Diary of an Edinburgh Medical Student, 1834–1835
Paris in the 1830s
November 1834

/Lt/ Nov. 1st. 1834 Saturday
I have intended for a long time to keep a journal — today, being the first of the month, determined to put my intention into effect. Went this morning to the Hopital La Charité — saw a case of fever (typhus) with complication in the chest, & suspected also, in abdomen — he has been admitted about ten days — lips & cheeks are livid, skin moderately warm — resp. very oppressed, 50 in a minute — considerable mucous râle in the smaller ramifications of the bronchi — pulse 120 — skin is dry & very dirty, has had no bath or tepid ablutions &c — tongue is protruded with consid. difficulty — on first coming in, he was bled from the arm & had leeches on the chest — has been taking lemonade alone since — no antimony or purgation. This morning, as his bowels have not been opened for six days, he was ordered an enema, & passages of Magnes: Sulph.:— If this pat. die, of which indeed there was consid. likelihood at one time, his physician ought to be prosecuted. Saw an excellent case of Herpes Zoster improving rapidly under simple baths & diet. Case of diseased heart — came in today — it is easy by means of the stethoscope to detect consid. bruit de soufflet, in the

1. La Charité hospital in Rue des Saints Pères was considered the second most important of the non-specialist hospitals in Paris. Formerly directed by a sect of the monks of St. Jean de Dieu, at the beginning of the seventeenth century it had 100 beds, which by 1786 had increased to 206 and, by 1834, to 300: 100 for women and 200 for men. It had large airy wards and boasted only one patient to a bed. To this practice and to that of keeping wide distances between the beds, its low mortality rates could possibly be attributed. It was well provided with baths and fumigation equipment. (Ratier, Medical guide to Paris, pp. 45–56.)

2. Typhus: a most infectious and contagious fever. Hooper stated that its "most common cause by far is contagion or a febrile miasm", which was common in dirty, overcrowded, damp, and generally unhealthy locations. (Lexicon, pp. 1235–39.)

3. Râle: rattle or abnormal sounds heard in auscultation within the respiratory tract that indicate dryness or that moisture is present. They are classified according to their location, for example, within the trachea, bronchial area or the vesicles in the lungs. (Larousse médical, p. 988.)

4. Bloodletting: the artificial discharge of blood with the aim of preventing or curing a disease. Bleeding, using either leeches or the lancet, was a therapy for a wide range of medical conditions much practised throughout Europe. The procedure was not without the risk of haemorrhage, which could sometimes be fatal.

5. Antimony: Hooper provides a detailed entry on antimony and its compounds, especially its oxides or, as he expresses it, its "three probably four, distinct combinations with oxygen" (sic), and its combinations with chlorine, iodine, phosphorus and sulphur. (Lexicon, pp. 133–35.) Compounds of antimony, e.g. antimonium tartarization, had been widely used, but by 1832 their use was mainly confined to emetics and for treating bronchitis, pneumonia, cerebral congestion, croup and rheumatism. (Milne-Edwards and Vavasseur, Nouveau formulaire, p. 351; Hooper, Lexicon, p. 131.)

6. Herpes Zoster: shingles, a skin disease recognised by its clusters of numerous little vesicles and accompanied by considerable itching. The eruption of vesicles is preceded by internal constitutional disorder and pain. It could be confused with erysipelas on one hand and with impetigo and other slow spreading skin eruptions on the other. No internal medicine was prescribed and the forms of herpes, like other eruptive skin diseases, went through a regular pattern of development which could not be interrupted. (Hooper, Lexicon, pp. 665–8.)

7. Stethoscope: this instrument for examining the state of the heart and lungs had been developed in Paris more than a decade earlier by R. T. H. Laennec (1781–1826) and five years later in Philadelphia was still described as that "fashionable and useful instrument, the stethoscope". (Warner, Against the spirit of system, p. 44.) See Introduction, pp. 29–31.

8. Bruit de soufflet: the correct term is "bruit de souffle". There is a range of normal sounds associated with auscultation of the internal organs such as the heart and its adjacent arteries and the pregnant uterus. An abnormal sound of the heart, as in this patient, or of the lungs, could be detected on auscultation with the
region of the left side of the heart, whilst under the sternum, the sounds are nat – apex is perceived immediately. Under the margin of the 6th rib – hence of course enlargement of the left side of the heart was diagnosed. There is a remarkably curious case in the wards, which has puzzled the stethoscopists, not a little. A man who has been in the house some time with cough, & /1v/ muco purulent expectoration,9 has had, ever since his entrance, a very loud pectoriloquy, 10 & apparent cavernous respiration 11 in the region of the subspinous fossa 12 of the right scapula – superiorly he had loud bronchophony 13 – the chest is universally duller – today the pectoriloquy has extended over the whole extent of the posterior part of the chest – the man has not a phthisical 14 countenance, his pulse is only 76 & he has no hectic 15 – the subclavicular regions cannot be explored on account of two issues in these situations – this curious case has received no elucidation either from pupils or physician. A man, who has been in the wards for some time with chronic pleurisy, & copious effusion, is rapidly improving under antiphlogistic 16 treatment alone – respiration and clearness on percussion are gradually extending downwards. I heard a remark today worth remembering, respecting this disease – D. Brandrith of Liverpool being called into a chronic case of pleurisy with effusion – recommended riding on horseback, which was attended with the happiest effects. Went to the Gobelins, 17 but this being All

stethoscope. English-speaking students quickly adopted French vocabulary for describing the range of sounds that could be discerned with this innovative piece of equipment.

9Muco purulent expectoration: pus-like mucus coughed up from the lungs.
10Pectoriloquy; also pectoriloquism, a condition in which the individual speaks as it were in the chest; the sound of the voice in the chest. (Hooper, Lexicon, p. 943.)
11Cavernous respiration: applied to respiration marked by a prolonged hollow resonance in the chest.
12Subspinous fossa: cavity beneath the spine of the scapula or shoulder blade.
13Bronchophony: also bronchophonism, a condition where the voice is heard in the bronchi, the small branches of the trachea which lead into the lungs, and which, when infected and inflamed, give rise to the respiratory infection of bronchitis. (Hooper, Lexicon, p. 270.)
14Phthisical: consumptive – the term phthisis was often used as a synonym for consumption. Phthisis was a not uncommon disease marked by emaciation, debility, cough, hectic fever, and purulent expectoration from the lungs.
15Hectic: there was much discussion at the time of the nature of “hectic fever”, which was described as a disease of “great perplexity and irregularity” with characteristics and sites within the body that varied according to the author. (Hooper Lexicon, p. 652.) Some, including Carl Linnaeus (1707–78), John Hunter (1728–93) – and Galen (AD 129–c.216) before them – regarded hectic fever as an idiopathic condition, that is, one not depending on the presence of another disease. Others, including William Cullen (1710–90), regarded it as a phthisical consumptive condition. Those who adopted Cullen’s opinion usually saw it as the effect of absorbed pus from another disease in the body.
16Antiphlogistic: against inflammation. The term was applied to those medicines, programmes of diet and other circumstances which tended to oppose inflammation; that is, which would weaken the system by diminishing the activity of the vital power. (Hooper, Lexicon, p. 136.)
17The Manufacture Royale des Gobelins was a tapestry and carpet manufactory. Famous throughout Europe, it took its name from Jean Gobelin, a fourteenth-century wool dyer, who became very wealthy. His family was succeeded by others who added to wool dyeing, the making of tapestries. Around 1655 Louis XIV, at the suggestion of J.-B. Colbert, designated it a royal manufactory and appointed the celebrated Charles Le Brun as director. He painted the series of battles of Alexander to be copied in tapestry and these were at the time of the diarist’s visit the finest productions of the establishment. The productions mainly represented historical subjects, took two to six years to complete, and could cost 18,000 francs (£750). The workmen, about 100 in number, were poorly paid. It was the only establishment in France in which carpets were made in imitation of Persian ones and, it was claimed, were superior to them. Foreigners were granted admission on Wednesdays and Saturdays by letter of application to the Directeur of the Beaux Arts, which it would seem the diarist had written. But on this occasion it being a holy day the place was closed. (Galignani’s new Paris guide, pp. 298–301.)
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Saints’ Day\textsuperscript{18} – the manufacture was closed – afterwards walked to the Cemetery of the Père La Chaise – where a fête is annually held at this time of the year\textsuperscript{19} – an immense crowd of persons were present – carrying garlands of flowers to crown the tombs of their departed friends – the tombs are many of them very neat, & the grounds tastefully laid out – after my return, sat down to write a letter, but so confoundedly annoyed by a fellow in the next room, playing on the violin, that I was obliged to lay it aside.

\textit{2st} Nov. 2\textsuperscript{nd} 1834 Sunday

Went to La Pitie\textsuperscript{20} – no case of much interest there. Determined, after breakfast, to go to the English Church in R. d’Aguессeau but from mistake, did not get there in time – walked in the Champs Elysées\textsuperscript{21} & Tuilleries\textsuperscript{22} garden – the former represented nothing so much as a village feast in England. On every side were some places of amusement – in one part Punch & Judy – in another, peepshows, swings &c. – in every direction, were booths, for the sale of viands of all kinds, & in many of them billiard rooms. The Louvre\textsuperscript{23} & Luxembourg\textsuperscript{24} are open to the public every Sunday, & on that day alone – in fact, the policy of the French government \textsuperscript{24} almost seem to be, to prevent as many persons as possible, from attending Divine Service – \textsuperscript{25} & took a French dinner for 2 francs in the Palais Royal\textsuperscript{25} – beginning now to relish French dinners. Palais Royal so crowded this Evening, that it was with considerable difficulty, that I c\textsuperscript{ld}. force my way thro’ it – particularly in the Central Arcade. The crowd round the theatre very dense, wait\textsuperscript{e} for the doors to be opened – Ret\textsuperscript{d}. home at 8 o’clock, & finished my letter to Clifton.\textsuperscript{26}

\textit{Monday Nov.} 3\textsuperscript{rd}.

Was very ill during the night – but after vomg. became easy, & had a tolerable night. These French dinners don’t at all agree with me – am generally ill after taking them. Went to

\textsuperscript{18} All Saints’ Day is one of the main festivals in the Catholic Church and is followed on November 2 by All Souls’ Day, a day of supplication for the souls of the faithful deceased.

\textsuperscript{19} Fête: he is referring to the religious festivals associated with All Saints’ Day and All Souls’ Day which take place in the cemetery. For Père La Chaise cemetery, see February 10, note 19.

\textsuperscript{20} La Pitie, a mixed general hospital for both women and men, was in 1838 situated at the corner of the rue St. Victor. It opened in January 1809 as an annexe to the larger Hôtel Dieu, which had demolished some of its buildings. It also acted as a receiving house for the venereal hospital. It had 600 beds with one for each patient and many of its twenty-three wards overlooked the Jardin des Plantes. Between 1809 and 1813, its mortality rate was 20 to 25 per cent and was higher in women than in men. Patients included those with chronic conditions, who would be sent on to more specialist hospitals, those who needed convalescence and women with venereal disease, who were segregated. The hospital’s surgeons included M. Lisfranc who succeeded P. A. Bécuard, both of whom eschewed surgery whenever possible in favour of a medical treatment, whilst “still preserving the organs that a too operative surgery would have deprived them of”. (Ratter, \textit{Medical guide to Paris}, pp. 42–5.)

\textsuperscript{21} See entry for May 1.

\textsuperscript{22} Tuilleries: the diarist consistently misspelt the Tuilleries. See entry for December 31, note 129.

\textsuperscript{23} See entry for January 10, note 61.

\textsuperscript{24} Luxembourg Gardens: the diarist is inconsistent with his spelling of “Luxembourg”. These gardens are those of the Palais de Luxembourg and its original trees were first planted when the palace was built (1615–27). Its fine avenues, gardens and varied aspects made it a favourite walking place and many preferred it to the Tuileries. (Galignani’s new Paris guide, pp. 193–6.)

\textsuperscript{25} The Palais Royal was a public entertainment area which included restaurants, galleries, gardens and a theatre which presented indelicate farces. The term “Palais Royal” was used in English to denote theatrical pieces of a suggestive nature. (Galignani’s new Paris guide, pp. 175–88.)

\textsuperscript{26} Clifton, Bristol, would appear to be the location of the diarist’s family home.
Figure 1: Plan of the Hôpital de la Charité. Engraving from Jacques Tenon, Mémoires sur les hôpitaux de Paris, Paris, De l'imprimerie de Ph.-D. Pierres, 1788, Plate 1. (Wellcome Library, London.)

Figure 2: R. T. H. Laënnec’s stethoscope. (Photo, Wellcome Library, London.)
Hôpital St. Louis – an excellent institution, & exceedingly instructive to the pupils attending it – but a long distance from my lodgings – nearly an hour’s walk. Saw some very interesting cases of skin diseases – particularly of some a rare species of acne the A. sebacea lately discovered & described by M. Biett – it occurred in a man about 40 – situated at the side of the nose – presented several of the characters of impetigo – was covered by a thick yellow scab – about the size of a shilling. All the /2v/ forms of psoriasis in the various stages were here collected. There was a curious case of the true Arabian Elephantiasis of the penis & scrotum – M. Biett intends to try the effects of pressure in this case – for this purpose, he introduced after some consid’l, trouble, a bougie – upon which the pressure is to be kept up, so as not to injure the urethra. The treatment of skin diseases is principally external – consisting chiefly of baths, fumigations, frictions &c – medicines are but rarely administered, – but lemonade & various diet drinks are occasionally employed. The visit together with the gratuitous consultations lasted, from 9 ’till near 1 o’clock. Itch.

27 The Hôpital St. Louis, founded in 1607 by Henri IV, was originally part of a monastery and opened to patients in 1619. It treated patients with contagious diseases, and later became renowned as the centre of research and treatment of skin diseases including itch, ulcers, herpes, ringworm, some venereal diseases (there were other hospitals specializing in these), cancers, scrophula, scurvy and some fevers. In 1828 it was described as “still the finest in Paris”. (Ratier, Medical guide to Paris, p. 65.) During the Revolution the hospital was renamed Hospice du Nord but soon regained its former name, and in the early 1800s underwent renovations including the substitution of its old wooden baths, widely used for skin treatments, by twenty-four copper baths. It was possible to organize 200 baths a day. (Ibid., p. 66.)

28 See entry for December 3, note 9.

29 Laurent Théodore Biett (1781–1840) was a specialist in skin diseases at St. Louis. Biett, who was Swiss born, was the favourite of Jean Louis Alibert (see this month, note 168), who had built up the hospital as a centre of excellence in skin diseases. Biett disappointed his master by adopting the classification of skin diseases drawn up by Robert Willan (1757–1812), the eminent British specialist. (Ackerknecht, Paris hospital, p. 175.)

30 Impetigo: a form of eczema characterised by the appearance of pustules. The condition was not accompanied by fever. It was not contagious nor was it communicable by inoculation. (Hooper, Lexicon, pp. 715–18.)

