CLINICAL NOTES IN THE PARIS HOSPITALS.

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THE LOURCINE-PASCAL HOSPITAL OF PARIS.—THE GYNÆCOLOGICAL SERVICE OF DR. SAMUEL POZZI.

Clinical Organisation.—Rules as to Asepsis.—Models of Operating Table and Instruments.—Laparotomies.—Hysterectomy.—Removal of the Uterine Appendices.—A Year's Operations.

THE service of gynæcological surgery instituted by M. Pozzi in this hospital is of recent creation. Ten years ago the Lourcine was occupied exclusively by patients suffering from venereal disease. In 1883 M. Pozzi added to his wards a series of wooden constructions which had been erected in the gardens of the hospital for use in times of epidemics, and he began to perform operations and to give lectures in gynæcology on non-venereal cases which he admitted to these wards. Soon afterwards an operating theatre, with its necessary adjuncts, was constructed for ordinary surgical operations and clinical lectures, and a special room was arranged for laparotomies. Since that time a regular course of gynæcological teaching has been carried on with demonstrations, and this hospital is now one of those most visited by foreign practitioners.

M. Pozzi's gynæcological service consists of two wards with four isolation rooms, including in all 40 beds. Great activity reigns in the wards—as will be seen by the subjoined summary of the operations of the year. The *chef de service* attached to M. Pozzi's wards is assisted by three *internes* and four *externes* and as many dressers. The *internes* (house-surgeons) are changed every year—a practice which has obvious advantages from the student's point of view, but is not without serious drawbacks where special operations are concerned, for which a thorough training and special apprenticeship are necessary. It is only in the services under the direction of the clinical professors of the Paris Faculty of Medicine that this defect in organisation is compensated by the appointment of a *chef de clinique*, who is in reality a principal assistant, who remains at his post for three years. This is

the case, for example, in the Ophthalmological Clinic at the Hôtel Dieu, and in that of Urinary Diseases at the Necker Hospital. There is, however, no chair of gynæcology and no official gynæcological clinic in the Faculty of Paris, which is, in this respect, behind other faculties throughout the civilised world.

The course of teaching which M. Pozzi gives is purely voluntary on his part. He simply uses the material which his position as hospital surgeon gives him, and he has only his *internes* to assist him.

As regards the material organisation of the service only a few words need be said. The wooden huts which were constructed for temporary purposes are far from presenting all the comfort of a definitive installation. Thus the heating arrangements consist simply of a few stoves, and the ventilation would be insufficient if it were not provided for by numerous cracks in the walls, the hygienic usefulness of which was certainly not foreseen by the architect. Moreover, M. Pozzi's principal ward, which at present contains twenty-two beds, is really rather overfull. It is desirable that a service of such importance, to which patients flock in such numbers, should have an installation more worthy of a city like Paris. In spite of these defects hygienic conditions are fairly good. A numerous and intelligent staff keep the wards in a state of great cleanliness. They are repainted every year, no mats or carpets are allowed on the parquet floor, and there are no curtains to the beds or windows. The latter have blinds on the outside, which shade the patients from the sun; thus everything that will hold the dust is dispensed with. The operating theatre contains an operating table, and benches rising in amphitheatre fashion for the lookers-on. The floor is covered with cement, and the benches, which are of painted wood, are washed every day with hose like those of a fire-engine. Reservoirs containing the antiseptic solutions are placed within reach of the assistants by an ingeniously arranged system, which is shown in the accompanying illustration.¹

¹ The illustrations are kindly lent to us by G. Masson, publisher of *Traité de Gynécologie Clinique et Opératoire*, by M. S. Pozzi, from which they are extracted.

Fig - Operation room of the Lourcine-Pascal Hospital; arrangement of reservoirs used for washing-out and irrigation.

I may mention also the arrangement invented by M. Pozzi for allowing the operation to be carried on easily and without wetting oneself, when continuous irrigation is employed, as is the case usually in all plastic operations on the external genital organs. He has constructed a sheet of enamelled metal soldered in front to a metal funnel, which is fixed to the operating table in front. The patient is then placed in the dorso-sacral position or in the Marion Sims lateral position on this metallic operating sheet (see Fig. 2).

