MEDICAL PARIS OF TO-DAY.

NOTES MADE IN DECEMBER, 1888.

By ERNEST HART.

XI.

M. PÉAN AT THE HÔPITAL ST. LOUIS.

His Clinique for Major Operations; Modifications of Operative Procedures; Le Morcellement; Forcippressure Forceps; Emporte Pièce; Removal of a Cerebral Tumour; Trephining the Vertebral Column; Annual Clinical Publications.

THE surgical clinique of M. Péan, at the Hôpital St. Louis, has long been one of great interest to operative surgeons. M. Péan is in some sort the Fergusson of Paris surgery, and his Saturday mornings, which are devoted to operating, attract a great number of foreign surgeons, who have the opportunity of seeing there a considerable series of the greater operations of surgery to which M. Péan has for many years chiefly devoted himself. Every Saturday he performs, between 10 and 12 o'clock, five or six operations, among which are always several of considerable importance. He delivers, at the same time, clinical conferences on the cases on which he operates, commencing at half-past 9. During the rest of the week, physicians who desire to assist at the numerous gastrotomies and other considerable operations which he performs elsewhere in town, can receive on application tickets

Figs. 1 and 2.

Fig. 6.

which will admit them to such operations—for the laparotomies are especially performed in private *maisons de santé*, even his hospital patients being usually transported to those establishments in order to have the advantage of isolation and pure air. More than 500 operations are performed every year by M. Péan in this service. The scene in the operating theatre is striking and characteristic. Powerful in build, with strongly characterised individuality, energetic in manner, cool, and self-possessed, M. Péan has acquired the habit—as useful, perhaps, to himself as to his

Figs. 3, 4, and 5.

Figs. 7 and 8.

Fig. 12.

auditors—of describing always beforehand the leading features of each case on which he is about to operate, and the precise method of proceeding which he intends to adopt. While he operates, he is at once surgeon, lecturer, and critic of his own proceedings, and describes, while operating, each modification of his methods which the circumstances call for, and clearly demonstrates not only his manual proceeding at each stage, but the reasons which dictate it and the changes which he introduces to suit the peculiarities of the case as it develops itself under the knife. No doubt this habit of exposition and self-criticism while in the act of operating gives to the surgeon, when he is able to acquire it, calmness, coolness, and the power of rapid judgment, at the same time that it is highly instructive, surgically and psychologically, to the spectators. That which is particularly interesting here is to watch the special proceedings employed by M. Péan. He has for a long time almost completely abandoned ligatures, relying on the use of preventive compression by small and large hæmostatic forceps of which he makes the freest use. This method of "forcipressure" is described and illustrated at considerable length in the first and second volumes of his published lectures on clinical surgery. By this means he succeeds in greatly abridging the time occupied in operation and in arresting the flow of blood, which is otherwise apt to obscure the view of the parts in course of operation both from the surgeon and the spectator. He claims that the free use of his hæmostatic forceps gives much greater certainty to the proceedings of the operator. As to results, I was assured by M. Péan that his

and illustrated fully by the author in *La Gazette des Hôpitaux* in 1872 and in 1887, and in the seventh volume of his *Leçons de Clinique Chirurgicale*. It is not, however, I think, very generally understood, and a visit to his *clinique* serves to enable one to appreciate it. Let me say in passing that M. Péan has already published six volumes of clinical lectures representing at least ten years of operations; all his cases of laparotomy performed since 1864; and a catalogue of the pathological specimens which he has had represented by models, and which are to be found in his private museum at the Hôpital St. Louis. Two other volumes which he has published relate to tumours of the abdomen and the pelvis. In these volumes may be found all possible information on the current operations at the Hôpital St. Louis. Piecemeal enucleation, *morcellement* of tumours, and compression of vessels by hæmostatic forceps left *in situ*, combine considerably to abridge the time occupied in operation, and avoid many operative complications. The method consists especially in operating from the centre to the periphery, so that the surgeon reaches the great vessels and the important organs which are generally on the external surface of the tumour only when the operation is drawing to an end. This is especially a consideration of much interest when dealing with tumours which occupy a dangerous region. Many tumours which are considered almost beyond the range of operation in

Fig. 9.