31 Psoriasis, a form of the itch, was the general or generic name assigned to a group of skin diseases very common at the time. They were characterised by a rough, scaly state of the cuticle, sometimes continuous, sometimes in irregular patches, and generally accompanied by lesions. Some forms of the disease occurred in particular occupations such as bakers, who developed it on their hands and arms, or were confined to specific regions of the body such as psoriasis palmaria, which affected the palm of the hand, or psoriasis scrotalis, confined to the skin of the scrotum. Psoriasis diffusa was a chronic and usually relapsing form of the condition. There was a syphilitic form, psoriasis syphilitica, which was often confused with psoriasis guttata, because they were both initially marked by dry, red, scaly patches. Psoriasis was distinguishable from lepra or leprosy by the distribution of the patches. Also, psoriasis could be seasonal, whereas leprosy was not. (Hooper, Lexicon, pp. 1025–28.)

32 Elephantiasis: a disease that could affect the whole body but which chiefly affected the legs. It was thought to arise in some cases from a slight fever followed by swelling, inflammation and hardening in one of the inguinal glands before affecting one leg – rarely both legs – which became greatly enlarged and the skin thick, rough and scaly. This present case may have been one of elephantiasis in its early stages. Patients could labour under the disease for many years with little effect on their general condition whilst others might submit to amputation of an affected limb only to find the other limb became affected. (Hooper, Lexicon, p. 533.)

33 Bougie: a slender cylindrical instrument for dilating and exploring the urethra and other canals in the body.

34 Diet drinks: the use of diet as a way of promoting and preserving good health without recourse to recognised medicines did not, according to Hooper, receive enough attention. The decoction of sarsaparilla and mezereon, obtained from plants of the daphne group considered by some to have antiphlogistic properties, was known as the Lisbon diet drink and widely used. (Hooper, Lexicon, pp. 484–5.)

35 The diarist’s translation of “consultations gratuites”. These were free out-patient clinics, mainly for the poor, open to those whose disease was so slight that they could be cured without leaving their habitual occupations. Patients were issued with tickets which allowed them to go to the hospital each day to take treatments such as baths or fumigations. (Ratier, Medical guide to Paris, p. 67.) See also Introduction, p. 16.

36 Itch: generic term for a wide range of skin diseases characterised by itching, including, for example, barbers’ itch, grocers’ itch, bricklayers’ itch. See also this month, note 31 on psoriasis, and note 171 on psora; and entry for
& secondary syphilis are the most common forms of disease among the outpatients. Today, the winter season commences – the first lecture on Clinical Surgery was administered delivered by Sanson at the Hôtel Dieu. Orfila commenced his course of Chemistry at 10 A.M. the lectures are only delivered three times a week, & continue for five months – the courses must consequently be very brief – went today to inscribe – gave in my certificates &c, & was desired to return tomorrow morning at 10. Engaged this evening to a dance at M. Fallon’s – Went at ten P.M. – found most of the company assembled – dancing soon commenced, & was kept up with very great spirit, 'till ½ past 2 A.M. – the greater portion of the company were English – one or two or three girls worth looking at, in the room – one of them a very fine girl, French – but too fond of displaying a fine foot & ankles – There was however /3r/ something in her countenance that was far from pleasing – she danced gracefully, – in this respect by the bye, I may mention, that I was quite surprized with both the French Men & Women – I expected to have seen them, not only graceful figures, but graceful dancers – in both which respects, I was quite disappointed. With the exception of about three men & two women – a more unsightly & slovenly set of beings cld. scarcely have been met with even in England. There was one girl in the room, oh I cld. have given the world for Cruikshank to have seen her – such a mass of affectation she had

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December 15, where the diarist expresses his sense of despair about differentiating the bewildering range of conditions labelled itch.

Secondary syphilis: syphilis was seen as an infectious and contagious venereal disease, characterised by many structural and cutaneous lesions. The primary lesion is the hard chancre, which may appear up to forty days after infection. It is during the second of the three classical stages of syphilis that characteristic skin changes occur. These stages were firmly established by one of the diarist’s teachers, Philippe Ricord, chief surgeon at the Hôpital des Vénériens, who published descriptions of them in his *Traité pratique des maladies vénériennes*, 1838. For more on Ricord and this hospital, see January 5, notes 27, 28 and 32.

The beginning of November was when the lectures in the École de Médecine and the hospitals began each year. (Warner, *Against the spirit of system*, p. 36.)

Louis Joseph Sanson (1790–1841) was a surgeon at the Hôtel Dieu where he was part of the team of Guillaume Dupuytren, the leading surgeon in Paris (see this month, note 64). Sanson had been appointed over Gilbert Breschet (see this month, note 93) to replace Dupuytren when he took six months’ leave in 1833 following an apoplectic attack. (Warren, *Parisian education*, p. 163.)

Hot: Dieu, i.e. Hôtel Dieu: this great central Paris hospital had existed since 829 and was rebuilt after being burnt down in 1772, but it was still overcrowded. The Revolution brought real improvements which enabled the hospital to attract and retain a number of leading surgeons and physicians, several of whom are named in the diary, most notably Sanson. In his *Mémoires sur les hôpitaux de Paris*, pp. i–xxix, Jacques Tenon paid handsome tribute to the rebuilt hospital just before the Revolution.

Matthieu Orfila (1787–1853) was a Spanish born teacher at the Paris School of Medicine for thirty-four years. He was considered a great teacher and an excellent scientist. (Ackerknecht, *Paris hospital*, p. 41.)

As well as needing to obtain, at the end of their period in Paris, certificates of attendance from their French professors to satisfy their universities on their return, in order to qualify, students needed to satisfy the French authorities that on arrival they were already sufficiently advanced in their studies to attend the lectures.

The *Almanach général of 1844* (p. 444) lists J. Falon and V. Falon, but no one with the surname “Falon” as the diarist consistently spells it. The first is described as a surgical instrument maker, and the second as a renter – someone of private means – who could possibly have kept a student residence seven years before. The address of the latter is Vignes, 13.

At the time, there was a considerable English expatriate community in Paris. The fact that at least one English language newspaper, *Galignani’s Messenger* (see March 4, note 9), was published there is an indication of this. See also entry for May 1.

Isaac) Robert Cruikshank (1789–1856) and George Cruikshank (1792–1878) were the sons of the caricaturist and painter Isaac Cruikshank (1764–1811). Robert concentrated on “graphic satire of the fantastic exquisites of his day”, while George, who became the most celebrated of the family, produced many political and social caricatures lampooning George IV and his amorous activities, and the eccentricities of fashionable dress and
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a bustle sticking out, nearly half a yard from her body – acting, I suppose, on the same principle as the rudder of a ship, fastened to the stern – Oh ye heavens – such a creature one does not see every day – she evidently considér4 herself the finest girl in the room – but unfortunately, others did not seem to think so – for after the first dance, she sat back in a corner, & no gentil4 appeared to take any notice of her. As for myself, I was afraid to approach her, fearing lest I may figure in next week’s gallery of comicalities, as her partner – her dress was absolutely, to my mind, more ridiculous, than that which is represented in many caricatures – Her name I coud4, not discover, but her dress, manner & everything betokened her to be a French girl – There was another girl, who pretended to waltz – nearly as thick, as she was long – a kind of flat beauty – flat in every respect – if she had had the bustle of the other girl, & a mask on her face – she might have passed for the Hottentot Venus47 – she had on an extremely gaudy scarlet silk gown. I danced, but very little, but I don’t know when I have been so amused – I shu4, like /3v/ occasionally to spend an evening so – it affords one matter for mirth, & amusement for a week afterwards. One of the neatest dressed girls in the room was Miss F – she had on a white clear muslin with large sleeves, & trimmed with satin ribbon – she wore some roses very tastefully entwined with her hair – in fact, I may say generally, that the girls wore their hair tastefully, & many of them had flowers of different kinds in their headdress.48 Some of the old folks were playing at a curious game of cards in an inner room – the name, I was told, but have forgotten – four persons sit round a table, & they have each their cards dealt to them, & one turned up – more than that, I coud not discover – it appeared a very gambling game49 – for the five franc pieces50 changed owners in an incredibly short time. The dancing continued, ’till half past 2, when

46The bustle was a stuffed pad or cushion or small wire framework worn beneath the skirt of a woman’s dress for the purpose of expanding and supporting it behind. It was in fashion during the late eighteenth and first half of the nineteenth century.
47The term “Hottentot Venus” was used derogatorily to denote individuals of short stature. The real Hottentot Venus, named Sarah Baartman, was taken from South Africa to London in 1810 by a ship’s doctor, who later sold her to a Frenchman. He exhibited her in Paris as a freak and on her death in 1816, probably from alcoholism, her remains were exhibited in the Musée d’Histoire Naturelle until the 1970s. In 2002, with the help of Nelson Mandela, her remains were returned to South Africa. A French nineteenth-century print entitled La Belle Hottentot depicts a Khoisan woman standing on a pedestal with her large protruding buttocks exposed and a group of amazed European figures scrutinising her anatomy. Despite a range of accounts, some bizarre, Georges Cuvier (1769–1832) accurately described – and demonstrated – before an audience in 1817 the results of his examination of the dead Bushwoman. He explained that the organ projecting at the front of the genitalia from the vulva, was made up of enlarged parts of the prepuce of the clitoris and the labia minora.
48The diarist’s familiarity with the fashions of young women may have been gained partly from his sisters, who visited him in June 1835.
49The fact that he could not remember the name of the card game suggests it was unfamiliar and probably French. It could have been a derivation of whist known as écarté or its offshoot known as euchre, which became popular in America, where it was also known as “uker”, “yuker”, and “eucrè”. Various modifications of the game included “railroad euchre”, played with the usual thirty-two cards plus an extra blank called the joker, and “French euchre”, which may have been the game observed by the diarist and which involved twenty-four cards. It was said that “as a fast moving ‘short game’ it is hard to beat”. (Gibson, Hoyle’s encyclopedia, p. 107.)
50Galignani’s Guide provided English visitors with details of the French monetary system together with a useful table for the conversion of sterling into francs, based on the rate of exchange of 24 francs to £1. He added that the exchange is always “5 percent higher”, but felt that this sum was easy to add. Conversions provided in these footnotes will be based on the basic rate. (New Paris guide, pp. ii–vi.) Thus the 5 franc pieces used for the card game would have been worth just under 4s.
the Ladies & most of the Gent’s, retired, but the young men clustered round these tables, & I left them at 3 A.M., when I retired to bed, deeply engaged in the play – how long they remained there, I cannot say. I must have been sound asleep, when they came to bed – for they always make a terrible noise, & yet I did not hear them. The refreshments were handed round, between every dance – consisting alternately of ices, & cakes, punch & a kind of almond emulsion, very good. The room was small, the company numerous & 12 couples stood up in every quadrille, producing of course inextricable confusion – instead of the last figure usually danced in England – there was introduced a kind of gallopade which was highly amusing. The custom in France is not to wait for an introduction to a lady, but ask any one, whom you may see, to dance with you. /4r/ By the bye, I sh’d mention a conversation which occurred this morning at the S’. Louis, between an English Physician, & a clever young Frenchman who is engaged in translating Bulwer’s work on France. He (the Frenchman) said, it was a work, which w’d have very little circulation in this country – tho’ very well calculated for affording information to the English – it was much too superficial for the French – B’s observat’s on the gaiety, frivolity & vanity, he acknowledged were very correct, but his remarks on the influence of the women – & his selection of “bon mots” detestable – from this subject, they wandered, to that of religion & the Frenchman said, there was no such thing as religion in France – there are a few women & priestridden men in the departments, who adhere to old established customs – but that the intellectual & educated classes – the lawyer & the physician – had no religion – they most of them consid’d there was a God who watched over them – but beyond that, they neither knew nor cared – in this opinion, he himself joined, & nearly all the rising generation.

Tuesday Nov’. 4th. 1834.

When Went this morning to La Charité – there was a man with syphilitic Iritis, recovering rapidly under the antiphlogistic treatment, & the plan of blowing Calomel into the eye. A case of Lupus also considerably improved under Dupuytren’s plan – viz. poulticing ‘till the scabs are removed & then to apply arsenical paste to the sore – D’. A. J. Thompson says

51 Almond emulsion was a milky liquid obtained by bruising almonds in water. Hooper provides a recipe for emulsio amygdalae, which was used medicinally for its cooling properties (Lexicon, p. 539). The diarist might have been drinking a sweetened version.

52 The gallopade was a lively dance of Hungarian origin.

53 Edward George Earle Lytton Bulwer-Lytton, 1st Baron Lytton (1803–73) was a British politician, writer and critic, chiefly remembered as a prolific novelist. It is not clear to which work the diarist is referring here, but it could be the novel Pelham (1828), about the adventures of a well-connected young man of that name, who “desirous of being distinguished from the ordinary herd” sets himself up as a “character”. The novel contains unflattering portraits of the many English aristocrats in early nineteenth-century Paris and their encounters with the French, who are more sympathetically portrayed. In 1873 Bulwer-Lytton published a more serious work on life in Paris, The Parisians.

54 Iritis, more properly iriditis, is inflammation of the iris which produces deep-seated or internal inflammation of the eye. It is part of the more inclusive condition ophthalmitis, inflammation of one or more of the membranes constituting the eye. A syphilitic taint, as it was described, could produce ophthalmitis iriditis. Other forms of the condition diagnosed at the time were rheumatic and arthritic iriditis. (Hooper, Lexicon, p. 736.)

55 Lupus: an often ulcerous skin disease which, like cancer, eats away the flesh very rapidly. Willan grouped it with “noli me tangere”, another condition which also ravages the structures of the face. Treatment was either surgery to remove the affected parts or the application of caustic in an attempt to arrest the progress of the condition. Arsenic was sometimes used in some slowly developing cases. (Hooper, Lexicon, p. 792.)
he has seen cases cured in this way. There are two cases of intermittent fever\(^{56}\) in the ward at present – one quartan the other quotidian – to both patients Mr. Rayer\(^{57}\) is giving 16\(^{\text{grs.}}\) of Quinine once a day – M. R. has some theory about ague being an afflection of the cerebro spinal system – he pointed out the quartan as being an example of this – being attended with cramps in the feet & hands & a dragging /4v/ painful sensation in the neck, & upper part of the back – M. Roux\(^{58}\) performed the operation of extraction in eight cases of cataract\(^{59}\) – this is his favourite plan – he rarely couches\(^{60}\) – whereas on the contrary, the other Parisian Surgeons, following Dupuytren’s example, always depress,\(^{61}\) when it is possible – Roux’s plan is, of course, the most secure, & satisfactory – but is the most dangerous in the hands of a moderately skilful surgeon. Couching, on the other hand, is most easy in the performance, & is less likely to be followed by dangerous symptoms afterwards. About a week ago, M. R. had an operation for fissured palate\(^{62}\) – he first introduced three sutures, leaving the ends untied – he then by means sometimes of a knife, sometimes of scissors, succeeded in making the surfaces of the wound raw – these were then bro\(^{1}\). together by tying the sutures – the operation lasted a considerable time – but was borne with much fortitude – the woman is going on tolerably well. In a case of simple fracture, where there is much bruising of the neighbouring soft parts, the Parisian Surgeons apply a large poultice, over which the apparatus of Scultetus\(^{63}\) (for a detailed acc\(^{1}\). of this apparatus Vide Dupuytren’s Leçons Orales Vol.1\(^{4}\). Page 328)\(^{64}\) is put on – by the bye I do not exactly like this plan as employed by

\(^{56}\) Intermittent fever: this term was usually applied to conditions called the “agues”, classified as quotidian, tertian, quartan, irregular and complicated according to the interval between the febrile paroxysms. The patient suffered from recurring bouts of fever which went through three stages of cold, hot and sweating. Treatments included steps to deal with or prevent the paroxysms or fits, which often occurred, and cinchona or Peruvian bark (quinine), the most frequently used remedy. (Hooper, Lexicon, pp. 65–8.)