The patients are brought from the ward into the amphitheatre on a movable bed consisting of a piece of canvas stitched on a metal frame carried on wheels with india-rubber tyres (see Fig. 3); they are carried back to bed in the same way after the operation, while still under the influence of the anæsthetic.

The room for laparotomies has a floor of cement, and walls lined with glass, which are thoroughly washed before and after every operation. All the articles of furniture in it are of metal and glass. The table on which M. Pozzi operates is the same as the one with hinged sections used by Professor A. Martin at Berlin (Frau Horn's table). All the instruments used in the operation are previously heated in a dry stove for two hours at a temperature of 140°C .; they are then kept in a 20 per 1,000 carbolic solution. M. Pozzi has altogether given up using sponges. He objects to them on the ground that it is very difficult to disinfect them thoroughly, and that consequently they cannot be used twice without risk, which makes the employment of them very costly. He uses only absorbent compresses made of a sort of porous lint, folded six times, and forming squares of about $2\frac{1}{2}$ inches in width. These compresses are boiled for three hours in a 1 in 1,000 sublimate solution, and then kept in a 50 in 1,000 carbolic solution until they are required for use. They are then carefully washed in hot sterilised water, so as to free them completely from all antiseptic material. M. Pozzi, who practises antisepticism in all other operations, rejects it where the interior of the abdominal cavity is concerned. He looks upon the peritoneum as being a membrane of such sensitiveness that antiseptics act on its epithelium as violent poisons. He never introduces into this serous cavity either carbolic acid or sublimate. Under exceptional circumstances, however, he drains, or uses tampons of iodoform gauze. Usually all his laparotomies are simply aseptic, and he only employs antiseptics for external dressings. His motto is, Intra-abdominal asepsis, extra-abdominal antiseptics.

In the rare cases in which M. Pozzi employs drainage, he

never uses glass tubes, and very seldom india-rubber tubes, introduced into Douglas's *cul-de-sac*, according to A. Martin's practice. He merely places in the lower angle of the wound a thick strip of iodoform gauze, penetrating for about an inch into the peritoneal cavity. If the peritoneum has been extensively soiled he washes it out with tepid sterilised water, to which chloride of sodium has been added in the proportion of 7 in 1,000. If he has reason to fear much oozing of blood, or if he wishes to ensure thorough disinfection of a "dead space," he uses tampons of strips of iodoform gauze, covered with a fold of gauze, and pushed into the peritoneal cavity after the method of Mikulicz, who was the first to make this

plan known in France.

Among the laparotomies most frequently performed at the Lourcine-Pascal Hospital may be noted those done for inflammations of the appendages of the uterus. The list given below shows how frequent these cases of pyosalpinx are; almost all of them originate in some mixed affection, puerperal or gonorrhœal; for gonorrhœa is very common in the poor population, from which the patients of the hospital are drawn. M. Pozzi's method of operating differs from that of most of his Parisian colleagues. He makes extremely small incisions—from 5 to 7 centimetres at most—and it is through this small opening that he introduces his fingers, without depending on the eye for assistance. He explores the appendages in the first instance. If he finds a sac too voluminous or too friable to be extracted entire, he first empties it by aspiration, and thus reduces its size sufficiently to allow it to be extracted by the small abdominal incision. He does not hesitate to use great force in breaking down adhesions, guided entirely by touch; he works with extreme rapidity, and to check oozing of blood he pushes absorbent compresses into the abdomen immediately after the appendages have been extracted. By this mode of procedure he avoids

Fig. 5.—Pozzi's forceps for the elastic ligature in abdominal hysterectomy.

the exposure of the viscera to the air and the escape of the intestines through the wound, and the surgical injury is considerably lessened.

For suture of the abdominal walls he uses continuous catgut suture on three superposed planes so as to bring the divided tissues accurately into apposition. The first plane of suture includes the peritoneum; the second, the musculo-aponeurotic layer; the third, the skin and the cellular tissue. He then introduces two planes of deep silk sutures to support the preceding ones, which are the only sutures which need be removed. The cicatrix thus obtained is linear and remarkably firm.

