

NOTES ON FRENCH AND ENGLISH GYNECOLOGY.*

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THE purpose of systematic travel from clinic to clinic or the occasional visit to see the great men at work is not so much a quest of striking novelties—for these are not many—as to keep one thinking and out of a rut, to force review of methods and to make sure that one is up to the average technic of his time. It is a rough approximation of the truth to say that any operator seen at his table may be readily ticketed as in one of two classes: he sees no one but himself operate and is stationary and self-satisfied, or he's an observer of others, progressive and humble minded. In travel one gets to believe that devising of new things—or of odd ways of doing old things—is often of less use toward helping a specialty onward than the selection for study of some act or series of acts that call for incessant repetition and the determination to better these. The commoner the action the greater the service in abbreviating or standardizing it. It will be worth while, for instance, to record among many famous surgeons their practice in the matter of putting down and picking up of instruments, or the tying of knots. There is, indeed, hardly a step in the simplest operation that will not furnish years of study—study of which almost anyone is capable and in which one may render large service.

The gynecologist who speaks German can be of more profit to the American (particularly if he understands the language) than that of the French and English tongues, but among the general surgeons speaking the latter languages are some shining exemplars that Germany does not outclass. In consideration of the patient first—whether as worker, wife or mother, or as a woman to whom tender care is due—the list may well run in this order, the United States, Great Britain, Switzerland, France, Germany, Austria. To the English speaking races a patient is rarely "Das Material." As to indications for operation, and judgment in the application of a particular operative procedure, the same order seems to hold. In consideration of abstract science Germany and Austria easily rank first, whether for scholarship, organization, average equipment, thoroughness of study and try-out and follow-up, or for records and laboratory facilities. For craftsmanship America leads. The Frenchman has much better manual dexterity than the German but less good technic.

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The separation of the departments of gynecology and obstetrics in teaching and hospital appointments obtains in Britain and France, the combined chair (as in Germany) being rare. The lower social status of the English doctor is well known and a thing hard for us or for those on the Continent to understand. France does not exalt the title "professor" as the Teuton does, and she calls her doctors "Monsieur" in a fashion more democratic than our own. Yet in the great popular vote as to who the greatest Frenchman was, Pasteur led Napoleon.

The real university plan is followed in France. Pozzi, for example, is professor of gynecology in Paris. For some other gynecologist to be very prominent outside the university is difficult, and a man of great ability, Doyen, is driven, in some part, to be an Ishmael. In London, on the contrary, there is a scatter of medical schools, more or less uncontrolled as with us and presenting the same rivalries and waste effort, though gradually centering on the university. A degree of competition is evidently healthy, however, as shown in the extra-mural school of Edinburgh, which brings forward a number of distinguished men. Neither French nor English professors are moved up from one university to another as in Germany, nor are the students free to migrate. London gynecology is partly ineffective because of diffuseness and self-satisfaction. The Chelsea Hospital for Women, for instance, has sixty-five beds, and five or six surgeons on the staff, each with eight to twelve beds; and one of the surgeons who has done over one hundred and twenty-five Wertheim's has never seen any great foreigner do the really radical operation. The single head, the responsible chief with adequate salary, material, authority and assistance—and a requirement of clinical travel—should change this showing, for the men are at hand. To the needs the juniors are alive.

In technic the general observation is made that the foreign operator does much more of his own work than is the rule with us. He assists himself notably. He often ties, cuts and sponges himself. Yet he obtains no small speed. His assistants are usually far better trained than ours because they work longer with him. Man or nurse, the same individual has learned to know, by years of association, just what the next need or move of the surgeon is to be, and the assistant, even when changed, as in Britain, does not stay less than six months, and is a senior on salary. The operator may even thread his own needles and lay out his own simplified outfit. Lessened infection is said to result from a minimum number of persons in contact with instruments, sponges and wound. The constant scissor or knife work in lieu of blunt dissection is noteworthy, but one rarely sees a Mayo scissor separation. They have not yet abandoned cutting needles for our round taper point. Ligatures are tied far tighter than is the average American practice, probably from the silk habit, and lack of catgut gentleness. Sutures, too, are dragged home till the wound edge looks like a scallop shell, instead of our simple contact of vessel lining and of opposed raw edges. Layer suture of the abdominal wall is general, silkworm stay sutures almost universal. Michel skin clips are common. Much coarser catgut than ours is the universal rule. Inspection of the appendix when the abdomen is opened for other reasons is not general and routine examination of the gall bladder and upper abdomen under these conditions is very rare. Measures for shielding the raw edges of the abdominal incision during work were noted in only a few clinics, and no perfect method has yet been seen.

