

Clinical Department.

OBSERVATIONS IN SOME PARIS AND LONDON HOSPITALS.*

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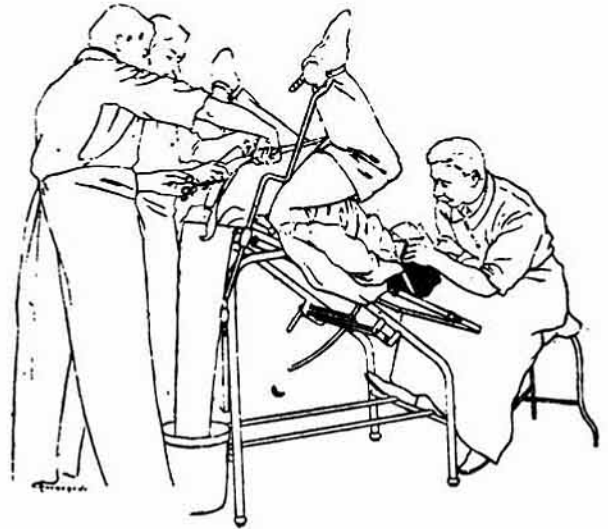
It was my good fortune to have the opportunity of visiting some of the hospitals in Paris and in London during the month of June. My stay on the other side was somewhat limited, and for that reason I did not go for study but for recreation.

As soon as I reached Paris my first desire was to see some of the French hospitals, and I was especially desirous of seeing Dr. Pozzi, of the Broca Hospital, operate. Unfortunately for me, Dr. Pozzi fought a duel with his friend, Dr. Daevillier, of the Lareboisiere Hospital, the day I arrived in Paris, which resulted in a punctured wound of Pozzi's right hand, and necessarily incapacitated him from doing surgical work. The first day I visited the Broca Hospital I met Pozzi's assistant, Dr. Jayle, who made himself very agreeable to me and kindly



showed me about the hospital. I was very much interested in a new gynecological examining and operating table which Dr. Jayle had recently invented. This table is a modification of a short Cleveland operating table, with horizontal extension stirrups about two feet in length. The table is capable of being used in all the positions which are usually obtained with the Cleveland or Baldwin table, with the addition of the so-called "Jayle" position for examination and operation within the pelvis and in

the vaginal outlet. The "Jayle" position for examination is obtained in this manner: A platform of two steps is placed at the pelvic end of the table, upon which the patient stands in placing herself on the table. The shoulders are supported by padded braces and the feet are placed in the stirrups. The head of the table is then depressed to the Trendelenburg position. The surgeon examines and palpates the pelvis bimanually while standing on the little steps. It is surprising with what ease and thoroughness an examination of the pelvis can be made in this position. The uterus is relieved of the pressure of the



abdominal viscera, the vagina is easily ballooned, and the cervix is readily brought into direct view, simply by depressing the perineum with two fingers and without the use of the speculum. It is by far the most satisfactory position I have tried for pelvic examination. Dr. Jayle uses the inclined position with upright stirrups for operations about the perineum with great success.

I have been told that French people do not know what modesty means. I did not believe it until I found myself in the hospitals of Paris. In the Broca Hospital and in the gynecological wards of the Hospital Lareboisiere the bed patients wear a nightgown which hardly reaches the navel. Whenever they have a desire to go to the closet and are able to walk, they pass down the ward and out into the corridor without even adding a skirt, and it does not seem to make any difference with them whether there are doctors, orderlies, or visitors about. They do not even take the trouble to close the door of the closet which they may be occupying, and I imagine they really enjoy being on exhibition. In one ward which I visited I found eleven cases in which abdominal and vaginal gauze drainage was being used, and some of these patients were permitted to stand and even

* Read before the Kouka Lake Medical and Surgical Association.

walk to the closet when necessary. The use of abdominal drainage seems to be much more popular over there than in this country.

In one respect the American hospitals are ahead of those in Paris, for the reason that the Paris hospitals have no training schools for nurses connected with them. I must confess, however, that our trained nurses are in no way superior to the regular operating-room nurses of the Lareboisiere, Salpêtrière or Broca Hospitals.

