

## ARGUMENTATIONS

ON THE FOREGOING

## THESIS OF M. VELPEAU,

(Discussed July 26th,)

BY MM. LISFRANC AND BERARD.

*Remarks of M. Lisfranc, and Replies of M. Velpeau.*

M. LISFRANC.—In page 91 of your thesis, speaking of the doctrines of M. Fleurens, and the manner in which compression of the brain is produced, not merely by the presence of a certain quantity of fluid in the cavity of the skull, but by the indirect influence of the osseous case, reacting on the extraneous body, you say that M. Serres (*Ann. des Hopit.*, t. 1, p. 250) has omitted to take this peculiarity into account, and hence concluded that fluids effused within the skull were incapable of producing compression, and that the trepan, in this respect, was almost useless. I think you have here fallen into an error, and attributed to M. Serres ideas which he never had. M. Serres was perfectly acquainted with the influence of the osseous skull in giving rise to compression, for he always took the precaution of closing the orifice by which he introduced the fluid, and thus placing, as far as was possible, the skull in its natural condition.

M. VELPEAU.—The observations and experiments of Serres all tend to prove that the effects of effusion into the cavity of the skull are not dangerous, and that a considerable quantity of blood may be shed between the membranes, without causing any derangement or trouble in the functions worth noticing. He attributes many of the symptoms of compression to alterations of the cerebral substance, and neglects altogether to take into consideration the reaction of the skull on the effused matter.

M. LISFRANC. (*Interrupting.*)—But I say yes; for why did he close up the opening which he made into the skull, if it were not for that object?

M. VELPEAU.—Serres closed the opening merely to prevent the issue of the fluid which he injected, not to represent the integrity of the skull, for he nowhere speaks of the resistance offered by the bones as the principal determining cause of compression. Had he done so, he would have agreed with other writers, and it would not have been necessary for M. Fleurens to refute his doctrine in the manner he has done.

M. LISFRANC, after some discussion on this point, attacked the author of the thesis for having spoken too lightly of

trepanation as a surgical operation, which he says (p. 143) "presents no difficulty whatever. There are few operations in surgery more easy or more simple, and without ignorance or awkwardness the surgeon can make no mistake of consequence." I do not (pursued M. LISFRANC) regard the application of the trepan as so simple or easy an operation as you here represent it to be. While I was employed in giving lessons in operative surgery I had frequent occasion to see the trepan applied by surgeons and physicians who came to me from the provinces, and the mistakes made were much more frequent and serious than you seem to think of: for example, I have more than once seen the dura mater opened.

M. VELPEAU.—I do not say that trepanning does not require some degree of dexterity, but I maintain that it is an easy, a very easy operation. You have here no long or laborious dissection, no very important points to avoid, no arteries to take up, &c.; you have simply to divide a certain quantity of bone. As to the injury of the dura mater, a surgeon must indeed be very awkward to wound it; besides, division of that membrane is not a very grave accident; by no means to be compared with the division of a main artery or nerve, &c., in various operations on the extremities.

M. LISFRANC answered to this,—in the short, caustic, almost contemptuous manner which he so often employs— I regard injury of the dura mater as a much more severe accident than you do. M. Lisfranc then referred to the uncertainty of opinion which characterized the thesis, and to some contradictions, even, which required to be rectified: thus in one place, where fissure is spoken of, the author says, "if the fissure be large and the blood escape freely, trepanning may be deferred when the symptoms of compression are not very severe; in opposite circumstances the trepan should be applied to the exclusion of all artificial separation;" but in page 53, M. Velpeau distinguishes some cases of effusion in which the trepan is not absolutely necessary:—"Thus, when the fracture presents some slits gently separated from one another, the interval of the fragments may be increased for the moment, and the issue of the blood, if it still remain fluid, be favoured." This, said M. Lisfranc, is a manifest contradiction; in one place you say the trepan should be applied to the *exclusion* of all separation, and in a subsequent passage you recommend what you have before condemned; the words are clear.