Fig. 10.

operations this year, for example, have been so successful that he has not had one single death due directly to the operation in the great number which have been performed. For the rest, every case is recorded in detail, and published in his biennial series of volumes.

Among the most important of his modifications of ordinary operative proceedings is that which he describes as *le morcellement*, or removal of tumours in portions by proceeding from the centre to the outer circumference. This proceeding has been described

Fig. 11.

such regions, especially when very large, have come easily within the reach of the knife by this method; thus the ablation of voluminous tumours of the neck, of the thyroid gland, face, abdomen, and pelvis, is carried out with great rapidity and facility and with very little loss of blood by M. Péan with the aid of forcipressure. For the piecemeal enucleation of soft tumours and of tumours of the bones, M. Péan employs special cutting forceps which easily remove masses of the substances dealt with—*pinces emporte-pièce*. For operations on the bones he has for nearly twenty years employed an instrument constructed by Mathieu père, which he considers of the first importance—the polytrome, by the aid of which trephining and sections of the bone can be

rapidly carried on, and which allows the operator subsequently to remove portions in pieces as he desires. For the skull, for example, instead of trephining with one crown of the trephine he is enabled with the polytrome to employ five or six circles of the *trépan*, and with his *pince emporte-pièce* he removes all the intervening portion as quickly as if he were operating on the soft parts. For the maxillary bone, without looking for the special landmarks which are carefully sought out usually by French surgeons in order to introduce the chain saw, M. Péan simply makes a preliminary incision, removes the maxillary bone by *morcellement*, beginning at the centre, and in ten minutes he arrives at the periphery and completes the operation. So also for the ribs: in lieu of cutting the rib, he takes the *emporte-pièce*, removes the rib in pieces, after having detached the periosteum, without needing to trouble himself about the neighbouring organs. In the same way he has removed without difficulty with the polytrome and the *emporte-pièce* enormous enchondromata which projected into the pleura and partly filled it, or into the ilium. Whenever he has to deal with a bony tumour, he attacks it similarly from the centre, so that he never has any fear lest he should injure the viscera in the neighbourhood in the course of the operation.

I record on another page (Hospital Reports) several of the brilliant operations which I saw practised by M. Péan in the course of my short visit. I may here especially mention the removal of a tumour of the brain. The patient had suffered from attacks of unilateral epilepsy for seven or eight years. He had been invalided from the military service for this affection. The epileptic attacks became more frequent, coma occurred, together with visual hemiplegia. M. Charcot was called into consultation, and in his absence one of his pupils, M. Ballet, an *agrégé* of the faculty, and hospital physician. Relying on the localisations which are now so well established, M. Ballet, in consultation with M. Gélinau, the private physician of the patient, was able to determine precisely the place occupied by the tumour. Taking his measurements from the external angle of the orbit to the tragus, and from one tragus to the other tragus, in order to find the median line, about $4\frac{1}{2}$ centimètres behind in the triangle formed by the junction of these lines on the left side of the cranium in the neighbourhood of the sinus, he determined exactly the spot in which the tumour should be found, and from the character of the epilepsy he indicated not only the convolution but the depth at which the tumour was probably situated, and its probable size. The tumour was situated in the convolution of Rolando. When M. Ballet had marked in ink the spot for operating, M. Péan trephined, removing a circle of the skull of about 3 centimètres; the dura mater was healthy; following the advice of M. Ballet, he incised it crucially, and found below the pia mater covered with pus, and a distended vein occupying half the wound. The pia mater, which was infiltrated and thickened, was divided and the brain incised. Next M. Péan arrived at the tumour, which he removed by *morcellement*, cutting into the sac and removing it piece by piece towards the periphery. The tumour being friable, he used a *curette* and took away even the capsule, which was formed by the brain. This tumour was of the size of a small apple. A small drainage-tube was introduced, the dura mater was sutured with catgut and the soft parts with a hair suture, and antiseptic dressings applied; union by first intention was obtained without a drop of pus. During the night preceding the operation there had been thirty-seven epileptic attacks; on the night following it there were only five, and five or six days afterwards there were none. Coma and delirium disappeared towards the tenth day; the complete paralysis of the two limbs disappeared on the fifteenth day; the limbs gradually recovered their movements, and at the end of a month the patient completely recovered consciousness, and the limbs recovered all their power of movement.

