A HUNDRED AND FIFTY YEARS AGO

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Surgical practice during the siege of Paris

By Dr Leon Labbe, Surgeon to St Antoine Hospital

DURING THE SIEGE OF PARIS wounds were of exceptional gravity. Older surgeons, who had had much experience in wars, admitted that the wounds during the siege were of unexampled and unprecedented fatality. In cases I had observed a violent contusion of the marrow extending very high up; it was obvious to me that this marked injury was of immediate origin. At the same time, the bones themselves presented the most serious lesions; there was splitting and splintering of the bone, extending as high up as the great trochanter, for instance, in cases of fractured femur.

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Amputation was, at the beginning, universally employed. The results were disastrous, the mortality was absolute and general. We concluded that the lesions, and the fatality which attended them, were due to the use of the conical-shaped bullet. Disarticulation, which at all times is a detestable operation, was now a worse than formidable one, because it was necessary to take into account the bad condition of the food, the atmosphere, and other hygienic conditions.

Conservative surgery

Most strenuous exertions were made by Paris surgeons, and were much insisted on by myself, in the direction of conservative surgery in wounds which engaged the bones, and particularly the femur. I adopted two manners of proceeding. They were by no means uniformly successful, but there were successful cases; and in several instances I was happy enough to save the life of the patient and his limb besides.

In the first proceeding, I attempted either to preserve the limb or to make partial dissection if possible. I avoided all immediate operation, waiting for events, surveying attentively the progress of the wound. But the express condition of this mode of proceeding was to place the limb in absolute straightness and immoveability. I realised this by means of plastered splints, obtained by thick overfolds of muslin steeped in plaster of Paris.

From the time when the patient was placed in these conditions he immediately experienced considerable comfort. Rest and sleep became possible. There was less inflammation; and, as I had left open spaces in the appliance, the dressings were made and renewed under the eyes of the surgeon, who could watch for the moment when it became necessary to extract the splinters. This proceeding was equally applicable to wounds on the upper limbs. It afforded considerable comfort to the patient, was attended by less reaction, and afforded success in many cases where amputation seemed at first to be completely indispensable.

The other mode of proceeding which I adopted was the following. The patient was left in absolute rest for a few days; experience has shown that when the repose was absolute during the first fifteen or eighteen days, the phenomena of reaction were almost null. But after this lapse of time, purulent masses, of more or less extent, began to form around the principal centre of fracture and in the depth of the limb. It was then that I intervened by means of large and deep incision, opening up the abscesses, and drawing out all the moveable splinters, &c. When all these had been extracted, by means of the *chain saw*, the portions of bone were resected, and in such a way as to obtain, as perfectly as possible, even surfaces, which were brought together without the employment of any suture. But in these cases it was also absolutely indispensable to obtain complete immobility by the use of the plastered splints already alluded to. Without this appliance no good results would have been obtained.

Among the successful cases due to this mode of treatment, was one in which I was obliged to take away fifteen centimetres of bone, and necessarily there was a marked shortening of the limb; but the patient preserved his life, and the use of the extremity besides. Nine months have elapsed since his recovery, and he will not yet venture to undertake walking, but there is no doubt that by means of a prosthetic apparatus, and a light iron bar rendering the thigh immoveable, he will make good use of his leg, as consolidation is perfect.

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Exertions made by the Paris surgeons during the siege in the direction of conservative surgery have been far superior in their results to those obtained by amputations, disarticulations, or an otherwise liberal use of the knife.

Success seems to have been due to the employment of the plastered splints which I used, inasmuch as they secured perfect immobility of the limb, whilst they allowed the whole progress of the wound to take place under the eyes of the surgeon, who could thus intervene at the proper moment.

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