While I was in London I visited St. Thomas Hospital, Bethlehem and Westminster Hospital, and the Chelsea Hospital for Women.

St. Thomas is one of the oldest, wealthiest and largest hospitals in London, the most ancient of which is St. Bartholomew, originally a priory of the same name and founded under King Henry II., A.D. 1100. The management of the oldest of the English hospitals was united in 1782 with that of four other charitable institutions of the same kind—Bethlehem, St. Thomas, Christ's Hospital and Bridewell. The union was effected under George III., and from it the joined institutions were called "The Five Royal Hospitals," their superintendence being placed under the care of the Lord Mayor of London. Only three out of the five royal hospitals now remain institutions in the same sense, the other two—Christ's Hospital and Bridewell—having been diverted entirely from their original design.

Bethlehem Hospital, or "*Bedlam*," as it is commonly called, is the oldest charitable institution for the insane in the world. This hospital was also founded as a priory in 1247, by the Order of St. Mary of Bethlehem. Insane persons were confined in this place as early as 1403. In 1547 Henry VIII. granted a charter to the institution, and it has ever since remained one of the "royal hospitals." It is used as a charitable asylum for persons of unsound mind of the educated classes whose means are insufficient to provide for their proper treatment elsewhere, and admits mainly acute and curable cases. The establishment can accommodate three hundred patients, and is fitted up with every modern convenience.

More wealthy than Bethlehem, and with revenues equal to St. Bartholomew, is the third of the "royal hospitals," St. Thomas, once a priory, and converted into a hospital in 1553. The old building in Southwark, near London Bridge, was leveled to the ground in 1862 to make room for the Southeastern Railway, when a new and larger edifice was erected on the Albert Embankment directly opposite the Houses of Parliament, in 1868-71, at a cost of two and one-half million dollars. It consists of seven four-storied

buildings of red brick, united by arcades, and is in all about 1,800 feet long. The number of in-patients annually treated in the 572 beds of the hospital is over 5,000, and of out-patients about 80,000. Its annual revenue is \$200,000. I spent the most of my time in this hospital at the surgical clinics. During my stay there I saw each member of the staff operate, eight in all—Messrs. Clutton, Anderson, Pitts, Makins, and the assistant surgeons, Messrs. Battle, Robinson, Ballance and Abbott. The large operating amphitheatre of this hospital has a partition running down the center of the room, and each afternoon there are two sets of operations going on at the same time. By this arrangement the visitor can see a great deal of work; for when one case is being prepared for operation, the case on the other side of the partition is usually in its interesting stages. One afternoon I witnessed sixteen different operations in this amphitheatre.

Here is the list of cases taken from the bulletin board:

By Mr. Pitts: Carcinoma of the colon, bullet wounds of the abdomen, gluteal bursa, varicose veins, necrosis of the femur, hemorrhoids.

By Mr. Battle: Ankylosed shoulder from unreduced dislocation, loose semilunar cartilage, scirrhus of the breast, necrosis of the hip, hare-lip, colostomy with establishment of an artificial anus for cancer of the rectum, hemorrhoids (Whitehead's operation), necrosis of the tibia, tubercular hip (resection), perforating ulcer of the foot.

The English surgeons are very rapid in their work, and their staff of assistants and nurses are exceptionally well trained. Not a moment was lost and everything seemed to go like clockwork. I noticed however, that they were not as careful with their asepsis as some of our own surgeons. Permanganate of potash and oxalic acid are the usual antiseptics employed. Chloroform is the favorite anæsthetic and is given with a mask, through which a supply of oxygen is furnished when necessary. Undertakers' cotton gloves are usually worn for laparotomies at St. Thomas.

One of the cleverest surgeons I saw operate in London was Dr. Sutton of the Chelsea Hospital for Women. He is very rapid and daring in his work, yet withal he takes an exceptional interest in the welfare of his patient. He is the Howard A. Kelly of London. Here is a list of the cases he operated on in two hours:

Abdominal hysterectomy, appendicitis, removal of gall-stones, vaginal cyst, vaginal hysterectomy, examination under ether for malignant disease of the abdomen, curetting.