I give here illustrations of two instruments invented and used by M. Pozzi. One is a very simple forceps, easily taken to pieces and sterilised, which serves for the handling of Hagedorn's flat needles (see Fig. 4.) The other is used to

Fig. 2.—Pozzi's metallic operating sheet fixed to an operating table. facilitate ligature of the uterine pedicle in abdominal hysterectomy (see Fig. 5). The procedure which this surgeon prefers

Fig. 4.—Pozzi's forceps for Hagedorn's flat needles.

for this operation is the extraperitoneal treatment of the pedicle after elastic ligature. He dries the pedicle with

powdered tannin, to which is added one-fourth of iodoform powder.

M. Pozzi has very little belief in the efficacy of electricity in uterine fibroma. He considers this treatment as being chiefly useful for the consolation of the patient in cases which are beyond the resources of surgery. For other cases he employs abdominal extirpation when the fibroma reaches to or above the umbilicus, breaking up the tumour and removing it through the vagina when a relatively small fibroma lying within the pelvis gives rise to symptoms of compression. Finally, if the fibroma is small and interstitial and gives rise to troublesome hæmorrhage, but without causing inconvenience by its size, M. Pozzi performs extirpation of the appendages—an operation of less gravity than hysterectomy, and from which he has obtained excellent results.

STATISTICS OF OPERATIONS PERFORMED IN M. POZZI'S SERVICE.

M. Pozzi has furnished me with the following table of operations performed in his service from February 1st, 1891, to January 1st, 1892, a period of eleven months² :—

1. *Laparotomies*.—A. Inflammatory lesions of the appendages and of the pelvic peritoneum : sixty-two laparotomies divided as follows :—

1. Fourteen castrations for sclero-cystic ovaries, of which eight were bilateral castrations, two unilateral, one resection of the ovary, and one resection of the ovary with salpingorrhaphy ; no death.

2. Ten ablations of parenchymatous salpingo-ovaritis ; with ten cures.

3. Eight hæmatosalpinx, and one hydrosalpinx. All cured.

4. Twenty-seven pyosalpinx with four deaths, one of which was due to acute peritonitis from tearing of the sigmoid flexure, two to purulent peritonitis, one to hæmorrhage.

5. Two pelvic abscess ; cured.

Summary.—These sixty-two laparotomies for inflammatory affections of the appendages gave only four deaths, or a mortality of 5.4 per cent. The mortality, which was nil in the cases of sclero-cystic ovaritis, parenchymatous salpingo-ovaritis, and hæmatosalpinx, was thus 13.8 per cent. for the cases of pyosalpinx and pelvic abscess.

B. *Ovarian Cysts*.—Twelve ovariectomies subdivided as follows : Six unilocular, one multilocular, two cystic sarcomas, two papillary cysts, one cyst of the broad ligament. In these twelve cases there were two deaths. One occurred in the patient who was admitted with an enormous hæmatometra and with incomplete retention of urine and distension. She was operated on for the hæmatometra (incision of the cervix) on May 4th ; she became worse, and laparotomy was performed on May 22nd, in the presence of fully developed peritonitis ; a suppurating cyst of the left ovary was found. The patient died on the second day. At the necropsy the two kidneys were found full of pus. In the second case of malignant cyst death occurred from hæmorrhage.

C. *Fibrous Tumours of the Uterus*.—1. Twelve cases were operated on by abdominal excision ; in ten the pedicle was treated by the extraperitoneal method. Two died—one of them a case of enucleation of multiple

Fig. 3.—Pozzi's movable bed for the conveyance of patients from the ward to the operating room.

fibroma of the broad ligament, and in the other the pedicle was returned to the abdomen.