\(^{57}\) Pierre F. O. Rayer (1793–1867) was a leading clinician, who became President of the Association Générale des Médecins, the major national association representing the medical profession. (Weisz, Medical mandarins, p. 197.)

\(^{58}\) Philibert Joseph Roux (1780–1854) was a humble provincial who, like many other leading Paris surgeons, had been a military surgeon with Napoleon’s army before gaining hospital positions in La Charité and La Pitié. He was a disciple and friend of Xavier Bichat and was considered by some to be a more dexterous and audacious operator than the dominating and eloquent Dupuytren (see this month, note 64) whom he succeeded at La Charité. (Warren, Parisian education, p. 27.)

\(^{59}\) Cataract: the condition is seldom accompanied with pain, but exposure to light may cause discomfort due, it was thought, to inflammation at the bottom of the eye. According to Hooper, the real cause of cataract “was not yet well understood”. If the retina was not diseased it was known that sight could generally be restored by couching the diseased lens, or by extracting it. The extraction of cataract consisted of removal of the clouded crystalline lens of the eye. (Lexicon, p. 333.)

\(^{60}\) The operation of couching involves removing the lens from its normal axis of vision. For this delicate procedure a needle specially designed for the purpose is used.

\(^{61}\) Depress: depression or abaissement of the lens was an alternative name for the procedure of couching a cataract.

\(^{62}\) Fissured palate: cleft palate.

\(^{63}\) Johannes Scultetus’ apparatus for treating fractures of the leg is illustrated, along with a number of others for dealing with fractures in different parts of the body, in Larousse médical (figure 3, p. 837). See also this month, note 98.

\(^{64}\) Baron Guillaume Dupuytren (1777–1835) was a surgeon at the Hôtel Dieu where his showy lectures and operations attracted great attention. Whilst many considered him brilliant, Russell Jones disputed this, describing him as merely prudent and impertrurbable (Introduction, Warren, Parisian education, p. 26). The diarist and many American students complained of the great crowds which made it difficult to see and hear him. Dupuytren devised several surgical instruments including the enterotome to which the diarist later refers (see May 20) and which was used for treating strictures. First used in 1816, it resembled a pair of pincers with serrated edges
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M. Guersant in some cases of recent fracture, which I saw him treat – I shd. be afraid of producing some constriction on the parts, by means of the ends of the many-tailed bandages. After breakfast, I went down to the Ecole de Medecine to get my inscription ticket – but after keeping me waiting a long time – they told me, I must come again tomorrow morning at 9 – as they had not had time to make it out. Confound the fellows – why don’t they get more persons to assist them, & not keep us waiting day after day, for our inscription. The weather has been delightful for the last three or four days – quite like summer – have not taken to fires yet, but must soon – quite cold morning & Evening. Bought coffee pot &c – this evening – shall try tomorrow the plan of making a cup of café in the morning – I question much, whether I shall like it as well as my present plan – but it will be economical. By the bye, I heard this morning, that a celebrated Physician in Italy who had considerable experience in intermittents, cured them all by small doses of quinine administered, just as the fit was coming on – this is worth remembering because the funds of an hospital are sometimes most lavishly expended in this manner – much larger quantities of quinine being ordered, than are, according to this Italian, necessary.

Wednesday Nov., 5th.

Tried this morning for the first time to make my coffee in the morning before going to the Hospitals – Miserable stuff! must endeavour to make better tomorrow morning. Went to La Charité. The cases, in which Roux performed the operation of extraction of the crystalline lens, are going on very well – Roux treats his cases of fracture of the neck of the femur, in the manner recommended by Dupuytren – viz by placing the extremity on a double inclined plane formed entirely of pillows. At 9 o’clock was obliged to go to the Ecole de Medecine to inscribe. After a deal of trouble, & being kept there nearly an hour & a half succeeded in getting my inscription ticket – it is a sad annoyance to have any thing to do with these fellows, clothed with a little brief authority – they are uniformly a set of impudent upstarts. At ½ past 10, went to hear Orfila lecture on Chemistry – Magnificent amphitheatre – completely

which were clamped over the obstructed portion of tissue and left until gangrene set in and the gangrenous part fell off whilst the remainder adhered together. The instrument was then removed and the opening in the abdomen closed. Dupuytren’s excellent clinical teaching was based on his long practical experience in dissecting rooms and surgical amphitheatres. His clinic at the Hôtel Dieu began at 6.30 in the morning followed at 7.00 by his ward visit and then his lecture on the cases observed. He would perform operations delivering a commentary as he worked. (Warren, Parisian education, pp. 26-7, 98-9.)

Louis Benoît Guersant (1800–69) was at the time gaining a high reputation for his work in a newly developing specialization – the diseases of children – at the Hôpital des Enfans Malades where he discussed cases at the bedside and at autopsies. (Warren, Parisian education, p. 48.) His lectures attracted large groups including foreigners, among them the American student James Jackson Jr, who complained that there was such a crowd around Guersant that he could not learn much and so made private arrangements with an interne to visit the wards in the evenings. (Warner, Against the spirit of system, p. 128.)

Many-tailed bandages: Hooper describes a bandage as consisting of one or several pieces of linen or flannel and intended for covering or surrounding parts of the body for surgical purposes. Bandages were either simple or compound, the main simple ones being the circular, the spiral, the uniting, the retaining, the expellant and the creeping. The chief compound bandages included the T bandage, the suspensory, the capistrum and the eighteen (or many) tailed bandage as named here. (Lexicon, p. 228.)

The École de Médecine was the institution at which the diarist obtained his registration tickets for the courses he wished to attend. Foreign students could attend a wide range of public lectures free of charge, which provided good opportunities for witnessing performances by some of the great medical men in Paris.

It has not been possible to identify the Italian physician.
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crammed—many persons only able to peep into the door—being back on the last seat, did not hear much of what he said. Had terrible headache, which obliged me to come home after taking “riz au lait”—intended to go to Andral’s lecture at 3 P.M. but headache prevented me. Heard that the theatre was even more crowded, than before so that many persons were obliged to go away without having been able to get inside the door—Andral is very popular, & I hear, an extremely eloquent lecturer. After dinner made a strong cup of café, which carried off my headache. By the bye, this morning a Gent asked the dead house man, if there were to be any “post mortems” — “No says the man, we have not had any deaths since Thursday—quite unusual—there must surely be an epidemic of health at the present time”. This which sounds very dull in the English language, is a very witty speech in the French, at least, when uttered with all the peculiar “naiveté” of the lower orders in France.

/61/ Thursday Nov’s. 6th.
Went to La Pitié this morning—immense crowds of students—cld not get within three beds of the pat’’, whom Velpeau was seeing—saw a very bad case of burn in a woman extending down the whole of the left side, implicating the breast & whole of the arm—the treatment appeared to be brown paper imbued with cerate. The burn was of the 3rd. & 4th. classes of M. Dupuytren—in some parts merely the superficial layer of cutis destroyed, in others the whole depth of it—Velpeau afterwards gave us a lecture introductory to his Clinical course, on the difference between Surgery & Medicine, on the opinions of the solidists & fluidists,

69 The theatre was capable of holding 1500 students. (Galignani’s new Paris guide, p. 432.)
70 “Riz au lait”: rice pudding, which in continental countries could be sweeter and runnier than was common in England.
71 Gabriel Andral (1797–1876) had in 1830 become professor of internal pathology at the Faculty of Medicine and was a popular lecturer. His course dealt with internal diseases such as phthisis (phthisis or tuberculosis), pneumonia and fevers, and was devoted to their symptoms, course, duration and anatomical lesions in order to present to his students principles of diagnosis, prognosis and treatments. (Warren, Parisian education, p. 85.)
72 The “dead house” was a common term for the rooms in which dissections and autopsies were carried out. The students greatly appreciated the experience the Paris facilities gave them.
73 Alfred Armand Louis Marie Velpeau (1795–1867), a highly regarded French surgeon, had risen in the medical profession from humble provincial beginnings, through the meritocratic system of concours. These were competitive examinations and the system was widely adopted on the continent. Velpeau was admired by the English-speaking students because he spoke slowly and attended well to their needs. American students, according to Warner, were particularly impressed by his background and success which resonated well with their own country’s ideology. Unlike several other medical men in Paris, Velpeau was too young to have seen military service. He succeeded Roux at La Charité in 1835. (Warren, Parisian education, pp. 216–17; Warner, Against the spirit of system, pp. 208–9.)
74 Cerate: misspelling of “ceraté”, an ointment-like preparation with a basis of wax, together with lard or oil and other ingredients, which does not melt when applied to the skin.
75 Hooper discusses burns and scalds under the entry ‘Ambustio’ and points out that scalds always involve a skin lesion caused by a fluid. The “class” referred to by the diarist is the degree to which the layers of skin are damaged and the extent of the severity of symptoms which ensue. These symptoms, which can lead to death, will indicate the treatment required. (Lexicon, pp. 97–8.)
76 The solidists were those who supported the doctrine or theory which referred all diseases to the state of, or to morbid changes in, the solid parts of the body. William Cullen was associated with the system of pathology known as solidism. The fluidists were those who supported the doctrine that refers all diseases to the state of the fluids in the body.
professing himself to belong rather to the latter class — &c. — no other lectures today — tomorrow I must go to the Hotel Dieu.

Friday Nov. 7th.

Went to the Hotel Dieu this morning — saw a case of typhus fever, in which they were trying the effect of Chloride of Lime\(^77\) in large quantities internally & externally in the form of cataplasms\(^78\) — hitherto it has not been of much advantage. Afterwards heard Sanson give a Clinical lecture, but he was very indistinct. Went to see the Hotel de[s] Monnaies\(^79\) — viewed the process of coining five franc pieces in its various stages — thence went to the place, where the medals are kept — the entrance to this room is up a superb staircase with 16 Doric columns — the room is magnificent — & the ceiling handsomely decorated with painting & gilding — the medals are kept in numerous cases round the room — in recesses were chemical instruments, small laboratory inst\(^8\) used in mining & those employed in the various stages of coining. In one recess there was a small but apparently very accurate plan of the column in the Place Vendome\(^80\) — the large apartment was surrounded by a gallery, which contains a small cabinet of mineralogy & the casts 6\(\mathrm{v}/\) by which the coins\(^81\) & medals are struck. Among the medals were a complete series of those coined by Louis the Great, & by Napoleon in commemoration of their conquests — among the latter was to be seen that of Waterloo — I was rather surprised at seeing this here — but I suppose, it is accountable for on the fact, that Bounaparte w\(\mathrm{d}.\) never allow, even to the day of his death, that he had been beaten at Waterloo — so difficult is it to convince some people of what they do not wish to believe. At 2 p.m. went to hear Broussais lecture on general pathology\(^82\) — a tolerably good class — but towards the end of the lecture students began to pour in from all parts to get good places for Andral — so that, when the latter

\({\text{\cite{77}}} \text{Chloride of lime, bleaching powder, was widely used as a disinfectant and in poultices. In weak solutions it was used in cases of consumption and typhus. (Milne-Edwards and Vavasseur, \textit{Nouveau formulaire}, p. 124.)}

\({\text{\cite{78}}} \text{Cataplasms: poultices.}

\({\text{\cite{79}}} \text{Hôtel des Monnaies is the mint, a magnificent building in the rue de la Monnaie whose construction was begun in 1771. All the operations of coining as well as the verification and stamping of the gold and silver articles made in Paris took place there. It was also the seat of the general administration of the coins of the realm. Where there was only one mint in England, twelve other French cities had mints at that time. The Cabinet de Minéralogie, formerly attached to the mint, was moved to the Jardin des Plantes, to form a single mineralogical collection, whereas the Cabinet de la Monnaie et des Médailles was transferred from the Louvre to the mint. The mint was open to the public on Mondays and Fridays from 10 a.m. until 4 p.m. (Galignani's \textit{new Paris guide}, pp. 241–3.)}

\({\text{\cite{80}}} \text{The Place Vendôme, renowned now for trading in diamonds, contains the famous triumphal pillar erected by Napoleon to commemorate his successes in Germany in the 1805 campaign. The column, built on the site of an equestrian statue of Louis XIV, destroyed on 10 August 1792, was modelled on the pillar of Trajan in Rome. The term "place" in French does not necessarily correspond to "square" since it can be applied to any open area surrounded by buildings no matter what the shape. The gallery of the column provides stunning views of Paris. (Galignani's \textit{new Paris guide}, pp. 275–80.)}

\({\text{\cite{81}}} \text{In the early nineteenth century the gold coin called a "louis" was part of the ancient coinage and was equivalent to 24 \textit{livres} or pounds sterling. There was also a "double louis" and the silver coins were called "écus", an \textit{écu} having the value of 6 \textit{livres}. Very little of the old silver coinage was encountered in the diarist's time in Paris because a law had been passed in 1829 for it to be melted down. A period was fixed beyond which it would be received as old silver only. The \textit{louis} coins were replaced by the two gold coins struck under the government of Bonaparte and called "napoleons" having the value of 20 and 40 francs. The coins of larger denomination were often called double Napoleons. The modern silver coins of smaller denomination were also called francs.}

\({\text{\cite{82}}} \text{François Joseph Victor Broussais (1772–1838), a physician who had served in Napoleon's army, held that all diseases were, essentially, varieties of inflammation rooted in irritation of the mucous membrane of the intestinal tract and should be treated by antiphlogistic — anti-inflammatory — measures such as bloodletting and}

52
commenced the theatre was crowded in every part – even the door ways were filled – he gave us an excellent lecture on the fundamental parts of Pathology, such as …, anaemia, &c. Afterwards went to take my dinner – a fool of a waiter upset a lot of Potage\textsuperscript{83} over me – scalded my hand – & I fear very considerably greased my coat – confound these awkward fellows, why can’t they take more care – have a mind not to go to that restaurant again.

