

nickel urns to boil the water for scrubbing up, bowls, macintoshes, sterilisers containing doctors' gowns, aprons, and cages, chloroform, lints, bandages, groin-straps, safety-pins, even a body cradle, should one be asked for. Leclere's shop is well worth visiting, it is situated near the Church of la Madeleine, quite in the centre of Paris, so that for an emergency one has everything ready in an hour's time.

There are several of these places now, cheaper, I believe, than Leclere; but he is the first. Everything that the most fastidious surgeon could devise had been prepared, and all sterilised, even the talc powder and the soap. I cannot tell you how pretty the room looked. The walls were hung with white linen and the floor covered with the same. Very few surgeons would consent to operate without this precaution. All the gauze dressings in wide glass jars, the wool in tin boxes, drainage tubing of all sizes, each one separately in a glass tube. The silks and horsehair are in most fascinating little glass pots, large capsules containing a pint of saline solution, "Physiological Serum," ready for use, a hypodermic syringe, clinical thermometer, temperature charts, &c. All these things are so compact that they do not take up much room. Of course a great deal more is sent than is required, but as soon as the operation is over, an employee comes and takes back everything that has not been unsealed.

It may be interesting to know about the price of all this surgical luxury. I happened to see the bill, which came to a little over 900 frs.—about £38. I only remember a few of the items. The table to hire, 20 frs., the hypodermic syringe and thermometer, 15 frs. each, the hire of the urns, 24 frs. Two large cans of boiled water completed the preparations.

My patient was partially prepared and I did the preparatory dressing at 11 p.m. The next morning at 6.30 an infirmier, or male attendant, who always assists Mr. R.'s operations, both in private cases and in hospital, arrived. We discovered that the chimney smoked, so he heated the room with bowls of flaming spirit, sterilised the instruments and prepared everything. All bowls, basins, needles, etc., are *flambés* before use, even for an ordinary dressing or a simple subcutaneous injection in this most aseptic country. In the case of china vessels I know that it only burns the specks of dust that may be on them, but that is better than nothing. Also all the water is boiled, were it only for a gargle or to bathe eyes. For ordinary toilet purposes, we use boiled water as much as possible; I assisted at a lecture given by a specialist for skin complaints and he strongly urges the necessity of not employing tap-water for washing and also for baths. I may mention, *en passant*, that an enema is never given with unboiled water. A douche can, previously sterilised with burning alcohol is used, the catheter boiled, and in fact the whole proceeding treated as a dressing. I thought this very exaggerated at first, but the French point of view is this, that it is unwise to wilfully inject microbes into the intestine.

But this, by the way. Punctually at 8 a.m. the surgeon with his two house surgeons and the anaesthetist arrived, and in thirty-five minutes all

was over. I do not presume to compare, or even to give an opinion upon the respective merits of surgery in France and in England, but asepsis and rapidity are two of the many qualities of French surgeons. I was asked if their results are better. Not having been in French hospitals I cannot, of course, say whether it is so or not, but it does not seem to me that that is the point. If asepsis is something more than a vain word—and who can deny it, then the more thoroughly its laws are carried out the better results will she give. Everybody knows that germs without number lurk in the mouth, also that when speaking these germs are carried to a certain distance, consequently the French surgeon wears a sterilised gauze respirator, which has also the advantage of covering his beard; he also wears a cap right down to his ears.

In the hospitals, all the doctors and students wear long linen gowns and aprons. Those who came over to England, whilst admiring so many things in the English hospitals, were surprised to see dressers in the wards in their ordinary clothes; they consider it clean neither for them nor their patients. French surgeons are also very quick; the operation I am speaking only took about fifteen minutes, during which time the last preparatory cleansing, always done on the table counted for a few minutes. They do not use lotion for sponging, dry gauze is employed instead. A bowl of 1:2000 Sublimate stands near the operator to rinse his hands when necessary, otherwise aseptic cases are treated as such, and no antiseptics used. Before bandaging an abdominal a wide roll of non-absorbent wool can be put right round the patient. The bandage is a wide three-fold flannel band. This may be rather warm, perhaps, but I have found it convenient. Should an accident happen there is no danger of the dressing becoming damp, the band itself is easily changed or tightened if loose. Then it does not ruck up at the back, neither does it cut like the domette. When the patient was put back into bed the surgeon very courteously advised me "to be careful not to burn her with the hot-water bottles." Rather a humiliating recommendation! When he saw that the blanket was next and prevented them from touching her, he thought the idea a good one. It is customary in France for a House Surgeon to remain in the house as long as the patient is in danger after an operation. The nurse, consequently, has no responsibility, and it may be more or less pleasant, as they are accustomed to the "Infirmières" of the hospitals who belong to a class of society several degrees below that of a general servant. However, they are quite willing to assist and offer to help make the patient's bed, change her linen, or render any other service.

The after-treatment of abdominal cases is much the same as in England, only they generally keep them for twenty-four hours without anything to drink, then iced champagne and Vichy water is the usual thing. I prefer the English hot-water feeding. They keep all their cases lying on their back until at least two days after the stitches are out.

I worked in a surgical home for several weeks, and there it is the invariable rule that the patient should be on an air-cushion, and if at all ap

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