2. Two cases of castration for fibrous tumours ; two cures.

D. *Kidney, Liver, and Exploratory Laparotomies*.—One transperitoneal nephrectomy for a polycystic kidney, without suture of the sac to the wall and without drainage ; cured. One antero-inferior hydatid cyst of the liver treated by laparotomy and suture of the sac (after resection) to

² The statistics begin on February 1st, because that is the date on which the hospital year begins by the changing of the *internes* and of the students in attendance.

the wall; cured. Four laparotomies were purely exploratory. Two were cases of cancerous tumour of the ovaries, with peritoneal metastasis. In one case, in which cystic salpingo-ovaritis had been diagnosed, adhesive enterocele was found; one was a case of hydramnios. All four patients recovered.

II. Operations by the Natural Passages.—A. Vaginal hysterectomy. This operation was done twenty-two times for different lesions; five times for cancer, with two deaths, one from hæmorrhage on the second day, and another from iodoform poisoning on the eighth day; six times for pelvic suppuration, without any death. In one case a ureteral fistula caused by pinching subsequently made suprapubic cystostomy necessary in order to make the ureter empty itself into the bladder, and finally nephrectomy. The patient is now cured. Four times for fibrous tumour, with four cures. Three times ablation of the uterus was necessary in patients who had already undergone laparotomy for lesions of the appendages, all three recovered; in one there was purulent gonorrhoeal metritis, which, after being twice curetted, was not improved; in the second there was a purulent abdominal fistula, and in the third a purulent collection at the level of one of the pedicles. Four vaginal hysterectomies were performed in the following cases: one atresia of the uterus due to treatment in another hospital by chloride of zinc sticks; one complete prolapsus in a woman who had passed the menopause, the operation being completed by an antero-posterior colporrhaphy; one Péan's operation for intense dysmenorrhœa with grave nervous reflexes; one of uterine tuberculosis. These four patients recovered. In all his vaginal hysterectomies M. Pozzi employs ligatures, forceps pressure is only used as an exceptional method.

B. Curetting for endometritis, 81 cases, no deaths.

C. Operations on the cervix (Schroeder, Emmet, Simon, Markwald) 25 cases, no deaths.

D. Scraping out of inoperable cancer, 2, no deaths.

E. Colpoperineorrhaphy (Hegar's operation), 3 cases, 3 cures; Lawson Tait's operation, 2 cases, 2 cures. In these operations M. Pozzi has completely abandoned catgut and only employs silver wire.

F. Alexander's operation, 9 cases, 9 cures.

G. Miscellaneous operations: 2 lumbar nephrectomies, 2 cures; 1 suprapubic cystostomy, 1 cure; 1 amputation of both breasts (sarcoma) at a single sitting, cure; 1 extirpation of vaginal cyst, 1 epithelioma of the meatus, 1 plastic operation in a little girl with vulvar anus, all cured.

A certain number of these operations which are distinguished in the statistics supplied to me were performed by Dr. Picqué, who carried on the service during M. Pozzi's absence from July 20th to September 4th. It is not necessary for my purpose that these should be distinguished here; they were all successful. In all, during the period of eleven months, there were performed in the gynæcological service of the Lourcine-Pascal Hospital 243 operations, 148 of which were major operations, with 10 deaths. It is not necessary that I should make any comments, either critical or laudatory, on this clinical report; but my object is served if these notes of my visits to the clinics suffice to indicate, as they can hardly fail to do, how thoroughly imbued the present generation of French surgeons is with the antiseptic and aseptic principles, with what logical accuracy and perfection they carry them out, and how excellent are their results. It need hardly be said that the anatomical knowledge, the neatness of hand, the perfection in surgical procedure, which has always distinguished the Paris school of surgeons is not, and are not, less striking now than heretofore. The activity of the service of the wards and the excellence of the practice makes such a service as this exceedingly interesting and instructive to students and visitors.

* * The formula for the compound powder employed by M. Robin in the treatment of his third class of chlorosis was by a *lapsus colami* incorrectly stated in the BRITISH MEDICAL JOURNAL of February 6th, page 283. It should have been printed as follows: Chloride of sodium, 0.27 g.; chloride of potassium, 0.20 g.; phosphate of soda, 4.60 g.; phosphate of potash, 12 g.; phosphate of lime, 1.950 g.; phosphate of magnesia, 1.400 g.; sulphate of potash, 2 g.; carbonate of iron, 0.9 g.; powdered hæmoglobin, 5 g. Divide into twenty portions. Two packets daily before food.