\textit{Saturday Nov’. 8\textsuperscript{th}.}
Went to La Charité. Cases almost all, old fractures & persons, on whom the operat\textsuperscript{a}. for cataract has been performed. Only one new case, & there was such a crowd round that bed, that I c\textsuperscript{ld}. not get near it. After the visit, Roux performed amputation of the leg – by the circular operation – this plan I believe, they are fond of on the Continent – in fact it seems the favourite everywhere, except in Scotland – at which I confess I am very much surprised – the flap operation\textsuperscript{84} is more \textit{/r/} difficult – but in all other respects, it seems so much superior – there must however, I suppose, be some advantage in the circular incision, which I have never heard of, otherwise surely, the many eminent men in London, & on the Cont\textsuperscript{e}. w\textsuperscript{ld}. not adhere to it – for it is nonsense to suppose, that they do not perform the flap operation, because it is more difficult – the latter has always appeared to me to form the best stumps, to be the shortest time in the performance & on every account to be excellently adapted for amputations, below the knee, where a flaps can be so nicely obtained from the calf – Roux performed it neatly & carefully – but it he was a long time about it.\textsuperscript{85} The subject was a little girl, who from some cause, I don’t know what, had her foot bent back, so that, when she walked, she had rested her weight on the instep, instead of on the plantar aspect of the foot – M. R. told us, it was very much against his consent, that the operat\textsuperscript{a}. was performed, but the friends of the girl were so very anxious for it, that he c\textsuperscript{ld}. not withstand their entreaties – but operat\textsuperscript{ns}. undertaken to cure deformity, he said, were generally unsuccessful – the poor little girl bore the operation with very great firmness. After the vessels were tied, they proceeded to dress the stump – first, adhesive straps were applied to bring the edges of the wound together, but these were placed so closely together, that there c\textsuperscript{ld}. be no possible room for the escape of any fluid matter, which may be diffused from the edges of the wound – next an immense quantity of charpie\textsuperscript{86} was laid thereon (2[l]y to absorb the liquid, which c\textsuperscript{ld}. not possibly escape from the wound) – then three or

diet. He thus contributed to France’s great use of leeches at the time. He attracted large numbers of students to his lectures. (Ackerknecht, \textit{Paris hospital}, pp. 61–80.)
\textsuperscript{83}Potage: soup.
\textsuperscript{84}The circular operation and the flap operation for amputation are discussed in the Introduction, p. 26.
\textsuperscript{85}Roux excelled at reconstructive surgery. He had studied with Sir Astley Cooper and followed English practice in wound management. It was not until the end of 1835, by which time the diarist had left Paris, that the Conseil Général sought more precise statistics on surgical practices. From December 1835 each surgical service was required to produce a monthly report on the number, nature and results of amputations and other serious operations. A commission was also set up to investigate conditions in the hospitals, which affected the success or failure of these procedures. The data produced represent the first official statistics. They show that of 92 operations – including 62 amputations – performed at the Hôtel Dieu, 34 patients died including 24 amputees. (Warren, \textit{Parisian education}, pp. 43–4.)
\textsuperscript{86}Charpie consisted of old linen torn into very narrow thread-like strips with unravelled or fringed edges for surgical dressings. The fringed edges probably acted, like gauze, as an absorbent material on wounds.
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four pieces of linen, folded 4 times double on the sharpie [sic], & over all a large thick bandage!!! – This is what they call the English! plan of healing by the first intention. 87 After seeing this, one no longer wonders that Baron Dupuytren speaks of the English dressing retaining the blood épanche which causes a separation of the lips of the wound & gives rise to frictions rigors, fever, profuse suppuration. 88 One w[ld]. indeed imagine that M. Roux wished in this case to establish a drain from the system by means /7v/ of suppuration, in order to counteract the evil effects, which might follow from removing an extremity in a person in robust health – but this, I understand, is their usual method of dressing, when they wish to obtain union by the first intention – I need not say, that in this, they can very frequently fail – The next operat[1] was one, in which M. R. intended to employ a new inst[1], invented by W. A. Thompson, 89 it consists of a small circular saw, worked by four wheels, turned by a handle, it cuts very rapidly. The subject of this operat[1] was a man aet. 35,90 who had a small tumour on the right side of the upper maxilla – M. R. first made an incision underneath the eye, extending down the side of the nose to the lip – [he] dissected back this flap – which exposed the superior maxilla. There was a considerable haemorrhage, probably from one of the large arteries of the face having been opened – he then removed four teeth, & applied the saw – the diseased portion was removed with considerable facility – the flap was then readjusted in its natural situation & retained there by means of the hairlip sutures – the operation was very coolly & dexterously performed, but not in so showy & rapid a manner as Liston 91 w[ld]. have done it – altogether, I like Roux’s style of operating very much.

Sunday Nov’. 9th.

This morning went to Hotel Dieu – followed M. Robert, 92 who is going round, in the absence of M. Breschet 93 – saw a case of fractured patella – the apparatus employed was simple, & ingenious, different from that recommended by Baron Dupuytren. It consisted 1st of several pillows, 2nd. a splint long enough to extend from the tuber ischii to the tabes heel, having

87 Healing by first intention: the aim here was to promote the healing of a lesion by the immediate re-union of the severed parts without granulation (formation of a scab). By contrast, in healing by second intention the aim was to keep open for a while the edges of the lesion to allow suppuration followed by granulation.

88 Suppuration: morbid action by which pus is deposited in inflammatory tumours. It was also used to refer to the clear liquid which flowed from open wounds and which some considered was needed to promote healing.

89 He may be referring to William Thomson (1802–52).

90 Aet.: abbreviation for aetatis, meaning “at the age of”.

91 As a colleague and rival to James Syme at Edinburgh University, Robert Liston (1794–1847) would have demonstrated to the diarist. After quarrels in Edinburgh, he left for London in 1834 to become professor of clinical surgery at University College, London. He enjoyed a reputation as a very rapid and dexterous surgeon in the pre-anaesthetic era and perfected the flap operation for amputations. (DNB, vol. 11, pp. 1236–7.)

92 Alphonse César Robert (1801–62) was a “chirurgien honoraire des hôpitaux de Paris”, and his honours included: Agrégé libre de la faculté, professor of anatomy at l’École des Beaux-Arts, member of the Académie de Médecine in Paris and founder member of the Society of Surgeons. The diarist comes to express his liking for Robert and the tribute at his funeral praised his kind, friendly manner, dignity and tact. But as the eloque makes clear, Robert’s professional life was not always smooth. (Verneuil, Éloge de C. A. Robert, p. 29.)

93 Gilbert Breschet (1784–1845) along with Dupuytren and Sanson formed a comparative research team at the Hôtel Dieu whereby if various methods of treatment were proposed for the same disease, each of these three surgeons adopted a different therapy in order to compare results. Thus, in operation for the stone Dupuytren operated by the bi-lateral method, Breschet by the ordinary method, and Sanson by the recto-vesicle procedure. (Ratier, Medical guide to Paris, p. 25.)
4 stout pieces of iron pins, 3 inches long, projecting from the two sides – viz two about the union of the upper with the middle third, & the two others at the union of the middle & lower third – 3\(^{9}3\)/. of two long rollers. The pillows are 4\(^{9}3\)/. of a thick & soft cushion rather longer & broader than the splint – 5\(^{9}3\)/. Two thick compresses.\(^{94}\) The pillows are so placed as to form a very steep inclined plane – on this, the splint is laid, the cushion /8r/ upon it, & the leg is laid on the latter. With one of the rollers, a few turns are made round the leg, then round the foot, continued up the leg to the upper part of the calf – one of the compresses is then laid on the superior portion of the patella, the bandage is brought over it, carried down beyond the two lower pins in the splint – thus allowing considerable force to be used – the bandage is bro'. again over the compress, & behind the pins, 'till it has been entirely applied. The ends are then fastened as usual. The other bandage is fixed by a few turns round the thigh, is brought over the other compress (which sh'd. be placed on the injured portion of the patella) & continued round the upper pins – then bro'. again over the compress, & under the pins, 'till the whole has been applied. This appears to be a simple, & efficacious contrivance, & sh'd. it not slip, will probably be superior to the complicated apparatus of M. Dupuytren. I saw in this ward, a stump of a thigh, in which amputation had been performed a few days ago – it appeared to have been dressed in the same manner, as that one at La Charité, & suppuration had consequently occurred. Nearly the same treatment however was cont'd. Adhesè:\(^{3}\) plaster was applied, then an immense lot of charpie, two cloths folded four times double, & a thick bandage – the great error of French Surgery appears to me, to be, in loading their wounds with too much dressing – thus there is a case of abscess of the mamma, which has been opened in two different places – one at the upper, the other at the lower part – this case, if in England w'd. be thus treated – the upper wound, from which no pus necessarily flows, w'd. be healed by the first intention. The lower wound w'd. be covered with simple dressing & the whole breast supported by a thin handkerchief, or by two or three turns of a bandage – it w'd. form an excellent case for Scott’s treatment\(^ {95}\) – in Paris however the case is treated on entirely a different plan – “Linge /8r/ troué”\(^ {96}\) covered with cerate is thrust into both openings, to the great inconvenience & pain of the pat'. – a great lot of charpie is laid on the breast – two cloths folded are placed on this, & a long bandage surrounding the body several times, supports the whole – thus they prevent the upper opening from healing, for what reason, it is difficult to say – for all the pus will flow from the lower opening – they fill the latter with “linge troué” to prevent it from contracting, until the sore has healed from the bottom, than which, I believe there is scarcely a greater error in surgery – they moreover keep the breast so warm, as to encourage the suppuration as much as possible – I scarcely need say, that the smell of the purulent discharge was exceedingly great, & that they were

\(^{94}\) Compresses were soft linen, lint or similar substances folded together into a pad for placing over parts requiring a regular pressure.

\(^{95}\) John Scott (1798–1846), surgeon, was the son of a general practitioner in Bromley, Kent. His father had a large practice and was particularly successful in the treatment of chronic ulcers and of diseased joints. Scott, the son, practised with his father and then moved to London, where he was elected surgeon to the Ophthalmic Hospital in Moorfields and then to the London Hospital. He revolutionised the department of surgery by, despite considerable opposition, introducing passive treatment of diseased joints. He treated chronic ulcers – possibly including abscesses such as in the present case – by strapping up a larger area than was usual around the ulcer. He also devised a special ointment containing camphorated mercurial compound as its base. He was very skilful at bandaging. (DNB, vol. 17, pp. 994–5.)

\(^{96}\) “Linge troué”: gauze rather than lint.
forced to have recourse to chloride of lime. One other case, I will mention, illustrative of their treatment of comp\textsuperscript{d} fracture. A woman, fell down, broke her leg, & the inferior extremity of the superior portion of the tibia pierced the skin about two inches above the incici malleolus.\textsuperscript{97} She was bro\textsuperscript{t} to the Hot: Dieu last Evening, about six o’clock, almost immediately after the occurrence of the accident. The Interne reduced the leg – put charpie on the wound, & bound it up with Scultet’s Bandage.\textsuperscript{98} This morning, M. Robert examined the limb – it was quite straight, & of the same length as the other – he applied some adhesive plaster over the wound, to induce, if possible, union by first intention, over this he applied charpie – then compresses, 4 times doubled, all the way from the instep to the knee – upon this, the many tailed bandage, & over all, three splints, & enormous cushions – he wetted the compresses, & the bandage, but of what use is that, without keeping them wet – besides no evaporation\textsuperscript{e} take place on account of the thick cushions – now surely in a comp\textsuperscript{d} fracture, where so much inflam\textsuperscript{n}. is to be expected – it sh\textsuperscript{d} be the object of the surgeon to keep the parts as cool as possible, this might have been done easily by leaving out the /9r/ upper splint, & cushions & desiring the sister to wet the compresses very frequently – this process w\textsuperscript{d} not have injured the usefulness of the apparatus, & w\textsuperscript{d} more effectually prevent the inflam\textsuperscript{n}. There was a curious case of neuralgic disease, attended by excessive pain in the region of the infraorbital nerve,\textsuperscript{99} extending down the shoulder, arm & side of the thorax, together with great difficulty of swallowing – there was also great pain in the back of the neck – & scapular regions. These symptoms occurred in a man in whom a portion of the superior maxillary bone had been removed for osteosarcoma,\textsuperscript{100} & who has a cancerous tumour, now forming & distending the maxillary sinus of the same side. These symptoms w\textsuperscript{d} seem to demonstrate disease, either organic, or functional in the 2\textsuperscript{nd}. branch of the fifth – in the pneumogastric\textsuperscript{101} – in the external respiratory & in the brachial plexus – the treatment adopted was the application of one or two blisters\textsuperscript{102} to the nape of the neck, & under the jaw, the to be dressed with ointment of acetate of morphia. There was a case of amaurosis\textsuperscript{103} in a boy aet. 13 – of six months’ duration – he was ordered Calomel & Aloes as a purg.[?], & a blister with nux vomica\textsuperscript{104} ointment – a

\textsuperscript{97}Incici malleolus: the inner ankle bone (protrusion at ankle of lower end of tibia).

\textsuperscript{98}Scultet’s bandage: the bandage of Johannes Scultetus (1595–1645) is beautifully illustrated in his The chyrsurgeon’s store-house (1674), p. 70, figs. vm and x. The work also contains Scultetus’ guidance on diagnosing types of fracture, the need for speed in achieving reduction to prevent “a great flux of humours” (swelling) and to ensure that the “broken bones do [not] prick the fleshy parts that lie near them” in cases where that had not already occurred. Furthermore, the work contains illustrations of the processes involved and of the apparatus, including splints and Procrustean type beds, required for prolonged traction in cases of, for example, fracture of the long bones. (Ibid., pp. 60–8, 85.)

\textsuperscript{99}Infraorbital nerve: one of the cranial nerves which runs beneath the eye.

\textsuperscript{100}Osteosarcoma: bony tumour or excrescence, of the mandible in this case, removal of which seems to have been succeeded by a cancerous development in the maxillary sinus of the same side.

\textsuperscript{101}Pneumogastric: the cranial nerve which supplies the lungs and stomach.

\textsuperscript{102}Blisters: name of topical applications which, when put on the skin, raise the cuticle in the form of vesicles filled with a serous fluid. (Hooper, Lexicon, p. 250.)

\textsuperscript{103}Amaurosis: a condition of total or partial loss of sight due to disease of the optic nerve but unaccompanied by changes in the eye. It was also called gutta serena by Arab writers. A key symptom was the pupil being particularly black and dilated. It could be confused with black cataract but the prognosis for amaurosis was generally unfavourable. (Hooper, Lexicon, pp. 94–6.)

\textsuperscript{104}Nux vomica: a plant, containing the poison strychnine, which was used in a blistering ointment.
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case also of psoriasis guttata improving under the use of simple baths. M. Robert gave us an excellent clinical lecture on the cases afterwards – there were to be two operations – but as I had an appointment, ond. not wait to see them. Went at ½ past 11, to the English Church, Rue d’Augesseu – a perfect cram – did at last succeed in getting a seat – it is a new church of Gothic structure, with an arched roof – receives light from above, & from two painted windows at the further extremity. Bishop Luscombe105 preached. Sermon very mediocre – Afterwards went to the Louvre – sauntered thro’ the statue gallery for /9w/ an hour – some extremely fine statues – the figure of Melpomene106 particularly struck me – & the beautiful pavement at the base of this statue – the ceilings are remarkably handsome – must go there again, some future day – dined at a 32 sous place107 – tolerable dinner, but had to wait a long time for it – remarkably stupid waiter – will not go there again.

Monday Nov. 10th.

Have been in my present lodgings, a month, today108 – I sh’d. not like to exist always in the same state as I have, during my residence in this metropolis. It is very well for a time to have a room, where you can poke in y’d. head during the night, & to live at the cafés & Restaurants during the day. It is all very well, I say, to live in this way for a time – but heaven defend me, from passing my whole life in that way so. I already begin to sigh for my neat, pleasant room at Ed’s. – & my solitary meal in it. The dinner may not be so nicely cooked, nor the café be so good – yet there is something delightful, in being entirely in one’s own house – this, I know, is entirely wholly an English prejudice, but it is one, which I w’d. not exchange for all the French ideas of happiness. Went this morning to the Hotel Dieu, went round with Sanson – or rather ran thro’ the wards with him for it seemed quite a race between him & the students to see which w’d. go to the further extremity of the ward & back again to the door first. After this was finished, went to Robert’s ward. Comp’d. fracture going on very well – the curious neuralgic case worse & worse – some symptoms today of slight opisthotonos.109 From the Hotel Dieu, went to the Hopital S’. Louis – very few new cases – saw an excellent example of the power of mercury in constit1. /10r/ syphilis.110 A man

105 Bishop Michael Henry Luscombe (1776–1846) was the son of a physician in Exeter. Educated at Exeter Grammar school and at Catherine Hall, Cambridge, he was a curate in Windsor and master of the East India Company school in Hertford. In 1819 he moved to Caen and later to Paris. Luscombe was consecrated by the Scottish Episcopal Church in 1825 to a continental bishopric at Stirling and in the same year he assumed the office of chaplain in Paris. In lieu of the room at the embassy or the French Protestant Oratoire in which the services had previously been held, he erected in 1834, in great part at his own cost, a church in the rue d’Augesseu. In his church, Luscombe officiated at William Makepeace Thackeray’s marriage in Paris in 1836. He died suddenly of heart disease at Lausanne on 24 April 1846. (DNB, vol. 12, p. 289.)

