REPORT OF THE PROGRESS OF GYNECOLOGY AND OBSTETRICS IN FRANCE.

BY

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I.—LITERATURE. Dr. Eustache, of Lille, has published an essay on the lochia and micro-organisms.[1] From this lengthy monograph I would only notice what concerns the microbes. He finds them in both normal and pathological lochia, and thence draws the conclusion that they are not pathogenetic factors. He then pronounces himself in accord with Béchamp's theory of microzymes, and grants that these microbes originate from the organism itself, that their birth-place is the uterus. In a word, M. Eustache returns to old theories, abandons the doctrine of hetero-infection, and believes only in auto-infection. In an excellent answer, Dr. Doléris,[2] who has specially studied the microbes of puerperal septicemia, has refuted without difficulty the various arguments of Dr. Eustache. He has shown that what the Lille accoucheur took for microbes are simply fatty granulations, an error into which he would not have fallen had he, in addition to the microscope, employed culture tests, which alone are capable of giving definite information in regard to the inferior organisms.

It is evident from this discussion that there can exist no serious argument against the opinions generally in vogue to-day concerning puerperal septicemia, opinions on which the antiseptic system is based. The backward step which Dr. Eustache has endeavored to take will not be imitated in France, where all accoucheurs are confirmed antisepticists.

A discussion on the subject of Battey's operation was provoked at a meeting of the Surgical Society (March 5th, 1884) by M.

[1] Archives de Tocologie, 1883.

[2] Annales de Gynécol., February and March, 1884.

Pozzi. This operation has been but seldom performed in France, and therefore it may prove of interest to note the opinions of our surgeons on this subject. The case related by M. Pozzi concerned a patient with swelling of the ovary and, at the same time, hemianesthesia and hemiplegia. He removed the ovary, and the symptoms disappeared. M. Ferrier said that he believed in the operation under certain conditions, although he had recently removed an ovarian cyst, and after the operation the patient had had severe hysterical attacks, a proof that the operation may occasionally lead to a different result from the one intended. Mm. Reclus and Polaillon also pronounced themselves in favor of the operation; M. Gillette alone showed little confidence in its possible results.

Dr. Siredey, physician to the Lariboisière, and for a long time in charge of its obstetric service, has just published, under the name of "Puerperal Diseases," a treatise on puerperal septicemia. The work is nothing more than an excellent exposé of the opinions generally accepted; the old ideas of epidemicity, of contagion through the atmosphere, of puerperal poison, being replaced by the existing theory of microbes implanted by direct contact on the genitals of the lying-in woman.

On the strength of a woman with practically normal external organs of generation and absence of internal, M. Pozzi has formulated a new hypothesis concerning the formation of the hymen. The majority of embryologists consider this membrane as formed from the inferior portion of the vagina, being nothing less than the narrowed vaginal canal projecting towards the vulva. Pozzi's patient had no vagina, and yet a membrane analogous to the hymen. The hymen existed, and thence the author concludes that these two parts (hymen and vagina) of the genital apparatus are independent. He makes the hymen the analogue of the corpus spongiosum of the man. To demonstrate the truth of this assertion, it must be shown that Pozzi's patient had a true hymen and not a simple pathological band; and, in the second place, it seems to me rather hazardous to draw the analogy in view of the different formation of the hymen and corpus spongiosum, and in view also of the fact that woman already possesses a true corpus spongiosum.

II.—CLINICAL OBSERVATIONS. At the different Paris maternities the bichloride of mercury (1–1,000 to 1–2,000) still remains the favorite antiseptic. Having noticed that this solution frequently gave rise to an erythema, M. Pinard has substituted in his service the following which, while equally antiseptic, is less irritating:

℞ Biniodide of mercury..... 5 grams.
Iodide of potass..... 5 "
Water.....10 litres.
Fuchsine, sufficient to color.

Dr. Charpentier (Acad. of Med., March 4th, 1884) prefers as an antiseptic the sulphate of copper. Whilst substituting for two months at the *Clinique d'Accouchements*, he used it in a solution of 1 to 100. It is perfectly harmless, absolutely antiseptic, and is said to be equally efficacious for vaginal and uterine douches as well as for washing the vulva.

During the past three months three new cases of rupture of the uterus have been noted at the *Clinique d'Accouchements* (service of Prof. Pajot) and at the *Maternité* (service of Prof. Tarnier). Of these three cases two recovered.

In the fatal case the rupture implicated, not only the anterior wall of the uterus, but also the neighboring portion of the bladder, so that the urine passed directly into the peritoneal cavity. It was proposed to do laparotomy, the woman's only chance of cure, and suture the vesical rent, but she was in such a low state that all surgical interference was contraindicated.