Berkeley sews rubber down over these surfaces, but it drags about from over-elasticity, as thin reinforced rubber would not.

Many of the English operators still use silk and give as a reason that the hospital is too poor to afford catgut. Yet, even where, for the same reason gauze sponges are squeezed dry and go back again and again into the abdominal wound, it is to be noted in these same hospitals, in contradistinction to our false economies, that the house surgeons are salaried, receiving from \$125 to \$450 or even \$750 a year, and the registrar or medical man in a department responsible for its histories gets \$250. The nursing abroad cannot cost as much as ours, as the trained nurse hardly exists. The female nurse, even in Scotland, cares for men and without screens. In France I saw women shave and scrub the male before herniotomy in the open ward.

I dip into such a wealth of notes that it is only possible to pick an item here and there as samples.

In the remarkably organized and smoothly working operating room of Jones of Liverpool nothing touched what went into the deeper parts of the wound except the metal instrument; no sponge handled; every stitch threaded into the Reverdin by being held in forceps over its opening eye. Stiles of Edinburgh is the Mayo of Great Britain just as Faure of Paris is the Fowler, and both are wonderfully simple and direct in their methods. Moynihan was spoken of as a prince among surgeons, best of the intestinal operators. Before he makes an incision he runs some transverse scratches to locate the points that should be opposite when one comes to close the wound. He guards the skin with mackintosh under gauze. In Manchester one finds the duties of the operating room nurse framed on the wall, the ground glass of the windows used as white blackboards for colored chalk; and the histories kept in portfolios of cardboard on the inside of which are pasted two printed pages covering every possible item in the history and examination. Lockyer in London is seen to cover bowel with rubber dam under the gauze, Tixier of Lyons, one notes, in hysterectomy, stitches his bladder early to the suprapubic retractor and thus keeps it well out of the way; and Fabre calls students to labors by a big white globe at the maternity window—red if the case is operative—and so the ideas go. Here we find horse serum always at hand to check oozing from oozing surfaces—in Walther's clinic, and ask why not for the interior of the uterus in menorrhagia? There we see Spencer unite the rectal mucous membrane in a complete tear with tiny silver wire, or Lyons cooking its instruments in vaseline. We note the nearly universal employment of gloves, the general dependence on iodine for the skin, and the lifting table with ability to use an extreme Trendelenberg incline, or a swing in circle. We decide to train again with the Reverdin to see if with a good team we can save time (in all but deep sewing) as they all do in Paris. There, too, the broad suprapubic retractor opens up the wound yet does not limit flexibility in the upper parts of the incision. In England one is amazed to see the uterus fixed without fear by its anterior wall with buried silk to the suprapubic region and to hear Giles give his careful summary of the pregnancies that have followed this procedure, said to be the English fashion. It is not a little interesting to see as some of the coolest and best traveled operators the dignified and comely women of London working in fine hospitals of their own. It is curious to us to see the biggest

city with only nursing homes for private case operation. If, however they were all as finely set as one in which that clever surgeon Walther operated in Paris (sixty beds at \$4.00 a day) no complaint could be made. Apropos of exquisite surroundings the gardens of the American Hospital on the outskirts of Paris match its interior and its wide roof garden. The glass roof is painted inside in summer and the curtains are the only unfadable material—tan colored Italian sail cloth at 40 cents a yard. In Paris, Faure will be the next professor of gynecology. He is a man of enormous energy and speed. His films of operations were valuable teaching. In Geneva is the finest hospital yet, costing \$7,000, a bed, with its amphitheater finished in fawn tile. Here as in Lausanne, was good gynecology, and in Lausanne worked little lightning Roux, whose efficiency ranked with Jones. Here, too, there is a training school for nurses, of our kind, rare in Europe.

If I have thus given you even an inkling of the stimulus two or three weeks on the benches of the keenest workmen in our craft may impart, say on a trip every third year abroad—and every year in America—and can stir you to travel a bit, this half hour is not ill spent.

