramps of the abdominal muscles, which were relieved by sudden temporary cold applications.

C. P., aged 19, a National Guard, was admitted on May 9th with a bullet-wound of the shoulder received at Issy. The bullet struck him while he was rising from the ground; it entered at the supraspinous fossa and made its exit close to the angle of the scapula, without producing any injury to the bone. The wound was healing rapidly.

A. C., a volunteer in the National Guard, and not more than seventeen years of age, presented a very ragged and purely flesh-and-skin wound along the supraspinous fossa. The character of the wound was consequent on the fact that the bullet had already lost much of its velocity when it struck his shoulder. He was doing well.

Bullet-Wound of the Axilla.—The almost total absence of hæmorrhage in some wounds, owing to the tearing of the vessels, is very remarkable. In a patient at the Beaujon Hospital, I saw a case in which a Chassepôt-bullet had entered the axilla, severed the axillary artery, and injured some of the branches of the brachial plexus. It passed out behind

the scapula. No hæmorrhage occurred ; and the collateral circulation had now become established. There was paralysis of the arm.

Bullet-Wound of the Elbow-Joint.—The advantages of primary resection of the elbow-joint in gunshot wounds were well illustrated in the case of A. G., aged 35, a National Guard, who was wounded on April 12th. The ball entered at the elbow, smashing the bones into numerous fragments, and then passed out at the middle third of the fore-arm in front. The man (a drunkard) was quite intoxicated when admitted. It was determined by Dr. Cormack to resect the joint ; but the friends would on no account hear of it. Diffuse cellulitis supervened, and the skin became brawny and erysipelatous. The only chance, and that a doubtful one, of saving the man's life, was now by amputation.

Bullet-Wounds of the Chest.—In the Ambulance de M. Richard Wallace were two illustrative cases of bullet-wounds of the thorax. In one of them the bullet had struck the upper part of the chest and passed through the apex of the right lung ; in the other the bullet had impinged against a rib in the left axilla and passed out at the axilla on the right side, affording a good example of the manner in which bullets sometimes travel round the thorax.

Bullet-Wound of the Thigh.—J. V., a patient of Dr. Cormack, aged 35, an Englishman, had served his time as a soldier in the British army. During the Franco-Prussian war he joined Chanzy's army as a volunteer, and returned to Paris on the declaration of peace. After the civil war broke out he went to Porte des Ternes to watch the fighting, and there received a bullet (which had ricoched) through the inner part of the thigh, passing out close to the femoral artery, but without injuring that vessel. The wound was now rapidly closing.

Bullet-Wound of the Knee.—Amongst the wounds of the knee, was that of a drunken opium-eater, S. B., aged 46, a sergeant-major of the Commune, who was accidentally shot by his revolver falling on the ground out of his belt. The bullet entered at the outer aspect of the joint, and appeared to have wended its way to a point two inches above the inner aspect. A probe could be passed to this extent, but no further. The bullet could not be found, and had either dropped out at the wound of entrance (which, from its circuitous course, is unlikely) or had buried itself in the muscles of the thigh. The good effects of bromide of potassium in causing sleep and dispersing the symptoms of threatening delirium tremens were very marked in this case.

Bullet-Wound of the Tibia without Fracture.—In the Beaujon Hospital I saw a case which presented considerable interest. The effect of

the Chassepôt and of all the German bullets, when striking the long bones, has been generally found to be extensive fracture and splintering; but in the case of a National Guard in this hospital, the bullet had passed through the tibia without producing any appearance of fracture.

Shell-Wounds.—Amongst others there were a few cases of slight injury, with some abrasion of the skin, which however was accompanied, as is usually the case, with considerable contusion. F. B., aged 23, a National Guard, was sent from the village of Neuilly on May 12th with such an injury to the right arm. The skin was abraded to a slight extent only, but the arm was much swollen and contused. In two or three days the arm was well. On the 16th, C. G., a boy fourteen years old, engaged in carrying ammunition and repairing batteries for a few *sous* a day, was also sent to the ambulance with a contusion over the left lumbar region, caused by a piece of shell. The injury produced little more than temporary discomfort.