Of the two other cases, the rupture was complete in one, and apparently incomplete in the other, although no exact diagnosis was made; the tear was lateral, and seemed to extend into the broad ligaments without implicating the peritoneal cavity. In neither of these three cases was drainage attempted. The treatment for the first day simply consisted in uterine irrigation with Van Swieten's solution (sol. hydrarg. bichlor., $\frac{1}{1000}$); afterwards the injections were vaginal. At the *Maternité* these injections were given very frequently, at least every hour, and during the first day nearly every half-hour. At the *Clinique* the injections were given less frequently; twice a day, at times only once. The further treatment consisted in ice over the abdomen, quinine, and alcohol.

Adding to these cases the two seen at the *Maternité* during 1883, we have a total of five cases with four recoveries. And this, thanks to careful antisepsis by means of corrosive sublimate and without peritoneal drainage.

Dr. Pinard reported before the Academy (February 19th, 1884) the following case: A woman thirty-one years of age conceived for the third time in November, 1882. At term a false labor set in; the diagnosis of extrauterine pregnancy was made. Two months thereafter rapid swelling of the abdomen. M. Pinard made an incision into the posterior vaginal cul-de-sac, where the tumor presented, and extracted the fetus with ease. The pla-

centa was passed spontaneously a few days after. Thanks to daily injections of sublimate ($\frac{1}{2000}$) there was no septicemia. One month after the operation the patient was entirely well. I have deemed it advisable to report this case here on account of the special interest pertaining to it.

III. Items.—In accordance with the prediction in our last report, M. Tarnier has been appointed Professor of Obstetrics at the Faculty of Medicine, of Paris, and it was amidst the congratulations of the entire younger French school that he began his lectures on Wednesday, the twenty-eighth day of March. In his opening lecture, M. Tarnier spoke of the recent progress of obstetrics, particularly in connection with the antiseptic system. He clearly showed the admirable results obtained through it at the *Maternité* of Paris. He then outlined the method in use in his service—the solution of bichloride of mercury $\frac{1}{1000}$ to $\frac{1}{2000}$ is almost exclusively employed, and, in connection with this, he gave, in a few words, the history of this antiseptic, first used by Petit in his laborary experiments in 1872 and by Davaine in 1874, and first used clinically by M. Tarnier in 1881 (see his communication before the Congress at London), and yet the Germans, in their writings, give Koch the credit of having used it first in his laboratory in 1881, and Schede, clinically, in 1882.

QUARTERLY REPORT ON OBSTETRICS AND GYNECOLOGY IN FRANCE.

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I.—Up to the present, French surgery has expressed no opinion on the subject of vaginal hysterectomy in cases of cancer of the uterus. Lately, however, M. Boeckel, of Strassburg, has read a

paper before the *Société de Chirurgie* of Paris, which has provoked discussion of the subject, and forced many of the members to state their views on this important operation. Boeckel's case is as follows: A patient, aged forty years and the subject of cancer limited to the cervix. Her general health was very satisfactory. Boeckel performed vaginal hysterectomy the 26th of October, 1883. He removed with the uterus an infiltrated gland which lay in one of the cul-de-sacs. On the third day after the operation, the urine began to flow from the vagina, and on careful examination a ureteral fistula was discovered. In consequence, M. Boeckel performed nephrectomy on the side corresponding to the fistula. One month afterwards, the patient was discharged from the hospital cured; but two months afterwards, she returned with recurrence of the disease. M. Boeckel concluded from this single case that vaginal hysterectomy as a justifiable operation should be accepted with great diffidence.

MM. Verneuil, Terrier, and Polaillon pronounced themselves against total extirpation, and in favor of a partial operation whose ultimate results are apt to be as satisfactory. Hysterectomy, whose praises certain operators have sung so loudly, does not in general grant the patient a longer lease of life than would be hers were there no operative interference. For ordinarily, when left to itself, uterine cancer lasts from two and one-half to three years.

Trélat grants the theoretical good of hysterectomy in cases of cancer, but thinks that in practice an impossibility is aimed at. If the disease be in an early stage, can the diagnosis be assured? If the disease is in a more advanced stage, the time has often passed when it can be completely eradicated by the knife; therefore, the best treatment of cancer is that which watches it carefully, limits it where possible, and destroys the ulcerating surfaces. The partial operation does all this. Through this method of treatment, one may not cure, but relief is certainly given.

M. Demons (of Bordeaux) has performed the operation seven times with three deaths, and one of these deaths was due to a mistake of the operator. Of the four patients who recovered from the operation, recurrence took place in one at the end of five months, in another in about nine months; the remaining two patients were in an excellent condition eleven and eighteen months respectively after the operation. M. Demons accepts, therefore, the operation.

MM. Terrillon and Gallard speak highly of the galvano-cautery in cases of epithelioma of the cervix, at an early stage, although they recognize the disadvantages surrounding this method, in es-

pecial the danger of secondary hemorrhage. This last complication is far from being a rarity.

M. Marchand will have nothing to do with the galvano-cautery, although he recognizes the fact that by it the operation is greatly simplified. He would also look with disfavor on Chassaignac's écraseur, and pronounced himself strongly in favor of the knife.