106 Melpomene is the muse of tragic and lyric poetry.

107 Restaurants were often classified on the basis of the fixed price of a meal. Thus the diarist tried to economise by dining in “32 sous” places. 100 sous equalled 1 franc which represented 10d. in the 1830s. See entries for November 2, 1834, and June 5, 1835, where he dines for 2 francs at the Palais Royal.

108 This entry indicates that the diarist wisely settled himself in his present lodgings almost three weeks before his lectures were due to begin.

109 Opisthotonos: a spasm of several muscles that keeps the body in a fixed position and bent backwards. Cullen considered the condition to be a variety of tetanus. (Hooper, Lexicon, p. 909.)

110 Syphilis and mercury treatment. According to Ratier, “Mercury is considered as a specific against the venereal disease; and the cases where it has not succeeded, are exceptions which ought not to weaken the general
this day week, came in with tubercular syphilis,\textsuperscript{111} over the whole forehead – he was ordered baths & Calomel pills.\textsuperscript{112} Three days ago, his mouth being affected, the latter were omitted – the tubercles are now entirely gone, & only spots remain. D'. Thompson w'd. probably say that the baths & regular manner of living had cured this patient, but as long as I see such cases, so long shall I continue to use mercury, whatever theorists may say to the contrary. Saw an excellent case of Herpes among the outpatients. In France, they scarcely seem to acknowledge such a disease of as lepra vulgaris\textsuperscript{113} – they call such a cases [sic] as we sh'd. term examples of the latter, “psoriasis” – consequently, tho' lepra vulgaris, which according to the English Physicians, is so very common, I have only seen one case so termed in the Hop: S'. Louis, since my attendance there. It is probably advantageous to do away with the term Lepra, as much as possible, because “non professionals” are very much frightened, at the term it, considering it synonymous with Leprosy. The case of Elephantiasis is no better – I observed today, that a piece of sponge was thrust into the urethra. Attended the lectures of Broussais & Andral. Had my hair cut, & a most frightful object they have made me – it was my own fault, for I was warned, that they c'd. not cut hair properly this side the water.

\textit{Tuesday Nov'. 11\textsuperscript{th}.}

Went this morning to La Pitié – followed Velpeau – I like this hospital very well, & the Professor speaks distinctly – but, I don’t like their cases. They seldom get any accidents – there is but one case of fracture in the ward, & that is a month old – there are however some good cases of ophthalmia.\textsuperscript{114} Velpeau gave us a clinical lecture, first on a person, who had died in the hosp', having an artificial anus\textsuperscript{115} in the groin, & an inguinal hernia\textsuperscript{116} as well – the dissection was very /10v/ interesting – he afterwards continued on abscesses in the palm of the hand. After the lecture, I went over to the Bank of France, & changed one of my notes – it is a confounded annoyance, that they have no gold in circulation – I was obliged today, to bring home five hundred francs in my pocket. Since I have been in France, I have not seen

\textsuperscript{111} Tubercular syphilis: “tubercular” is an incorrect form for “tuberculous”. See December 3, note 7.

\textsuperscript{112} Calomel contained mercurous chloride, a safer purgative than mercuric chloride.

\textsuperscript{113} Lepra: this condition, known as leprosy, was characterised by itchy, scaly patches of different sizes but usually of a circular nature. Willan described three varieties of the condition of which Lepra vulgaris had the most pronounced, long lasting – even of lifetime duration – and disfiguring features. Hooper refers to “a catalogue of useless medicines which have been recommended from ancient times for the cure of lepra”. Warm but not hot baths, a light diet and avoidance of malt liquors and spirits were recommended. (Lexicon, pp. 765–7.)

\textsuperscript{114} Ophthalmia: also ophthalmitis, a general term for inflammation of the membranes of the eyeball. Thus it can affect the conjunctiva leading to conjunctivitis, or the iris leading to iritis or iriditis, which is often associated with cataract.

\textsuperscript{115} Artificial anus: this term was applied to an accidental opening in the wall of the abdomen to which some part of the intestinal canal leads and through which the faeces are either wholly or partially discharged. (Hooper, \textit{Lexicon}, p. 138.)

\textsuperscript{116} Inguinal hernia: a rupture or tumour generally formed by the protrusion of some of the viscera of the abdomen out of that cavity into a kind of sac in the inguinal region. In reducible hernias, such as this, the contents may be returned to their place. Inguinal hernias are common.
one of their gold coins – I don’t know even the name, unless indeed Napoleons be still in circulation. Went to Gerdy’s\textsuperscript{117} lecture on Surgery – did not much like him, but being an introductory lecture, it is not fair to judge – he seems very eloquent – was never for a moment at a loss for a single word – most of the Professors are eloquent – Andral most particularly so – the instant he commences, the pupils are all – attention – one may almost hear a pin drop, in that immense amphitheatre.\textsuperscript{118} After dinner at 7 P.M., went to hear Madame Lachapelle,\textsuperscript{119} lecture on Midwifery – tonight, she gave her introductory lecture. I was rather disappointed both in her appearance & manner – I think however, I shall enter to her – the classroom is very comfortable, which is more than can be said of the most of such rooms in Paris. After the lecture, there were three women to be examined, first by the lecturer, & afterwards by the pupils in rotation – the professor stating at the time, what was to be felt – the lecture is public, but the toucher must be paid for in addition – so that, as I had not entered, I did not make this examination. What \textsuperscript{w}\textsuperscript{14} the moral people of England say, if such a method of teaching the practical parts of midwifery, were introduced there? – they \textsuperscript{w}\textsuperscript{14} be utterly shocked & the person proposing it, \textsuperscript{w}\textsuperscript{14} be scouted from society, yet here the thing is tho\textsuperscript{1}. nothing of.\textsuperscript{120}

\textit{11th/ Wednesday Nov'. 12\textsuperscript{th}.}

There is a book now in course of publication in Monthly Livraisons, entitled \textquotedblleft Encyclopédie des Sciences Médicales\textquotedblright;\textsuperscript{121} – I have a great mind to become a subscriber, but the work will not be concluded in less than 8 years\textsuperscript{122} – the first ten parts are published, containing Bichat on descriptive & I believe, general Anatomy\textsuperscript{123} – the latter, I want badly, but not the former. If I bought the one, however, I shd. most likely get the other – as for 7 or 8 francs, it \textsuperscript{w}\textsuperscript{14} not be worth while to break the continuity of the series. Went to the Hotel Dieu, this morning, an immense crowd going round with Sanson – so followed Robert – I like the latter

\textsuperscript{117} Pierre Nicolas Gerdy (1797–1856) had been appointed professor of external pathology in 1833. He published important works on the conditions of inguinal hernia, fractures of the clavicle and neck of the femur and on tracheotomy. He also published on bandaging. Gerdy figures prominently in the section on ‘Philosophie médicale’, devoted to ‘Classification des maladies’ in \textit{Les biographies médicales}, vol. 1, pp. 202–10.

\textsuperscript{118} This comment hints at the diarist’s fluency in formal French and the probability that unlike the American students he did not seem to need a tutor (Warner, \textit{Against the spirit of system}, p. 68).

\textsuperscript{119} Mme Lachapelle – LaChapelle in some published sources – was the daughter and granddaughter of two well known \textit{sage-femmes} or midwives. Her mother was Marie-Louise Duges Lachapelle (1769–1821) who had been appointed \textit{sage-femme adjointe} at the Hôtel Dieu. At the newly established lying-in hospital of La Maternité, where the professor of accouchement and surgeon in chief was Jean Louis Baudelocque (1746–1810), Marie-Louise Lachapelle joined the staff where she organised and directed the practical course of instruction for midwives. Her daughter followed in her footsteps and was also teaching medical students, who had included Jonathan Mason Warren in 1833. Whilst the diarist has expressed disappointment at her appearance and manner, Warren had found her “a most intelligent and extraordinary young woman about 25 years of age”. (\textit{Parisian education}, p. 106.)

\textsuperscript{120} The students, under the guidance of a teacher, explored with their fingers the wombs of pregnant women in order to recognise, by touch – hence the term \textit{toucher} – the characteristic changes produced by pregnancy. They also learned to recognise diseased tissue and potential obstruction to the successful delivery of the foetus. Further information was gained by palpation (examining the pregnant belly by touch) and auscultation using the stethoscope.

\textsuperscript{121} \textit{Encyclopédie des sciences médicales}, by J. L. Alibert, J. A. Barbier, A. J. L. Bayle, \textit{et al.}, 34 vols, Paris, 1834–1845.

\textsuperscript{122} In the event publication extended over eleven years.

\textsuperscript{123} Xavier Bichat (1771–1802), physician and pathologist, was the author of \textit{Traité d’anatomie descriptive} (1801–3) and \textit{Anatomie générale, appliquée à la physiologie et à la médecine} (1801). An English translation of the latter appeared in 1824 under the title \textit{General anatomy}. 

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best, for two reasons, first there are comparatively few persons with him – secondly – he seems to pay great attention to the cases, & to give the students all the information he can on them – unfortunately, he does not deliver a Clinical Lecture – Sanson has so many cases (176) that he cannot, if he wished, pay much attention to them – he moreover seems an idle fellow – but he lectures, & has Dupuytren’s wards (124) & consequently the crowd following him is immense. The woman with the broken breast is much better – the charpie was not put between the lips of the lower wound yesterday, consev. it has healed up – the superior opening is still however dressed in the same manner, & still discharges very fetid pus – comp. fracture going on extremely well, not a single bad symptom – they have since Monday, been keeping the extremity constantly wet with cold water. The person with the nervous affection is almost moribund, it is astonishing, he has existed so long. A man was brought in, last evening, with comminated fracture (125) of the leg complicated with three wounds in the integuments – M. Robert gave us a clinical lecture on the case, & then amputated the extremity – he professed himself an admirer of immediate operation, but said, that he did not perform it in this case, directly this person he was brought in, because the haemorrhage being venous (126) – he consid. he may safely wait ‘till /11v/ this morning – his style of operating pleased me very much – he does not appear so irritable, as Roux – he was not careless, yet he amputated the limb in a much shorter time, than the latter did, at La Charité. He first made a circular incision, thro’ the integ. dissected them back nearly an inch – he then made an incision thro’ the muscles inclining obliquely upwards & inwards – he was a considerable time in tying the vessels, on account of the badness of the light in the theatre of the Hotel Dieu. He dressed the stump (which was very well formed) truly à l’Anglaise – he applied strips of adhesive plaister (127) over its face, leaving interstices between them, thro’ which serum &c. may drain – he then put over this, “linge troué” ended with cerate, & over all a single cloth, & a few turns of a bandage – this patient deserves to get well without secondary suppuration. During the visit, there was a woman, whom M. Robert suspected of having disease of the neck of the uterus – he immed. introduced the speculum (128) & we had all a fine opportunity of seeing this part in a perfectly healthy condition – M. Robert made us pass one by one in front of the pat., & examine for ourselves – I had no idea, that the neck of the uterus (129) be seen so distinctly – this part is, since the introduction of the speculum, as much under the cognisance of the senses, as any part of the exterior of the body. Went to Broussais & Andral – more & more delighted with the latter – it is very tiresome to sit in the lecture room, from ¼ before 2 ‘till nearly ½ past 4, & to keep one’s attention on the stretch the whole time, but in order to get a good

124 Sanson succeeded Dupuytren – of whom he had been a favourite disciple – in 1835 and, although the distinguished Dupuytren had been very wealthy, Sanson died in poverty. (Ackerknecht, Paris hospital, p. 143.)
125 Comminuted fracture: fracture in which the bone is broken or crushed into several pieces.
126 The haemorrhage would, of course, have been more serious and in need of immediate action if an artery had been involved.
127 Plaister: i.e. plaster.
128 Speculum: the diarist is understandably impressed at this opportunity in a real hospital setting, of using the speculum, a piece of equipment unfamiliar to him before he came to Paris. American students were also impressed about gaining experience with this important piece of equipment for examining the neck of the uterus. (Warner, Against the spirit of system, p. 103, p. 121.) There were other specula for dilating different body orifices, including the eye, mouth and anus, to facilitate examination or operation on the part. There are references to specula for the eye in the sixteenth century, for the mouth in the seventeenth, and a century later for the vagina in, for instance, William Smellie’s ‘Introduction’ to his Anatomical tables, 1754, p. xlv.
Figure 3: Page 12 of MS 7147, showing parts of the entries for 12 and 13 November 1834. (Photo, Wellcome Library, London.)
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seat for Andral, it is necessary to attend Broussais. Went this evening to hear M. Masson lecture on Midwifery – entered to his “toucher”, I don’t know why – I did not like the man much – but it was necessary to get fixed with someone – I shall not attend his lecture, merely /12t/ to go to the “toucher” at 8 o’clock – the price is 10 Francs for 40 Ts. Two women were introduced & we had, one after another, to examine them – Sages Femmes, & students together. It is a pity some of our old maids in England did not pop in some night – it would furnish them with scandal, & tabletalk for the next month. In the first woman, who was six months pregnant, the os uteri was, as it were, torn & jagged – still long – open at the vaginal orifice, but still completely closed at the internal part – ballottement c did be felt, but feebly, at least by me. I found the disadvantage of having short fingers, for I have reason to know that to others the feeling of ballottement was more distinct – the os uteri was situated very high up. The second woman was (she believed) gone nearly 9 ½ months in pregnancy – the os uteri was much lower – the labia majora were swollen & slightly oedematous – the vagina made a kind of curve, so that to reach the uterus, it was necessary to pass one’s finger first upwards & backwards & then upwards & forwards – to follow the curve of the sacrum, in short – the lips of the womb were (or rather their projection was) scarcely sensible – the fingers passed into the cavity of the uterus, & ballottement was extremely evident.

Thursday Nov’. 13th.

Went to the Hotel Dieu, this morning, with Robert again. There were more persons following him this morning, on account of there being no Clinical lecture on Thursdays. The case of fractd. patella going on very well – the apparatus seems to succeed admirably. The woman with compd. fract is going on extremely favourably – the wound is closed by a coagulum – so that there is every probability of her getting well rapidly without suppuration – the same apparatus contd. & cold water to be diligently used. The poor man with nervous affection is not yet dead. A woman came in several days ago with a severe bruise of the ankle joint – they employed 80 leeches & a liniment. Inflam. afterwards ran very high – they again & again applied 80 leeches, & bled her from the arm – yesterday the joint was again excessively painful – insomuch /12v/ that she actually shrieked, when any person touched it – the foot was not red nor was there much tension – taking all these things...