Another very interesting operation was one which M. Péan had just completed on the spinal cord. The patient had been in England buying horses. In the stable, whilst he was examining the foot of one of the animals, another horse seized him by the back; he was quickly released. He had felt a little pinch of the skin, but did not pay much attention to it. He remained for three days in England. On his return he found his strength diminished. His legs failing, he could scarcely walk, and the pain in his back became intolerable; the limbs became completely paralysed; he suffered from retention of urine. M. Péan was called, and, examining the seat of the bite with care, he found the skin in good condition; but, at about the level of the sixth dorsal vertebra,

there was one spinous process more projecting than normally. With the finger he detected that the projection of the two spinous processes of the subjacent vertebræ was absent. They had evidently been seized, and driven by the horse's teeth into the spinal cord. M. Péan made a long vertical incision in the median line, the centre of which corresponded to the vertebræ subjacent to that which projected. He found that the muscles were contused along the whole length of the vertebræ. Pushing aside these muscles he reached the spinal dura mater, which was pierced by the spinous and transverse processes as far as the costal articulations. There were about ten fragments which had entered the spinal cord. All these fragments were removed, and all the unequal portions of the transverse processes were resected. The operation was completed without complication, and the patient is now restored to almost his ordinary condition. The operation was performed with a lever and small *pinces emporte-pièce*. M. Péan has successfully removed about twenty tumours affecting the brain or its coverings—in patients, however, in whom there were physical signs which pointed to the seat of such tumour. M. Péan has invented a variety of operative proceedings and of instruments, of which the description is to be found in the volumes of clinical lectures which he publishes every two years. In these are found the reports of all the cases in his hospital wards, including minute details of the operations—a practice which is not without interest for present information, but which will have even a greater interest in the course of years for all who may wish to establish a comparison between the results of various surgical methods now in use and those which future surgeons may introduce. These detailed volumes by M. Péan are probably unique in the mass of accurately and consecutively recorded materials which they will afford for this comparison.

MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

A QUARTERLY meeting of the above Association was held at the Friends' Retreat, York, on Thursday, March 14th, under the presidency of Dr. CLOUSTON, of Morningside, Edinburgh. A large number of members from various parts of the kingdom attended. Fifteen new members were duly proposed and elected by ballot.

Dr. Clifford Allbutt read a paper on *Insanity in Children*. He did not consider the subject of idiocy or imbecility, but showed that there might be mental perversion in children, who yet develop mentally in certain ways, and to some degree after the illness. The general physician sees more of such cases than does the specialist. Any of the forms of mental disorder may be represented in childhood. The insanity of children is the vestibule of the insanity of adults. The insanity of children could not show a large quantity of reflection, nor could their delusions have much elaboration. The child's insanity must be an insanity of the senses, and of the simpler impressions, and of the lower and more organised centres. The groups of symptoms vary, and have no special characteristic; suicide or homicide in children are quite unreflective acts. Children of the most refined culture often enjoy tales of carnage and horror without being brutal by nature. A child may drown itself to escape a whipping, the act seeming to the child the only open door before it of avoiding something unpleasant, the act being silly and unreflecting, quite unlike in degree the contemplated suicide of the miserable adult. In the child the real and ideal merge insensibly, and the day-dream easily becomes reality to it. Pretty were the fancies of the child, yet its healthy growth consisted in their evaporation; in mental disorders these might persist. In children the affective side was dominant, and its disorder was very characteristic of mental troubles at this time of life. Descending to the baby, we find insanity exhibiting itself by muscular disorder. The insane baby bites, and biting is the range of its symptoms, the external measure of its madness. Epilepsy in children may be replaced by more or less automatic states, in which highly organised acts of destructiveness may be done. Insanity in children is practically always associated with insane or nervous heredity, but bad upbringing may be responsible for the development or nature of the symptoms. With ordinary mental disorders occurring in otherwise healthy children the prognosis is not so bad as has been imagined, and under judicious treatment, or rather, careful education, much may be done in two or three years; but this special care of such children requires the gravest consideration in selecting the agents.