Shell-Wound of the Abdomen.—The most severe abdominal shell-wound received into the Ambulance Anglaise since the beginning of the civil war was that of an *ambulancièere*, who, while attending to the wounded at Issy, was struck by a piece of shell which lodged in her abdomen. Acute peritonitis set in immediately, and she died in thirty-six hours after suffering most acute agony. The remains were honoured by a military funeral; and at each corner of the hearse was the *chiffon rouge* of the Commune. An interesting incident occurred in connection with the ceremony. Her friends wished a funeral service to be read over the body. To this the captain of the guard, like a consistent Communist, demurred at first, but he ultimately granted a delay of a few minutes. A Roman Catholic clergyman was not to be found; but a well known and much respected French Protestant minister attended, and availed himself of the opportunity to point out to the National Guards present—and that most plainly and eloquently—that the civil war which they were now waging was a sorry application of that *fraternité* of which they were so fond of shouting. The address, coming as it did from the lips of one gifted with so much eloquence, produced a deep impression on the soldiers present.

Shell-Contusion of the Abdomen, with Melæna.—A peculiar case, of what appeared at first sight to be simple contusion, occurred in the husband of Madame Champion, wounded by the bursting of a shell in their house in the Avenue de la Grande Armée. The fragment of shell struck him over the hepatic region. Vomiting and great prostration

set in, which raised the suspicion of serious mischief. An unfavourable prognosis was to some extent confirmed by the appearance of de-colourised blood in his stools for three days. The symptoms, however, speedily passed off, and he was now perfectly well. What the real injury was, it is difficult to say; but the symptoms were such as might fairly be attributed to slight laceration of the liver or intestine. The treatment which Dr. Cormack adopted in this case was the constant application of poultices of linseed-meal and olive-oil, of size sufficient to encircle the entire abdomen. A large opiate was also administered for the first five nights. No other medicines except opium and castor-oil were taken by this patient.

Severe Lacerated Shell-Wound of the Hip.—While I was visiting for the first time Dr. Cormack's patients in the Ambulance Anglaise, A. B., aged 34, an artilleryman, was brought in from the battery outside the Porte Maillot with a severe shell-wound of the hip, received half-an-hour before. He was one of the best pointsmen at the battery—of whom there was a dearth amongst the Communists—and received his five *francs* a day, the pay of the skilled artilleryman. He was a thorough-looking blackguard, to all appearance born and bred in Belleville. He presented the symptoms ordinarily observed in the recently and severely wounded—collapse, with coldness of the surface and shivering, notwithstanding the sultriness of the day. Before being put into the ambulance-waggon, he had been dressed at the ambulance station at the Porte Maillot, the fragment of shell extracted, and a pad and bandage applied. On arrival, it was found that he had received an extensive lacerated wound on the left coccygeal region, which formed a cavity extending some distance under the skin, and full of pent-up blood, which poured out on the removal of the bandages. The surrounding tissues were greatly contused. He was treated in the manner usually adopted by Dr. Cormack; warm meat-broth and stimulants being given internally and hot bottles applied externally before the wound was touched. This was throughout the first siege the method carried out by Dr. Cormack, giving also an opiate at night. In the present case reaction speedily set in, and the patient was soon enabled to undergo, without much distress, a thorough examination of the wound. From its saccular character, and the bruised condition of the surrounding tissues, it was considered advisable, in order to prevent a bag of pus from forming, to lay open the entire wound. This was accordingly done, and the wound two days afterwards afforded every appearance of healing rapidly.

Paralysis of the Leg from a Shell-Wound.—A case somewhat similar to that previously related, in which the arm was paralysed, was admitted into the Beaujon Hospital. It was that of a National Guard who was struck in the back part of the thigh by a considerable fragment of shell, which passed from the outer side completely through the muscles about the middle third, leaving a gaping wound throughout. The artery had apparently escaped injury; but the limb had to a great extent lost motion and sensation.

Lacerated Wound of the Thigh.—Mme. Champion's sister, aged about 25, who was wounded by the same shell as her sister and sister's husband, received a severe lacerated wound of the thigh. She also had a lacerated wound of the hand with fracture of the metacarpal bones, which were uniting well. This young woman was received into the Ambulance Anglaise with M. and Madame Champion on the 8th of April.