As is readily apparent from the above discussion, which monopolized several meetings and of which I have given only a sketch, there are as many opinions as there are heads; nevertheless I would briefly state the following as being the views held in France on the subject of hysterectomy: 1. The operation is a difficult one, but practice and experience will make it a relatively easy one. 2. Theoretically it is an excellent operation. 3. Practically it can only become a generally justifiable operation when we are in a position to make a diagnosis of cancer in an early stage, and when also we are able to diminish the risks of the operation, at present so numerous.

II.—During the summer course at the *Faculté de Médecine* just completed, Professor Tarnier devoted several lectures to a study of new forceps, and these lectures have been of the greatest interest, seeing that they have emanated from a man who has devoted his whole career to a study of this instrument in order to perfect it, and who has happily attained his aim in the invention of the forceps which bears his name.

The classical forceps, that of Smellie and of Levret, said M. Tarnier, has six capital faults, six essential vices: 1. When applied directly (the concavity of the instrument facing the pubic symphysis), on making traction on the head, which is at the superior strait, or the highest portion of the excavation, the force is not along the axis, and, in consequence, a greater or less amount is uselessly expended, and the internal aspect of the symphysis is compressed to a degree which may do considerable damage to the soft parts. 2. In oblique applications (the concavity of the instrument facing one or the other side of the pelvis), the line of traction is similarly at fault: if the handles of the instrument are in the median line, then the blades, or the curve of the instrument, will come in contact with the pelvis; if, on the other hand, the handles are inclined laterally so that the blades are in the axis of the genital canal, on making traction, the sides of the pelvis are no longer an obstacle, but then the traction is not in the right direction, being oblique to the mid-plane, instead of being, as it should be, at right angles to this plane. 3. With the ordinary forceps, there are lever movements, the more dangerous

the longer the instrument. 4. With the classic forceps, the head is bruised, for with each traction the fetal head is vigorously compressed, and during the intervals the head relaxes. 5. The head once seized, lies immovable within the instrument. It cannot flex; and yet flexion is of great assistance during the passage of the head through the genital canal. 6. Finally, the head being immovable, rotation is prevented.

Now, how remedy these faults? Many and varied instruments have been invented for this purpose. M. Tarnier then described these various forceps—those of Chassagny, Laroyenne, Hermann, Moralès, and eventually gave a description of his own, and they are too familiar to my readers to require comment from me.

This instrument of Tarnier avoids all the disadvantages noted above and realizes to perfection the aim of which many another instrument has fallen short. In short, Tarnier's forceps: 1. When applied directly, traction can be made in the correct axis. 2. When applied obliquely, traction can be made as well in the axis as in the mid-plane. 3. Thanks to the traction handles, there can be no lever movement. 4. The compression screw prevents the bruising due to alternate compression and relaxation. 5. The head may flex and extend at will. 6. Finally, when the forceps are in place, rotation may take place irrespective of traction.

III.—As we have been asked by a number of foreign physicians interested particularly in gynecology and obstetrics for information in regard to the most opportune time and places for studying these branches in Paris, I may perhaps render my associates a service by giving the following details:

In France, obstetrics and gynecology are separate branches. The maternity hospitals in Paris are:

Clinique d'Accouchements, Prof. Pajot.
Maternité de Paris, Prof. Tarnier.
Hôpital Cochin, Dr. Marchand.
Hôpital de la Charité, Dr. Budin.
Hôpital Lariboisière, Dr. Pinard.
Hôpital St. Louis, Dr. Porak.
Hôpital Beaujon, Dr. Ribemont.
Hôpital Tenon, Dr. Maygrier.

During the entire year, both foreign and French students may attend the above hospitals, and one season is as good as another for seeing practical work.

As for gynecology, it will be found scattered throughout all the surgical divisions, and, to mention only those gentlemen who devote themselves particularly to it:

Hôpital de la Charité, Prof. Trelat.

Hôpital de Lourcine, Dr. Pozzi.
Hôpital Bichat, Dr. Terrier.
Hôpital de Salpétrière, Dr. Terrillon.

The most favorable time for study in this subject is from November 1st to July 1st. During July, August, September, and October, many of the surgeons are off on their vacations; and some of them about a fortnight at Easter time also. So much for clinical instruction. Theoretical instruction is given officially at the *Ecole de Médecine* and in the private amphitheatres of numerous accoucheurs. The official instruction is given during the winter term by an adjunct-professor three times each week; during the summer term by the Professor of the Theory of Obstetrics (M. Tarnier) and by an adjunct-professor. Private instruction consists in free and in pay courses. In gynecology, most of the courses are free and are given particularly at the *Ecole pratique de la faculté.* In Obstetrics, there are a number of pay courses, lasting for about two months, and in which, in addition to theoretical instruction, lying-in women are examined and operations are performed on the manikin.

This instruction, I repeat, is only given between November and July, and so many gynecologists are disappointed with their stay in Paris, when they come during the months which are given up to vacations. These few remarks may, we hope, prove of use to those who, for the sake of obstetrics and gynecology, come to Paris for instruction.