129 The diarist may here be referring to Camille D. C. Masson, a physician and accoucheur and the author of *Considerations générales sur les naissances tardives*, 1802.
130 The equivalent cost in sterling would have been about 8s. 4d.
131 Os uteri: the mouth or opening of the uterus which undergoes important changes during pregnancy to retain the foetus, and during labour to assist in expelling the infant.
132 Ballottement: the phenomenon in which a body suspended in a fluid, such as a foetus in the amniotic fluid, moves away when suddenly pushed and then falls back into its original position. Hence it could be used as a mode of diagnosing pregnancy. (Larousse médical, p. 131.)
133 This suggests that the diarist may not have been tall in stature.
134 Labia majora: folds of integument on either side of vulva.
135 Coagulum: a blood clot.
136 France was at the time one of the greatest users in Europe of leeches; as in this case, large numbers could be applied to a patient. Leeches were popular with Broussais, Louis and others. In England at the time the neurophysiologist Marshall Hall (1790–1857), a friend of Louis and whose early research was on the circulatory system, was using the lancet to investigate whether bleeding was an appropriate therapy for the wide range of conditions for which it was ordered. He devised guidance procedures for young physicians to discern appropriate cases and for how long each procedure could safely continue. (Manuel, *Marshall Hall*, pp. 89–100.)
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into considera\textsuperscript{137}. Robert determined to delay taking any more blood from her, & to try the effects of a large cataplasm. This was done yesterday, & today she is quite easy. She can bear the joint to be moved about, without feeling much pain, & all symptoms of inflam\textsuperscript{138} have departed. In France, they are much more partial to the use of cataplasms, than in England. I think, very properly so – a large poultice is one of the most soothing things which you can apply in inflam\textsuperscript{139}, & in bruises, they it appears to me particularly indicated. An excellent case was bro\textsuperscript{1} in last night – a girl, who broke her radius – as I have detailed this case, in my Note Book,\textsuperscript{137} I shall not further allude to it here. As I was obliged to go to Chomel\textsuperscript{138} to get a carte of admission,\textsuperscript{139} I was prevented from going round the men’s ward with Robert. Terribly annoyed about the carte of admission – went to the Bureau, was sent to Chomel, transfer referred to his Interne – got a carte from him, which I must take to Chomel tomorrow, to be signed, & must then take it back to the Bureau to be signed, & registered – I had heard a good deal about division in labor\textsuperscript{140} in Paris, but I had no idea, it was so considerable as it is, at least, if we may take this as an example. Attended Cruveilhier’s\textsuperscript{141} lecture today, liked him tolerably well – have a mind to follow him regularly, but am almost tired of Anatomical lectures – he was today on the joints, on cartilage & synov\textsuperscript{1}. Mem\textsuperscript{b} – he is lecturing this year on Gen\textsuperscript{1}. Anatomy – a branch of knowledge, I believe, not to be learned obtained in England\textsuperscript{142} – this is one grand inducement to me to attend him. Afterwards went to hear Richerand\textsuperscript{143} on Operat\textsuperscript{1}. Surgery & Bandaging – a horrid old stick – don’t think, I

\textsuperscript{137} It was the practice in Edinburgh for medical students to record the details of the diagnoses and treatments of their cases in a notebook.

\textsuperscript{138} Auguste François Chomel (1788–1858), a physician, was an office holder in Louis’s Société Médicale d’Observation. He held a medical clinic at the Hôtel Dieu, and was reputed to be a scrupulous observer and an effective teacher. (Warren, Parisian education, p. 92.)

\textsuperscript{139} Carte of admission: these were tickets granting admission to the official courses of clinical instruction. They had to be signed by the relevant lecturer both at the beginning and end of the course. (Warner, Against the spirit of system, p. 83.) Following the reorganisation of the Faculty of Medicine in 1823, a French student in medicine was required to take out sixteen inscriptions relating to his course over four years. Each inscription, for which the student obtained a carte d’admission, cost 50 francs, which provided admission to lectures for three months. At the end of the course students had to take five public examinations on all aspects of medicine and to present a thesis in Latin or French, which they had to defend before three professors and two Fellows. (Galignani’s new Paris guide, pp. 436–7.) Foreign students were also allowed to take out inscriptions free of charge and this is what the diarist is referring to.

\textsuperscript{140} The diarist generally uses the “or” rather than the “our” ending for such words as “labor”, “color” and “tumor”.

\textsuperscript{141} Jean Cruveilhier (1791–1874), a pathological anatomist who became a doctor of the Parisian élite, belonged to a Limoges medical family. He had studied under Dupuytren and became his intern. He was made professor of anatomy in 1825, and in 1836 obtained the first chair of pathological anatomy created and funded by Dupuytren through his will. Cruveilhier published a five volume treatise on general pathological anatomy between 1849 and 1861. (Ackerknecht, Paris hospital, pp. 166–7.) He was one of the observers of Magendie’s experiments investigating the role of the anterior and posterior spinal nerve roots. (Lesch, Science and medicine, pp. 192–3.)

\textsuperscript{142} This comment, which seems to imply the absence of anatomy from the medical curriculum in England, is curious since at the time there were those who were striving to establish physiology as the most important basis for the newly emerging “scientific medicine”. Their critics were the anatomists whose discipline had long occupied the dominant place in the curriculum and had indeed been the basis of the anatomy schools which flourished in London until the 1840s when hospital medical schools with their revised, more scientific curriculum were established.

\textsuperscript{143} Anthelme Balthazar Richerand (1799–1840), like many prominent Parisian medical men at the time, was of humble origins. He had acquired surgical skills during the Napoleonic campaigns. In 1832 he became a professor at the Faculty of Medicine and he ran a surgical service at the St. Louis hospital, paying special attention to procedures, instruments, and the bandaging involved in a range of surgical operations. Richerand was a member of the Société Médicale d’Émulation, which was part of the post-revolutionary “methodological and
shall go near him again – Went to Gerdy – on Surgery at 3 o’clock – don’t like him much, but was rather too far distant – it is not therefore fair to judge. By the bye was today in the dissecting room of Hotel Dieu. A woman, pati. of Chomel’s, who died with symptoms of disease in the kidney, great pain in lumbar region &c we found the kidneys nearly entirely absorbed & their pelves filled by calculi – the same in gall bladder.

/131/ Friday Nov. 14th.

Almost frozen last night, am determined to have a fire tonight. Went to the Hotel Dieu with Robert – no new cases – first endeavoured to get near Sanson’s patients, but there was such a crowd, that I could only see one, an old case of fracture of the leg. Went to Chomel’s Clinical lecture, a great crowd, scarcely get a seat – he was on peripulmonary. Excessively cold this morning. Went to hear Broussais – Can manage to follow him tolerably well – he was on pleuritis. Afterwards heard Andral – get on capitaly with him, can even take notes – find it much more difficult to understand persons speaking to me, on common subjects, particularly garçons at the house, than the professors – or even the patients at the different hospitals – Andral appears much more “Broussaisen” than I imagined – he did not directly mention the name of Broussais, but appeared to say, that almost all the diseases under the sun arose from Gastroenteritis & he described among the symptoms of this disease precisely those of fever. These doctrines are very much on the increase in Paris – & I think, it is not extraordinary, for a person’s mucous memb. seems here to be in a most irritable state, whether from the diet, the water, or what else, I don’t know, but certain it is, that almost every person, who comes to the hospital, complains of colic or bowel complaint of some character or other, & as for myself, I have scarcely been free from diarrhoea since I have been in Paris. After dinner, determined to light a fire, had a sad piece of work at first, but at last succeeded, but the fires are miserable things, after all, scarcely worth the trouble of lighting – I suspect, I shall find my cloak, a more comfortable thing after all, than a fire, during the winter. Both together however will be better than either separate. Just returned from my “Toucher” – did not go to the Midwifery lecture, it was, take up too much of my time at present – moreover he is only now on the anatomy of the organs, or on the peculiarities of the foetal Anatomy – I may probably attend him, when he is on the practical parts – the lectures are public, so that I can attend them, whenever I please, & when I have

programmatic movement for the reconstruction of medical theory” in France. He wrote elegant and popular textbooks on physiology and was one of a group within the science community engaged in medical reform, who carried out experimental investigations. (Lesch, Science and medicine, pp. 44, 81.) Warren attended Richerand’s lectures on surgical equipment and operating, and thought he was overrated. He described him as “lengthy, repetitious and, tiresome”. He believed that Richerand had suffered some paralytic condition which had given him an indistinct manner of speaking and mode of expression. (Warren, Parisian education, pp. 85, 159.)

144 Peripulmonary: inflammation of the lungs.

145 Pleuritis: pleurisy or inflammation of the pleura or membrane which lines the cavity of the chest and covers the lungs. In some cases the inflammation is partial affecting one side only and mainly the right, but in general it affects the cavity throughout. It can be caused by exposure to cold and can recur. The condition comes on with acute pain, flushing of the face and high temperature together with a cough. If the condition is neglected the lungs may become affected with potentially serious consequences. The general treatment was as for pneumonia. (Hooper, Lexicon, p. 985.)

146 Broussaisen: that Broussais’s name gave rise to such a term indicates the leading role he played in Paris medicine.
more time, than at present. Two women were there, as usual – one, a young girl who was not, & had never been pregnant. The vagina was rather small, the os uteri projecting into it at its upper part, inclining slightly backwards, hard & closed. The other woman old, who had had several children, & was now more than 8 months gone – in her the vagina was large, os uteri soft, dilatable – considerably open, admitting the point of the finger within it – the fundus uteri could be distinguished more than halfway, between the umbilicus & xiphoid cartilage.

/13y Sat/. 15th.

Went to the Hotel Dieu this morning, with Robert, as usual, the case of amputation after comp. fracture (N°. 33 Salle St. Agnes) going on very badly – evidently spheclus of the integm. of the whole stump – great qd. of bloody serum – horrid smell &c – dressing as before with the addition of liquid Chlorine & Carbon. Were it my case, I shd. have been inclined to use the Terebinthaine Liniment or the poultice of stale beer grounds – M.R. ordered the patient the Quinine Mixture. In England they wld. conjoin Porter & Beefsteaks, but in France they have no such nutritive diet. It becomes a question now, whether, if a different plan had been pushed, the same unfavourable symptoms wld. have shewed themselves. There was one circumstance, which I forgot to mention exceedingly against the pat. – which was ossification of the arteries, this probably together with his great age wld. have rendered the same “tout ensemble” of symptoms the result of any treatment. If operat. had not been performed – there cannot be a question, but that he wld. have died. Into the merits of the operation, after suppurative stage had passed, I shall not enter – I think however, if amputation of the thigh had been performed, the operation might have been different. During the operation M. Robert told us, that the cellular tissue of the leg was infiltrated with pus blood – now surely, this wld. very much predispose to the occurrence of inflam. & gangrene. I fear, the poor patient will soon has but little chance of surviving, many days – he is a sad example of the pernicious, the dangerous effects of drinking to excess. An excellent case of fracture of both bones of the leg thro’ the malleoli was bro. in

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147. The upper part of the uterus, the lower part being called the cervix.
148. Patient bed number in the St. Agnes ward of the Hôtel Dieu.
149. Sphæclus: sloughing of tissue due to gangrene. See this month, note 154.
150. Chlorine was held to prevent further decomposition of the tissues and the carbon would have destroyed the offensive odour of the wound.
151. Terebinthaine liniment was an oily substance with a consistency between that of an ointment and oil made with oil of turpentine from, for example, the pine Pinus sylvestris.
152. Quinine Mixture was widely used in France as a tonic and to lower the temperature.
153. Probably arteriosclerosis.
154. Gangrene: mortification which surgeons divided into two kinds, one of which was preceded by inflammation. In mortification, circulation of the blood in the affected tissue is impeded as, for example, in strangulated hernia, tied polypi or a limb being deprived of circulation from a dislocated joint. Paralysis, old age and ossification of the arteries may produce mortification, also cold, especially if followed by sudden application of warmth. Symptoms indicating mortification setting in include diminution of pain, softening of the tissue and its livid colouring, which turns black, and loss of sensibility. Tissues affected in this way have reached the second stage of mortification called sphæclus. The final stage – gangrene – follows. The pulse becomes small, rapid and sometimes irregular; the countenance assumes a cadaverous look and the constitution suffers an immediate dejection.
155. Malleoli are the hammer-like projections at the distal end of the lower leg bone, the tibia, which indicate the ankle.
15-17 November 1834

today – M. Robert applied M. Dupuytren’s apparatus for fractured fibula.\(^{156}\) Made fire this morning – rather more “au fait” at it, now, than before. Went to hear Gerdy – don’t like him much. After dinner, received a letter from M. Fallon\(^{157}\) desiring me to look out for other lodgings, as he is expecting some new boarders – am much obliged to him, for his information – I have been wishing for an excuse for leaving him some time past, & am obliged to him for giving it me. But it will be a tremendous bore packing up all my things again & looking out for lodgings – c\(^{1d}\). have been very comfortable in my present room during the winter – had it not been for my next door neighbour being rather too fond of music. I am at a loss now, whether to go into a “pension” or into an Hotel Garni.\(^{158}\) The latter w\(^{1d}\) suit my habits best, but I find, I am gaining, but very little knowledge of the French language.\(^{159}\) If I enter the latter, I must join a “pension” for my dinner at all events – I don’t know what to do – am very glad, I did not order in a load of wood, as I at one time tho’.
of doing.

**Sunday 16\(^{th}\).**
Went to the Hotel Dieu this morning, but unfortunately missed Robert – felt very poorly – took break\(^{8}\). & sat down before my fire to study – but a friend calling, we went off together, to find an English Church – we did not succeed in this – so about 1 o’clock, we ret\(^{\dagger}\), & I sallied forth in quest of lodgings – saw a great number, but not many, that I liked – am hesitating, whether to go into an Hotel Garni, or into a Pension – think the latter most probable, at least for one month – it will be dearer, but probably on the whole rather more comfortable – I sh\(^{d}\). like very much to take my dinner, & lodge in one, but to break\(^{9}\). as at present – I shall begin packing up, immed\(^{b}\). – if I can get away tomorrow night – I shall be the better pleased – but my present little room seems more comfortable now, that I am leaving it, than ever it did before.

**Monday 17\(^{th}\).**
Went this morning to Hop\(^{1}\). S\(^{t}\). Louis – Biett did not come but sent Gibert\(^{160}\) in his place, did not know it, & therefore lost the opportunity of seeing the cases in the Hosp\(^{1}\). – Went into the outpa\(^{t}\). room. No very good cases. Almost all the itch – one, an excellent specimen of tubercular syphilis – one of impetigo of the lip. Ret\(^{d}\). about 1 o’clock – then went in search of lodgings – very difficult to procure & very dear – had determined last night to leave this

\(^{156}\) Dupuytren’s apparatus for fractured limb bones consisted of a stout splint that extended from the knee on the outside of the limb to about 6 inches below the foot, which was bandaged. A very thick cushion stuffed with oats or chopped straw was placed between the leg and the splint, and the leg was raised on pillows so that the weight of the limb helped in reducing the fracture. Dupuytren was very successful with this apparatus. (Warren, *Parisian education*, pp. 100–1.)

\(^{157}\) Monsieur Fallon was the diarist’s landlord (see note 43 above).

\(^{158}\) A pension was a small hotel – often in a family house – which provided accommodation with meals. An hôtel garni would have been a residential hotel or student hostel providing furnished rooms but no meals.

\(^{159}\) In view of his earlier comments, which suggest that he already follows the lectures quite well, it seems that he would like to improve his conversational French.