Amputation of the Leg by a Shell.—A native of Luxembourg, and a volunteer in the National Guard, was found, on May 14th, by Mr. Baillie Cormack at Neuilly with his left leg shattered by a shell about the middle third, and dangling by a slight piece of skin. Mr. Cormack removed the limb, bandaged the stump firmly, and brought the man to the ambulance. The limb was so torn that wonderfully little hæmorrhage had taken place—enough, however, to produce a blanched appearance of the lips. On the following day the man was put under the influence of chloroform. Dr. Cormack then removed the smashed portions of bone adhering to the stump, and about two inches of the uninjured shafts of the tibia and fibula. He then trimmed the skin and muscles of the calf of the leg, which were still sufficient to afford an admirable flap. The operation was a delicate and tedious one, and was rendered more so as we were short of hands; the femoral artery having to be compressed and chloroform to be given by the same person—a difficult task, as the patient at times struggled very much, and was sick and fainted on several occasions. There was a good deal of venous hæmorrhage from the bruised muscles forming the stump, but it ceased in an hour or two. The chloroform sickness continued for several hours, and left him in a state of profound collapse, from which, however, he rallied during the afternoon.

Shell-Wound of Leg: Amputation.—Mme. Champion, aged about 30, received a severe injury to the leg, necessitating amputation, from a shell which exploded in her *boulangerie* on the 8th April, in the Avenue de la Grande Armée. She was otherwise severely injured,

and covered with bruises and lacerations, numbering sixteen in all. The husband and sister were also seriously hurt. The limb, which was utterly smashed, was removed below the knee-joint, and she had since been progressing favourably. She was, however, five weeks after the operation, inordinately feverish, and there was great pain with some effusion, apparently synovial, into the knee-joint. The wound was healing satisfactorily, however; and there had been no rigors or other symptoms pointing to pyæmia.

Compound Fracture of the Tibia and Fibula, caused by a Shell.—This occurred in an apple-woman, who was struck, two or three days before, close to the Cirque Impératrice, by an unexploded shell, which came tumbling along the Champs Elysées with its force almost expended. The skin was lacerated immediately over the tibia at the seat of fracture, but to a slight extent. A small piece of dead bone was now becoming detached: the woman was doing well.

Shell-wound of the Tarsus.—An interesting case of wound of the foot was brought into the ambulance on May 12th, from the Batterie Avancée at the Porte Maillot. The patient, P. Brost, aged 39, was a captain in the Artillerie de la Garde Nationale, and had in his button-hole the decoration of Victoria, obtained for services with the French army in the Crimea. He at that time had received a shell-wound of the tarsus of the right foot, and was now the subject of a similar wound of the left foot, almost precisely in the same situation. The injury was caused by an *ailette*, one of the leaden discs fixed on the shell to run in the groove of the gun. When the shell explodes, these discs very frequently become detached from the fragments of the shell, and produce very severe wounds, from their flatness and the raggedness of their edges, consequent on the friction in the groove. In the present instance, the *ailette*, which was sharp and ragged at its edges, had passed about halfway through the tarsal bones; the ankle-joint was laid open; and the end of the tibia was felt in the wound. The pain was for some time considerable, but in a couple of days this had almost completely subsided. The wound continued to look healthy; and there was a fair chance that, with the sound constitution of the man, the wound would speedily heal up with a stiff joint.

Lacerated Wound of the Eye.—E. M., a volunteer in the National Guard, and only seventeen years of age, presented a wound of the conjunctiva, which was slightly lacerated. The injury had been caused by an *obus* knocking a sandbag off a barricade at Neuilly, and driving pieces of stone into his eye. Several small bits of stone were removed from the

wound, which was now rapidly healing under the influence of zinc lotion.

Sprain of Ankle.—They were not all wounded in battle that came to the ambulance; for on the 15th a National Guard was brought in with a severe sprain of the ankle, consequent, he said, on his horse having fallen on him, or (and this excuses me in alluding to the case), what is much more likely to have happened, if one may judge from the horsemanship of most of the Communists, his having fallen from his horse.

Such are short details of a few of the cases which came under my observation. They give some idea of the sort of wounds which military surgery has to treat. That any special knowledge or experience is necessary to make a military surgeon, my small experience at Sedan and Paris leads me to doubt. All that is requisite is an intelligent consideration of general principles and of the conditions in which soldiers are placed in war.