Dr. Clouston regretted that Dr. Allbutt had not noticed the fact

that so many children of neurotic inheritance very readily become delirious with but slight physical ailments, when the temperature is very little above normal. He thought the general imaginativeness in children would not stimulate but rather deter them from suicide, and in children the instinct of self-preservation was very strong.

Dr. Fletcher Beach said that in his experience he often met with mania occurring in children of weak intellect. In other children a form of mania was the most common disorder met with.

Dr. Savage thought that the muscular madness of children was frequently misunderstood. Delirium, as Dr. Clouston had said, was unusually common in the children of nervous parents, and in many cases led to serious nervous weakness, or hindered further development. In cases of sexual precocity there was great danger, while treating or rather watching, the patient, that too much attention was directed to the reproductive organs, and thus harm instead of good was done.

Dr. Yellowlees and Dr. Baker spoke, giving cases of interest, and the latter referred to the injury done by nurses.

Dr. Baker then read a paper on Ten Years' Experience of the Use of the Turkish Bath in the Treatment of Mental Disorders. He pointed out the economy of the working of the bath as seen at the Retreat, and then spoke in some detail of the cases which derived the greatest benefit from this treatment. Alcoholism, morphine, and chloral habits were frequently relieved or even cured by the Turkish bath. In the partial dementia often met with in men advancing in years, probably of a gouty nature, much and rapid good resulted; in nearly all cases in which the excretions were defective, the free action of the skin and the general stimulations of the circulation did great good; in hepatic congestions with melancholic depression, rapid relief often followed the bath, and in puerperal insanity, when the acute stage had passed, convalescence may be hastened; even in epilepsy and chronic insanity relief and quiet may be obtained, so that palliation, if nothing more, was easily gained. Dr. Baker maintained that for the staff and officers the baths were of great value in keeping up the physical tone so much needed in asylums.

Drs. Clapham, McLeod, and Savage added their experience, which in the main supported Dr. Baker.

A paper by Dr. Watson on the Use of Sulphonal was read by Dr. Urquhart, and Dr. Percy Smith also contributed his experience of this drug, which is the last new and supposed innocent hypnotic.

Dr. Yellowlees only was able to report any symptoms which were alarming. The drug is on its trial, and if nothing beyond giddiness occasionally results, and if sleep be given by a tasteless drug, much will be gained; but as the subject is still under discussion we need say no more.

The last paper by Dr. Urquhart had to be read hurriedly, as the time was exhausted; it was on an Attempted Suicide, in which the patient had not been supposed to be dangerous to himself, but had managed, or said he had, to introduce a stick into his throat. In the end he died of acute pneumonia.

In the evening a dinner was held, when nearly 100 members and friends were present, the clergy, the garrison, the Corporation, and local medical men being represented. A selection from the Minster choir sang between the toasts. The chairman, Dr. Clouston, took the opportunity of referring to the old connection of York with the advance in the treatment of the insane. He called it the Mecca of mental physicians. He spoke of the past, the present, and the future of lunacy, and though he could only as yet hope that the County Councils would not interfere with good work which the old governing bodies of asylums had done, yet the time was one of trial and anxiety for both the governors and the governed. A good superintendent might do much to educate his new committee.