A GREAT GERMAN DOCTOR.—Professor Rudolf Virchow has published the following statement under date of February 9th, 1892:—"Cincinnati papers publish long advertisements setting forth how the 'great German doctor,' Dr. Karl Virchow Schick, of Berlin, has arrived there, and has begun his consultations. It is asserted that he has made important discoveries in the 'germ treatment of chronic diseases,' and that his prescription is employed by 806 doctors in Europe. Permit me to remark that, according to the official lists, no doctor of medicine of this name exists or has existed in Berlin or in Prussia, nor is he known in the other states of the German Empire. This notice will probably suffice to induce American newspapers to put an end to the proceedings of the gentleman in question."

ABERDEEN UNIVERSITY EXTENSION.

WE hope that the generous loyalty which has already contributed nearly £25,000 for university purposes in Aberdeen may not be checked in its own extension by Mr. Goschen's very guarded reply to the deputation which waited upon him on Wednesday. The Chancellor of the Exchequer, in spite of his official reserve, was obliged to admit that a "fair case" had been made out, and, indeed, it would seem to us very difficult to resist the facts and figures laid before him. The Aberdeen University has special claims on the State, under the Act of Union, and because two-thirds of its chairs are in the gift of the Crown, and it is now compelled to pay the penalty of its success in the overcrowded state of its classrooms and the inadequate accommodation which it provides for the necessities of modern teaching. Museums, laboratories, and facilities for practical work are in too many cases conspicuous by their absence, and the climax of embarrassment will soon be reached when the new ordinances of the Commissioners prescribe the necessity for a considerable enlargement to meet their requirements. In the present building there is no accommodation for students when not engaged in the various class rooms. The secretarial department has not even an office at its disposal. The entrance to the University is through a mean and miserable passage running out of a narrow and shabby street. The opinion is universal in the north as well as elsewhere that a vigorous effort must be made to place the University on a level with the requirements of modern teaching, and to enable it to stand up against the stress of competition which is now becoming so acute. It has no funds of its own, and its appeal for help has been liberally responded to. But £80,000 at least is required, and private benevolence cannot raise more than half. Under these circumstances, and remembering the precedents of Edinburgh and Glasgow, it is surely not too much to ask the Government to come to the aid of this deserving institution, and prevent the difficulties and even ruin which may befall it if it is compelled to trust to its own unaided resources. Mr. Goschen, whilst unable to grant an immediate subsidy, and unwilling to pledge his possible successors, promised a sympathetic consideration of the whole question, and we believe that Lord Lothian is personally sanguine of success. With this modified amount of consolation, then, we must be content for the present, and we are hopeful that when the time again comes for us to knock at the Treasury door with one hand, we may be able to show the completed amount of the contribution of the public in the other. If we cannot congratulate the deputation, however, on having secured any definite pledge, we must recognise the very efficient way in which they did their own work. The making of seven comprehensive speeches in forty minutes is in itself no inconsiderable feat, and from the thirteen minutes of the Principal down to the terse sentences in which Sir Donald Stewart, with soldier-like brevity, stated his side of the question, everything said was convincing and practical, and a forcible letter from Sir Andrew Clark made some amends for his unavoidable absence.

THE Emperor of Austria has granted a patent of nobility, with remission of the customary fees, to Professor Valenta, director of the hospital at Laibach, in recognition of the important services rendered by him during many years past in the province of public health.

PRESENTATIONS.—Mr. D'Arcy B. Carter, M.R.C.S. has been presented by the members of his railway ambulance corps with a handsome solid gold pen and pencil combined.—At a meeting of the Society of Medical Officers of Health, held on February 15th at 20, Hanover Square, a handsome tea and coffee service was presented to Samuel Robert Lovett, L.R.C.P., medical officer of health for the district of St. Giles, London, by the Society of Medical Officers of Health, in acknowledgment of his many years of devoted service as treasurer of the Society.