\(^{160}\) Camille Melchior Gibert (1797–1866) held a post in the St. Louis hospital and was a follower of Willan on skin diseases. He was not given to theoretical speculation but was considered to be a very skilful lecturer who was popular with foreign students. *His Manuel des maladies spéciales de la peau* was published in 1834. Gibert was also a leading venereologist who was among the first to demonstrate by inoculation experiments the contagiousness of psoriasis. (Crissey and Parish, *Dermatology and syphilology*, pp. 57–8.)
Evening – but cannot – must try another day – Without taking more trouble – w’d go immed. to R. N. S't. Etienne, 161 if it were not so far to my toucher in the Evening. /14v/Just ref’d. from my “toucher”. In one woman, the os uteri was placed rather low & very forward, as tho’ there were a retroversion of the uterus – the os tincaé 162 was nearly an inch in length laterally, easily discernible, anterior lip soft – posterior hard, with a small projecting point in the middle – posteriorly & laterally a hard tumour c’d. be discerned, this was the uterus distended by a foetus of about the seventh third month. This woman had had five children, & the lines on the abdomen were very distinctly marked, extremely perceptible to the touch. The other woman had had four children. She was now pregnant to her sixth month – the abdomen was more distended, than in the other, the lines less distinct – the os uteri much higher, situated more posteriorly – the lips were hard, shortening, & slightly open, admitting to a short distance, the point of the forefinger. Ballottement c’d., not be distinguished, but the uterus evidently appeared, when balanced on the point of the finger higher heavier than usual.

Tuesday 18th.
Went to Hotel Dieu, Breschet was there, did not much like him, went to take my breakf. at Café Voltaire, & the first news, I read, startled me not a little, it was, that the Ministry of Lord Melbourne had been dismissed by the King 163 – I confess, I tremble for the consequences, particularly, as they say, that Wellington has been sent for, & will be desired to form the new Cabinet – I hope, he has too much good sense, than to commit the cause at present, when the country is not fit for a good Tory administration. The papers will now be worth reading for a few days. We are in a very critical state, – one false move, & the game is lost. If there be anything, like a rebellion, there is no man so fit to be at the head of affairs as the Duke – I am all anxiety to see the papers of tomorrow morn. 164 Went in search of lodgings again – c’d. find none to please me. All in this part of the town are full. Was obliged to go over to the R. N. S’t. Étienne, am to enter on Thursday at 65 Fr. the month, for my room, & dinner – I intend living as at present, during the forepart of the day. Entered this Evening at one of the reading rooms. Wish, I had done so before. Many an idle hour, I might have spent to great advantage – only 5f’s. – rooms open from 8 A.M. to 11 P.M. it is an excellent plan for those, who cannot afford fuel to subscribe to such a place. 165

161 Rue N. S't. Étienne was south of the Seine near the church of St. Étienne du Mont and the Panthéon. The Panthéon (church of St’s. Geneviève) was consecrated as a place of burial for those who had shed lustre upon their country through their talents, virtues, or achievements, by the National Assembly in 1791. Whilst at that time the symbols of a Christian temple were replaced by others more appropriate to its new role, it was, in 1806, ordained by Bonaparte to be restored to divine worship but to retain the role given by the National Assembly. Those honoured with a resting place in the Panthéon include Mirabeau, Voltaire and Rousseau. (Galignani’s new Paris guide, p.135.)

162 Os tincae: the mouth of the uterus.

163 In March 1832 the third Reform Bill had been passed in the House of Commons but ran into difficulties in the House of Lords and Earl Grey, the Prime Minister, resigned, precipitating a constitutional crisis and public disturbance. The Duke of Wellington failed to form a government, Grey resumed office and the Lords agreed to the passage of the first Reform Act. The General Election in December 1832 produced a massive Whig victory. Grey resigned again in 1834 and was succeeded by Viscount Melbourne in July, before the diarist had left England. But, as the diarist had just learned, Melbourne too had now resigned. (Evans, Modern state, p. 225.)

164 The diarist’s comments here suggest that he was a Tory rather than a Whig supporter.

165 See January 1835, note 2.
19 November 1834

/15t/ Wednesday 19th.

Went to the Hotel Dieu. Breschet very late – did not commence 'till considerably after 8 A.M. Followed him round one ward & then started for the Hop'. St. Louis. Biett not there again – fear he is ill. Gibert there in his place – saw an excellent example of tubercular syphilis affecting the inside of the thighs & scrotum. The tubercles are in great number, close together & flattened on the top – nasty smell arising from some matter secreted by them. He will not confess how long since he had chancre. I heard a Gent'n say he had seen such arise from the matter of gonorrhoea. Afterwards went into the Pavilion, to Alibert’s Clinique. There was an interesting case here of Elephantiasis affecting particularly the face, wrists & lips. Another case, also very interesting of psoriasis, which was produced in the arm by the application of a blister. It was of exactly the size & shape of the blister in the same situation as it. This fact is worth remembering, shewing how great a tendency there is in some persons to the production of these diseases. M. Alibert shewed us a person affected with eczema, which he treated on Friday, by applying pure undiluted muriat: acid with a feather to the parts affected. The disease is considerably improved. He treated a case of psora in the same manner. I saw a curious example of congenital macula, in Biett’s ward, simulating Erythema very closely. The poor fellow with Elephantiasis of the scrotum, penis & groins, remains in the same state. Came back to Andral’s lecture & afterwards went to my read room. This place wed. be very economical, as but an

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166 Gonorrhoea: the venereal form, properly called urethritis venereal and colloquially the clap, is associated with sexual intercourse. It involves inflammation of the urethra, which initially produces a mucous discharge but, if untreated or of longstanding, a range of more serious symptoms occur. Treatments for this condition consisted of two contrary remedies, either sedatives including enemas with opium or, what were considered more successful, a range of stimulants. (Hooper, Lexicon, p. 628.)

167 A phenomenon we recognise today under the general term of allergies and skin conditions such as eczema.

168 Jean Louis Alibert (1768–1837) had joined the Hôpital St. Louis in 1808 when it became one of the specialist hospitals in Paris and concentrated on diseases of the skin. Alibert’s research and teaching contributed to its celebrated reputation as a centre for dermatology. American students in Paris were particularly impressed because there was no comparable institution in the United States, but they were less keen about its greater distance than other hospitals from the quarter where students lived. (Warner, Against the spirit of system, p. 386, note 117.)

169 Eczema: a non-contagious, non-feverish skin condition characterised by an eruption of small vesicles on various parts of the skin, usually close set or crowded together with little or no inflammation round their bases. Eczema was generally thought to be associated with some form of internal or external irritation. In individuals with constitutionally very irritable skin it could be produced by a range of irritants including mercury. It sometimes induced smarting and tingling sensations rather than itching. Three varieties of eczema were generally recognised, including eczema impetiginodes, of which the diarist observed cases in St. Louis. Eczema was treated with warm baths, mild poultices or soothing ointments, all designed to ease the irritation and the accompanying exhaustion often associated with the disease. (Hooper, Lexicon, pp. 519–21.)

170 Muriat: acid: muriatic acid, a former name for hydrochloric acid, which in France was used externally for the treatment of ulcers and, as in this case – “dans certain maladies de la peau” – for certain skin diseases. (Migne-Edwards and Vavasseur, Nouveau formulaire, p. 120.)

171 Psora: another form of itch commonly called scabies of which a number of varieties were described. These forms of the itch (which were caused by the contagious, parasitic itch mite) were characterised by an eruption of pustules or vesicles and were marked by very troublesome constant itching but no fever. (Hooper, Lexicon, pp. 1094–95.)

172 Congenital macula: a permanent spot or discolouration of the skin, such as a mole, belonging to the group of skin disorders which Willan named “maculae”. Hooper recognised that some maculae could exhibit a change of texture (such as we might associate with malignancy in a mole) but, according to him, such changes were “not connected with any disorder of the constitution”. (Lexicon, p. 796.)

173 Erythema: non-contagious, irregular redness, rash or inflammatory blush on the skin without fever. Willan described six varieties of erythema. (Hooper, Lexicon, pp. 555–6.)
exceedingly small q\textsuperscript{th}. of wood & candle, w\textsuperscript{ld}. be sufficient to last during the winter session. Only one woman at the Toucher, who was six months gone in pregnancy – os uteri so high, that I c\textsuperscript{ld}. not properly reach it. Came home – great annoyance – moving house or “flitting” as the Scotch term it, tomorrow. I hear the D: of Wellington is made premier\textsuperscript{174} – it cannot however be known certainly, because Wednesday is always a “Blank Day” with reference to English news on account of no mail leaving London on Sunday.\textsuperscript{175} “On dit” that a courier passed thro’ Paris today for Sir R. Peel.

/15v/ Thursday 20\textsuperscript{th}.

Went down to Hotel Dieu, with Breschet. Nothing new. Like B. better than I did – rather unpunctual. No particular news from England today. After packing up my few books, went to my new lodgings in R. N. S'. Etienne. Left my address with M\textsuperscript{e}. Fallon\textsuperscript{176} – paid her, but did not receive a receipt. She promised to send it me. I hope she will. I was a fool, for not having it at the time, but her Mother was in the country – mentioned to her ab\textsuperscript{1}. my collars having not been sent home from the wash. She promised to make enquiries ab\textsuperscript{1}. them, & if they c\textsuperscript{ld}. be recovered to send them to me. Do not much relish the dinners at the “Pension”. They consist of Potage, tolerably good. Bouille\textsuperscript{177} – miserable stuff. Boiled Potatoes à l’Anglaise – excellent. Rôti, too much dressed. One dish of vegetables. Cheese, bad hitherto too [sic]. Dessert, tolerable. I hope to be able to pick up a little French here, but the living is much more expensive, & not so good or comfortable as at a Restaurant’s. My room is very tolerable, rather too large – & scantily furnished. Must ask M\textsuperscript{e}. Lecomte to give me another chest of drawers. I think, on the whole, it is warmer than my room at M. Fallon’s – except indeed the wooden floor & the bookshelves, I find nothing to regret in my change of rooms – & in my present lodgings, a woman makes my bed, cleans my chamber &c. which, I consider, vastly superior to those beastly garçons at R. des Francs Bourgeois.\textsuperscript{178} Went to Sichel’s,\textsuperscript{179} today, to hear a lecture on diseases of the eye – but for some reason or other, he postponed it ’till Tuesday. Saw some excellent cases of diseases of the eye – have a great mind to join his Dispensary.\textsuperscript{180}

/16r/ Friday 21\textsuperscript{st}.

Went to Hotel Dieu – heard good lecture from Chomel. By the bye, went into the deadhouse yesterday, & saw a very interesting specimen of disease – very considerable

\textsuperscript{174}The rumour was in fact wrong, as it was Robert Peel who formed a minority government. He issued the Tamworth election manifesto – in which the diarist might have been interested – to rally the Tory cause. (Evans, \textit{Modern state}, p. 225.)

\textsuperscript{175}This seems to indicate that mail – or at least newspapers – took three days to travel from London to Paris.

\textsuperscript{176}This is probably Madame Fallon, the landlord’s wife (see note 43 above).

\textsuperscript{177}Bouille: he means \textit{bouillie}, a milky dish or gruel, or he may have picked up the derogatory French use of the term to describe an unpalatable dish of mushy food.

\textsuperscript{178}This was the location of his previous address, north-east of the Seine and about equidistant from many of the institutions which he regularly visited.

\textsuperscript{179}Jules Sichel (1802–68) was a German immigrant who had graduated in Berlin and had studied ophthalmology in Vienna before moving to Paris in 1829, where he obtained a French diploma and became a French citizen. He became the leading French ophthalmologist. (Ackerknecht, \textit{Paris hospital}, p. 179.)

\textsuperscript{180}Sichel had a ward in the St. Antoine hospital and he had also set up a private dispensary where students would pay a fee to hear him lecture on eye diseases and observe him at work on his patients.
21–22 November 1834

Arachnitis. 181 The membra, was thickened & hardened, nearly as thick as a shilling, & cut like a piece of cartilage. This was the case over the whole right hemisphere, & over part of the left. On the right also, it was universally adherent to the brain, except at a small space on the upper part, in which situation there was an abscess which, when emptied, left with a cavity capable of containing a filbert. The symptoms were those of arachnitis, followed by those of apoplexy, 182 & hemiplegia 183 of the whole of the left side. Disease of the heart was suspected, from there having been violent, & irregular action. This however was found, after death, not to be the case – the heart was smaller than nat & quite healthy. Went to Andral – he professed himself decidedly an anticontagionist, 184 in respect to typhus fever – he had never, in any one case, known the disease to be propagated by contagion – he considered typhus fever, & inflam 9 of the follicles 185 in the intestines to be synonymous. This is the prevalent doctrine in the French school, & it influences their practice very much. I was very happy to hear Andral say, a few days since, that he had never known purgatives produce gastroenteritis, but if this were present, they w d increase it. This then is the reason, why the treatment of the French Physicians is so inert in fever – considering it follicular inflam 9 , they think they shall only increase it by giving medicines. Hence they confine themselves to Potion Gommeuse 186 & Eau Sucr é. 187 Went to the Toucher this Evening – nothing very particular. Miserable to have to walk so far after dinner. 188

/16v/ Satd 9. 22 nd.
Went to the Hotel Dieu, with Breschet. The woman with comp d, fracture of the leg is going on tolerably well, but the wound has not healed by the first intention. They neglected one day to order the cold applications, & conseq 9. inflam 9 & suppuration came on. There is no actual deformity, but, I fear, she will not walk perfectly straight. They do not appear to take sufficient care to prevent inversion of the foot. We have no very good cases now under treatment, & we are getting a larger class. The students are beginning to find out, that it is more useful to follow that surgeon who has the smallest number of pupils with him. Went to Gerdy’s lect 9. Still on hernia – he has been on this subject ever since the course commenced. The lecture today was occupied solely on the formation of trusses & on the question [of] which were the best. He recommended Salmon 189 & Ody’s. He is terribly tedious – think I shall cease to attend all lect 9. except the Clinique & Andral.