On Friday, the new asylum for the West-Riding, at Menston, near Leeds, was visited. This asylum, which is built in blocks arranged in *échelon*, has already cost £240,000, and is splendidly appointed; yet we lack the one thing needful—the special hospital for the really acute forms of disorder. The Association had not met for twenty years in York, but it is hoped that more of the meetings of the Association will be held in the provinces, and that York will be visited again before long.

BEQUESTS.—The East London Hospital for Children has received a legacy of £261 under the will of the late Ann Ball, and a legacy of £50 under the will of the late George Simon.

ASSOCIATION INTELLIGENCE.

COUNCIL.

NOTICE OF MEETING.

A MEETING of the Council will be held in the Council Room of the Association, at No. 429, Strand (corner of Agar Street), London, on Wednesday, the 17th day of April next, at 2 o'clock in the afternoon.

FRANCIS FOWKE, *General Secretary*.

March 21st, 1889.

ELECTION OF MEMBERS.

Any qualified medical practitioner, not disqualified by any by-law of the Association, who shall be recommended as eligible by any three members, may be elected a member *by the Council* or *by any recognised Branch Council*.

Candidates seeking election by a Branch Council should apply to the Secretary of the Branch. No member can be elected by a Branch Council unless his name has been inserted in the circular summoning the meeting at which he seeks election.

FRANCIS FOWKE, *General Secretary*.

COLLECTIVE INVESTIGATION OF DISEASE.

THE series of Maps forming the Report of the Collective Investigation Committee on the GEOGRAPHICAL DISTRIBUTION OF RICKETS, ACUTE RHEUMATISM, CHOREA, CANCER, AND URINARY CALCULUS are deposited in the Library of the Association, and are open to the inspection of members. A descriptive commentary appeared in the JOURNAL of January 19th, 1889.

An inquiry into the ORIGIN AND MODE OF PROPAGATION OF EPIDEMICS OF DIPHTHERIA is in progress.

Memoranda and forms for communicating observations may be had on application to the Secretary of the Collective Investigation Committee, 429, Strand, W.C.

GRANTS FOR SCIENTIFIC RESEARCH.

THE Scientific Grants Committee of the British Medical Association desire to remind members of the profession engaged in researches for the advancement of medicine and the allied sciences, that they are empowered to receive applications for grants in aid of such research. Applications for sums to be granted at the next annual meeting should be made without delay to the General Secretary, at the office of the Association, 429, Strand, W.C. Applications must include details of the precise character and objects of the research which is proposed.

Reports of work done by the assistance of Association grants belong to the Association.

Instruments purchased by means of grants must be returned to the General Secretary on the conclusion of the research in furtherance of which the grant was made.

BRANCH MEETINGS TO BE HELD.

SOUTH-EASTERN BRANCH: WEST SURREY DISTRICT.—The next meeting of this District will take place on Thursday, March 25th, at the Bush Hotel, Farnham, at 4 P.M., W. H. Brodie, M.D., in the chair. Dinner at 6 P.M. Dr. Brodie will bring forward a case of Cerebral Tumour. Dr. Morshead: Two Cases of Hematuria. Members wishing to bring forward cases or papers please write to the Honorary Secretary, J. P. A. GABB, M.D., Guildford.

SOUTHERN BRANCH: SOUTH WILTS DISTRICT.—The next ordinary meeting of this District will be held at the Bath Arms, Warminster, on Wednesday, April 3rd, at 4 P.M. Papers will be read by Mr. Straton, Mr. Luckham, and Mr. Willcox. The members will dine together after the meeting, at 5.45 P.M.; tickets (not to include wine), 5s. Members intending to be present please send word to the Honorary Secretary, H. J. MANNING, Laverstock, Salisbury.

EAST ANGLIAN BRANCH: ESSEX DISTRICT.—The next meeting will be held at the Town Hall, Maldon, on Thursday, March 28th, at 2 P.M. Dr. E. G. Barnes, Eye, President of the Branch, in the chair. Gentlemen who wish to read short papers or exhibit cases should write at once to the Honorary Secretary, C. E. ABBOTT, Braintree.