Before closing, I should like to give a passing notice of a Society whose operations I had the privilege of watching, and which, I believe, has been the means of saving the lives of a large number of our countrymen and countrywomen during the first and second sieges of Paris. I allude to the British Charitable Fund of Paris, special reports of which in the two sieges (the latter, of course, incomplete) I have just received. This fund, kept up by the charitable British residents of Paris, and assisted specially during the war by the Home Government, was dispensed during the first siege by a committee composed of Dr. Shrimpton, the Hon. Mr. Herbert, Mr. Wallace, the Rev. Dr. Smyth, and Dr. Rose Cormack, ably assisted by Mr. Gesling as clerk. In conjunction with it, Dr. Smyth dispensed a separate Fund—the Cave-Smyth Fund. Miss Ellen and Miss Annette Sparks have nobly co-operated with Dr. Smyth in his daily labours. Through the instrumentality of this Fund, one thousand and fifty-one British subjects, exclusive of young children, were sent to England before or immediately after the commencement of the first siege of Paris, and up to the 30th of April two hundred and seventy more. During both sieges, the committee have laboured to keep the poor British population left in Paris from starvation, by systematic house-visiting and by distribution of food; and have ministered generally to their comfort, so far as the means of the fund would admit. It would be invidious on my part to say that the fund has been ably and conscientiously administered;

but a personal investigation of the work of the committee leads me to venture the remark that the people in this country are by no means fully aware of the extent and real value of their labours. At one period the committee were feeding more than 1600 destitute British subjects—many destitute only for the time being.

I returned to London on May 17th, charged with the delivery of despatches to Her Majesty's Government from the British Embassy in Paris.

Such is an abstract of my notes of a few days in Paris during an extraordinary and exciting period of the history of France. It was not my intention to put my experiences on record; but, having been requested by several friends to do so, I hope they have not been altogether without interest.

On the 31st May, Dr. Cormack sent me a short letter in which Brunet's case is referred to, and which I subjoin to complete the history of this case, and to supply, to some extent at least, the imperfections of my hurried sketch of what I saw under the Commune. He says:—

“I am quite unable to afford time to answer in detail your queries at present. As to Brunet, he has gone on to a wish since you were here. To-day he walked round the garden without help; and for the last five days he has been some hours daily out of bed. The introduction of drainage-tubes has nearly enabled me to get rid of the abscesses in the front of the chest which you examined along with me. This case may now be considered as very nearly certain to be a complete success. Madame Champion, too, is going on well. The threatening tumefaction of the knee became painless after you left, and has subsided under blistering and the use of a pomade of mercury and belladonna—syrup of the iodide of iron and cod-liver oil being taken internally. The affection was rheumatic, as was proved by the right elbow becoming similarly affected after you left. The stump is now quite healed, and the pulse has fallen from 100 to 80. She eats, drinks, and sleeps as well as it is possible to do. This is a very remarkable recovery, for never was a leg amputated seemingly under more unfavourable conditions. The Luxembourg volunteer died on the sixth day after the amputation. For twenty-four hours before death the traumatic delirium was of a very violent character. ‘Captain’ Brost has been very ill since you were here. The other day I opened a large abscess in the foot, and removed

the shattered articulating surface of the tibia. He will recover without an amputation.

“On the 21st, 22nd, and 23rd, our garden, court, corridors, and floor, were crowded with wounded brought in fresh from the fight. On Monday and Tuesday the battle of the Faubourg Saint-Honoré raged all round us. We took in only the worst cases ; the others were dressed and sent to private houses. On Tuesday, 22nd, we had sixty-three wounded in our ambulance, but the number is now reduced to fifty-four. All our convalescents have been sent away. Most of the wounds are by rifle-bullets. Six of my patients are officers of the line ; one of them has a terribly fractured thigh, from which large pieces of bone have been removed ; another has a fractured ulna—fractured by a Chassepôt ball. A curious and impressive circumstance occurred in connection with this patient. I had just extracted the ball from his arm when he was struck with an *éclat d’obus* on the chest. It came in at the open window (without much force), and I picked it up from the floor quite hot. I keep this *éclat* and two rifle-balls which came into the same room on Tuesday as *souvenirs* of that terrible day. The room to which I refer is that in which you lunched with me ; it is now a ward with four wounded officers. The officer with the fracture of the femur lies in the room in which we operated ; and Colonel Thiéry occupies the accountant’s office as his bedroom : he is severely, but not dangerously, wounded in the thigh. It is impossible to conceive a more interesting and terrible series of cases than those I received on Monday, Tuesday, and Wednesday — chiefly on Tuesday. Four of those received on Tuesday are already dead ; two of these were penetrating wounds of the chest, and two penetrating wounds of the abdomen. Our *étoupe goudronnée* is nearly done, and there is a difficulty in getting more at present. With such a vast amount of suppuration going on, this is much to be regretted.”