181 Arachnitis: inflammation of the thin arachnoid membrane, which lacks blood vessels and nerves and which surrounds the brain. (Hooper, Lexicon, p. 160.)
182 Apoplexy: this is the medical term for a stroke. When seized with this condition individuals are afflicted with sudden loss, to varying degrees, of their powers of sensation and motion although the action of the heart continues, as does respiration. Cullen described eight forms of apoplexy. (Hooper, Lexicon, pp. 146–56.)
183 Hemiplegia: paralysis of one side of the body.
184 Anticontagionist: one who maintained or believed that certain diseases such as the plague, cholera and yellow fever were not contagious, that is communicated by contact which may be direct or mediate.
185 Follicles: glandular areas in the small intestine below the finger-like villi in the lining, called "patches", which had been found in an inflamed state in the bodies of patients who died of a condition diagnosed as typhus.
186 Potion Gommeuse contained gum arabic, infusion of béchique, orange flower water and syrup of guimauve. The prescription is given in Milne-Edwards and Vavasseur, Nouveau formulaire, p. 403.
187 He should have spelt it "Eau Sucrée" – sweetened water.
188 The diarist’s former address was nearer to the toucher class.
189 Robert Salmon (1763–1821), youngest son of a carpenter and builder, was described in the DNB (vol. 17, pp. 695–6) as an "inventor". He received at various times silver medals from the Society of Arts for surgical instruments, a canal lock, a weighing machine, a humane trap and a system of earth walls.
Sunday 23rd.
Went to La Pitié this morning. Attended Louis\textsuperscript{190} for the first time for many weeks—not very many students with him. There never are many on a Sunday morning. Have a mind to attend this H\textsuperscript{1} regularly three times a week with either Louis or Andral—& exercise myself in the stethoscope as much as possible. Heard Louis say this morning in reference to one of the patients in the ward, that he had touched\textsuperscript{191} the os uteri, in a state of /17r/ chronic inflam\textsuperscript{n}. with Nitrate of Silver & apparently with good effects. There were three post mortem examiners——in one person the heart was of an immense size 6½ inches long & 5½ broad. I did not hear the history of the case particularly, but there was very great oedema\textsuperscript{192} of the lower extremities & there had been strong action of the heart & arteries—the aorta had several patches of ossification in it, semilunar valves shortened & ossified—left ventricle hypertrophied amazingly—right on the contrary much enlarged, but with parietes\textsuperscript{193} thinner than natural. In another patient, who had likewise very considerable oedema, the heart was natural, the aorta with a few patches of ossification in it—the liver in a remarkably diseased state—of a bluish yellow color—externally there were numerous inequalities, apparently produced by the projection of a large number of tubercles nearly as large as small grapes. The organ throughout appeared composed of the same substances united together. In the third subject there was carcinoma of the neck of the uterus extending downwards into the vagina, & posteriorly there was an ulcerated opening communicating with the rectum. I was very much pleased at seeing how extremely minute & accurate Andral was. He measured everything with a small ruler. Went to my reading room—intended to have gone to Church—but instead, took a walk thro’ the Picture Gallery of the Louvre. At dinner today had an excellent pudding “œufs à la neige”.\textsuperscript{194} Must get the receipt.

Monday 24th.
Went to the Hotel Dieu. Breschet [did] not come. Went on to the Hop\textsuperscript{1} S. Louis. Biett not there again—Gibert in his place—do not like the latter so well as the former. Saw some excellent cases among the outpatients. One particularly good example of impetigo, a large, perfectly round spot on the upper part of the leg. Two famous specimens of lichen circumspect\textsuperscript{195} with difficulty distinguished from Herpes

\textsuperscript{190}Pierre Charles Alexandre Louis (1787–1872) was much appreciated by English-speaking students although he spoke no English. He advocated a “numerical”, that is statistical, approach to medical research and in 1832 set up the Société Médicale d’Observation of which he was nominated the perpetual president and which was much admired in England by medical reformers such as the neurophysiologist Marshall Hall, who compared Louis’s methodology to that of Bacon. Louis carried out significant research on tuberculosis and was an expert on auscultation, an important skill for diagnosis in this area, and held private lessons on the technique. (Warner, Against the spirit of system, p. 129.)

\textsuperscript{191}He meant that Louis had carried out an internal examination as a toucher on the woman and had followed up with his silver nitrate treatment for the inflammation.

\textsuperscript{192}Oedema: anasarca or dropsy resulting from serous fluid collecting between the skin and the flesh in the cellular membrane (parenchyma) of the limbs.

\textsuperscript{193}Parietes: inner walls of any body cavity such as the heart or an abscess.

\textsuperscript{194}This dish consisted of beaten and poached eggs served with cream. It was sometimes called “floating islands”.

\textsuperscript{195}Lichen circumspect\textsuperscript{195} was an important group of skin diseases collectively labelled as varieties of lichen as eruptive conditions involving papulæ. In adults these usually ended in scurf, and were often associated
Circinatus. Several remarkably good examples of Itch –/17v/ in one mixed with pustules of Ecthyma on the elbow, & Prurigo on different parts of the arm. Went to Andral’s lecture. I believe, he has at last terminated that almost inexhaustible subject, “Gastro enterite & Enterite Folliculeuse” – the latter, he considers the Typhus fever of the English. He told us that the chlorides so much recommended of late in the cure of this affection, had been tried on a large scale by M. Chomel, & found perfectly ineflicacious. He said he was now engaged in exp on the use of purgatives. Went to “Toucher” this Evening. There is a great sameness at these – but I suppose one’s organs of touch become educated from constant practice – remained to the lecture this evening – was much surprized at hearing him state that the junction of the bones in the pelvis, (the sacroiliac & the pubic synchondrosis) became relaxed towards the latter end of pregnancy. That such a notion shd. have been started in the 17 or 18th. century, is not astonishing, but that such an unsupported theory shd. be brought forward again in the 19th. is truly wonderful.

Tuesday 25th.
Went to Hotel Dieu this morning – Breschet very late – he did not come ’till nearly 9 o’clock. It is too bad to keep the students waiting an hour for him – losing the best part of the day. If
he were to say he w\textsuperscript{id}. not come 'till 9 – the pupils may employ themselves profitably in going round with some other Surgeon 'till that hour. Saw in his wards a good case of Femoral Hernia\textsuperscript{201} in a man – he did not reduce it, but attempted it – there are none of the signs of strangulat\textsuperscript{t}. but the tumour is very painful. Ordered the man to be bled & put into the warm bath & if reduction\textsuperscript{202} w\textsuperscript{id}. not be performed, the operation w\textsuperscript{id}. be necessary tonight or tomorrow morning. In one ward, there is a case of injury of the upper part of the thigh, he does not think there is fracture of the neck of the femur, but he is /18r/ not certain – he had therefore put him on Dupuytren’s double inclined plane, formed of a number of pillows & a cloth folded “en cravate”\textsuperscript{203} placed over the limb & tied one either side of the bed, a similar cloth tied over the leg. This is the plan, which they adopt here in all cases of fracture of the neck of the femur. The woman with comp\textsuperscript{d}. fracture was in consid\textsuperscript{d}. pain, but the leg looked well – they had an ingenious method of keeping the bandage constantly wet – it was a bucket slung from the crossbar of the bed & a syphon with one leg in the bucket & the other over the part to be kept wet. We had an examination today, of a tumor with all the appearances of inguinal hernia, extending from the abdominal ring\textsuperscript{204} to the bottom of the scrotum – it proved to be not a hernia, but a collection of hydatids\textsuperscript{205} in a sac, anterior to the cord & testicle. Saw at the Consulta\textsuperscript{n}. Gratuite a case of incomplete luxat\textsuperscript{h}.\textsuperscript{206} of the knee.

\textit{Wednesday 26th.}

Went to the Hotel Dieu with Sanson this morning – a great number of eases students with him, & but few cases worth looking at. Have a mind to go no more with him. Heard his Clin\textsuperscript{i}. Lect\textsuperscript{e}. – but he lolls about so negligently in his chair, & speaks so indistinctly, that it is painful to listen to him. Afterwards went to Breschet’s wards, but he was not there, & kept us waiting nearly an hour for him. A fat little brute, I sh\textsuperscript{d}. like to toss him in the blanket. The Hotel Dieu was differently served, when Dupuytren was attached to it. Went to Andral’s lecture – still on that everlasting subject “Gastrite”. I am sick hearing of it – it is quite enough to give one the disease itself, to hear their eternal “harping” on the subject. Went to the “Toucher” tonight. I do not think, Masson has a good collection of females at all. We have only once, before tonight, been able to distinguish the

\textsuperscript{201} Femoral Hernia: this hernia is more common in women than in men and the swelling, sometimes called a femorocele, occurs on the inner side of the thigh beside the femoral artery and vein in the leg. Unlike the inguinal hernia, this one was generally non-reducible and there was the danger of strangulation, which could become a cause of concern and require surgery. The location of this hernia makes it liable to be mistaken for an enlarged inguinal hernia, and the consequences could be serious. (Hooper, \textit{Lexicon}, pp. 660-5.)

\textsuperscript{202} Reduction: the replacement of a dislocated or broken bone or organ into its proper place.

\textsuperscript{203} “En cravate”: a form of triangular bandage or sling, used here with Dupuytren’s apparatus for treatment for fractures.

\textsuperscript{204} Abdominal ring: or annulus abdominis. This is the oblong separation of tendinous fibres, called an opening, in each groin, through which the spermatic cord in men and the round ligament of the uterus in women, pass. It is through this part that the abdominal viscera fall in that species of hernia which is called bubonocele.

\textsuperscript{205} Hydatids: the accephalocyst or animal hydatid is formed like a bladder filled with liquid and may, as in this case, produce another generation of hydatids within itself. These organisms are sometimes formed within the body cavities of the thorax attacking especially, according to Matthew Baillie (1761–1823), the liver and kidney in the abdomen or the brain. There were discussions at the time of the diarist on whether or not hydatids were in fact alive. They were difficult to eradicate. (Hooper, \textit{Lexicon}, pp. 679, 1267–8.)

\textsuperscript{206} Luxat\textsuperscript{n}.: luxation, dislocation of a bone or the secession of a bone of a moveable articulation from its natural cavity or socket. (Hooper, \textit{Lexicon}, pp. 792, 1052.)
Figure 4: Matthieu Orfila (1787–1853). Lithograph by Z. Belliard. (Wellcome Library, London.)

Figure 5: François Joseph Victor Broussais (1772–1838). Lithograph by N. E. Maurin. (Wellcome Library, London.)

Figure 6: Baron Guillaume Dupuytren (1777–1835). Lithograph by N. E. Maurin. (Wellcome Library, London.)

Figure 7: Pierre Nicolas Gerdy (1797–1856) From A. Corlieu, Centenaire de la Faculté de Médecine de Paris (1794–1894), Paris, Imprimerie Nationale, 1896. (Photo, Wellcome Library, London.)
26–29 November 1834

Ballottement. Heard from Bristol today – had been expecting a letter for some days past. G.M\(^{207}\) dead – at which I am not surprized. What an event! it is more pregnant with consequences as far as the neighbourhood of W. Canton\(^{208}\) is concerned, than the dismissal of the Minister.\(^{209}\)

/18v/ Thursday 27\(^{th}\).

Went to Andral’s ward, to see a case of Catalepsy,\(^{210}\) but all the symptoms were gone off, & the woman quite well. Afterwards went to the Hotel Dieu – nothing particular – Thursday is nearly a blank day in Paris.\(^{211}\) No Clinical Lectures &c attended Richerand today. He is really such a miserable stick, that I think, I wld. rather risque\(^{212}\) getting a certificate from him, than go again to his lecture.

Friday 28\(^{th}\).

Went to Hotel Dieu this morning with Breschet. One new case of consequence – fracture of both bones of the forearm – he treated it with the long splints, & two very thick graduated compresses, to press between the bones, & thus prevent them from uniting together & being impeded in their actions.\(^{213}\) This plan is universally adopted in the Parisian Hospitals – and apparently with good effects. There are not so many operations at the Hotel Dieu, as I had been led to imagine, before I came here. Went to Berard’s\(^{214}\) lecture for the first time. Quite delighted with it. I think I shall frequent that course often – remained to Broussais & afterwards to Andral – the latter was on Chronic Gastrite, or what wld. be termed Indigestion in England. It was a most excellent lecture – but too long – nearly an hour and [a] half.

Saturday 29\(^{th}\).

Went to the Hotel Dieu, was at Sanson’s Clinical Lecture, he was on some eye cases in the Hospital – am sorry to say, that I did not learn much from it. I dislike S: more & more, every time I hear him, & I always vow, after coming from his lecture, that I will not attend him

\(^{207}\) It has not been possible to identify G.M. He may possibly have been a West Country political figure of some note.

\(^{208}\) This may be an abbreviation for Wincanton in Somerset.

\(^{209}\) This could be a reference to William IV’s dismissal of the Whig prime minister, Viscount Melbourne, and his government on 14 November. Melbourne had been in office only since July and was succeeded briefly by the Duke of Wellington, who led a caretaker administration of a few weeks before Sir Robert Peel, a Tory, took over. Peel himself resigned in April 1835, and Melbourne returned, leading the government until 1841.

\(^{210}\) Catalepsy: also catalepsis, a rare and sudden suppression of consciousness in which the body retains the position in which it was when the attack came on. The attack occurs without warning and can last from a few minutes to a few days. Cullen claimed never to have seen an instance of the condition “except when it was altogether counterfeited”. Bleeding was considered ineffectual. Stimulants such as “ammonia and electricity and voltaism” were recommended. The latter were believed to augment the circulation of the blood. (Hooper, Lexicon, p. 331.)

\(^{211}\) The diarist mentions on more than one occasion the quiet nature of Thursdays in the hospitals in Paris.

\(^{212}\) Franglais – and he possibly meant to write “risk not getting a certificate”, or that there was a disciplinary procedure involving the issuing of certificates for non-attendance at courses for which one had signed up.

\(^{213}\) A single bone mass would have lacked the flexibility in the arm bestowed by the two separate bones.

\(^{214}\) Pierre Honoré Bérard (1797–1858) was a surgeon and protégé of Pierre Augustin Bécard (1785–1825). He became professor of physiology at the Faculty of Medicine in 1831 and was a very successful teacher for twenty-seven years, who ranked among the best orators of the Academy of Medicine. (Ackerknecht, Paris hospital, pp. 42, 117.) Bérard’s position was at the time more a teaching than a research post. Nevertheless, he made a number of important contributions to experimental physiology, especially neurophysiology. (Lesch, Science and medicine, p. 120.)
again. Afterwards went round with Breschet – his comp'd. fracture case not going on very well. There is a great deal of suppuration, the pus however is well formed & of “good nature”\textsuperscript{215} – the woman complains of an immense deal of pain in the whole limb & has sleepless nights. Among the outpat's. was a woman, who was knocked down by an omnibus, last Evening & broke her humerus just at the head. Crepitus\textsuperscript{216} was very manifest when the bone was rotated on its axis – but cld. only be felt in one spot at the inner edge of the deltoid,\textsuperscript{217} just in the hollow between the muscle & the Pectoralis Major.\textsuperscript{218}

/19th Sunday 30th./
Went to La Pitié – neither Louis, nor Andral there. Afterwards went to Hotel Dieu – Breschet not there. Quite a blank morning. Went to hear an English Wesleyan\textsuperscript{219} preacher in the Rue Boileau [du] Bouloi.\textsuperscript{220} Liked him exceedingly. I think, I shall frequent it every Sunday. Must write a letter to Mr. E.[?] this Evening if I have time. The only difference in Paris, that I can discover between Sunday & any other day, is, that on the former, we have in our Pension an excellent dish, oeufs à la neige & that there are fêtes in the Champs Elysées – in every other respect, things go on as usual.

\begin{footnotes}
\item [215]“Good nature” pus, i.e. “laudable pus”.
\item [216]Crepitus: the grinding noise heard or felt when damaged bones move over each other. The term can also be used to denote the sound of air being collected in the cellular membrane of the body, because when air in such cavities is pressed a little crackling noise or crepitus is heard. (Hooper, \textit{Lexicon}, p. 444.)
\item [217]Deltoid: upper arm muscle in the region of the shoulder and attached to the humerus.
\item [218]Pectoralis major: large muscle which spans the upper chest area on both sides and which is attached to the ribs and the sternum.
\item [219]Here is an indication that the diarist was not a member of the High Church Anglican persuasion but rather of one of the dissenting groups which included the Wesleyans founded by John Wesley (1703–91).
\item [220]Rue du Bouloi: this street was in central Paris close to the Louvre and the Palais Royal; the Tuileries were not far away.
\end{footnotes}