M. VELPEAU.—In the first passage I spoke of the *permanent* separation of

fragments as practised by GIRAUD. In the remaining argumentations only very briefly indeed.

M. LISFRANC began by asking the candidate what symptoms distinguished fractures with depression from sanguineous tumours under the scalp (*bosses sanguins*, we did not exactly catch the word); one requires the trepan, the other not; he did not find them distinguished in the thesis.

M. VELPEAU would ask in reply whether the speaker was unable to distinguish them by the symptoms detailed; if not, let him state in what respect there was an omission or deficiency, and he should have an answer.

M. BERARD, after some remarks on the application of the trepan in cases of depression, recurred to the objection already advanced by M. Lisfranc, on the diagnosis of circumscribed and diffused effusions, which he said M. Velpeau did not distinguish in his thesis sufficiently well.

M. VELPEAU did not think he was bound to enter into these particularities, he had merely to treat the symptoms in a general manner; if he had a patient before him, it would be a different thing, then he might lay down the distinguishing symptoms.

M. BERARD opposed to this that as he had entered into the symptomatology of compression, contusion, commotion, &c., of the brain, he should have equally spoken of the distinguishing symptoms of diffused and circumscribed effusions, particularly as the treatment with regard to the trepan was so different. Besides, said M. Berard, there is a marked indecision of opinion running through your whole thesis: at one page you say one thing; a few pages further on you differ from yourself; and if we read on we soon find an opinion quite opposite; here is a proof:—in page 96 you say “Contusion of the brain is a frequent complication of wounds of the head,” and you ask if the trepan may not be applied to prevent the accident which follows it (*à titre de moyen preventif*); in page 114 you recommended the trepan for contusion, when announced by a certain set of symptoms, as dull pain, &c.; and again, in page 245, you say, “we trepan in contusion of the brain, with symptoms of suppuration or paralysis.” Here are three different opinions; first, the trepan to prevent accidents of contusion; second, you trepan in all cases of contusion, on account of the accident itself; third, you trepan in contusion only where there is paralysis or suppuration.

M. VELPEAU—In circumscribed effusion you have certain local symptoms connected with the point of the brain which is the seat of the injury; these are generally sufficient to show that the effusion is confined to a small space. When the fluid occupies a larger surface and is diffused, you have paralysis, &c., and all surgeons point out the difference between the two forms of effusion. With respect to the cases to which you have alluded, when a great part of an hemisphere is covered, the fluid is either laid on in a thick or a fine layer; in the latter case there is no paralysis, no compression; if the layer be thick, these symptoms of sudden compression are manifested; this shows how we can distinguish certain forms of effusion. When the fluid occupies only half an hemisphere I regard it as circumscribed, though you do not.

M. LISFRANC did not consider any effusion circumscribed unless it was collected into an abscess (*foyer*); besides he could not allow an effusion of fluid extending over half an hemisphere to be circumscribed.

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*Remarks of M. Berard, and Replies of M. Velpeau.*

The length to which we have already carried our report will permit us to give

M. VELPEAU - In page 245 I spoke of contusion and the trepan in a general manner; at page 114 I say we may ask whether the trepan be proper or not when certain symptoms of contusion, such as dull pain, a sense of pressure, &c., are felt.

WE need report this debate no further. It yielded nothing more which possesses interest for the English reader. We have still, however, something to add which is necessary to render our record of the concours complete,—a record which is unique of its kind in our own language, and calculated, we believe, to yield much gratification, in the perusal, to the profession on this side the channel. The day is not very distant at which we shall have to occupy with British, instead of foreign, names, reports of similar proceedings in our own metropolis. We are enabled to conclude our notice this week, by announcing that after a doubtful contest between M. VELPEAU, M. BLANDIN, and M. SANSON, the first was chosen definitively, and that

The NOMINATION of M. VELPEAU to the CHAIR of CLINICAL SURGERY took place on WEDNESDAY last, AUGUST the 6th, at five o'clock in the afternoon, M. VELPEAU having obtained SEVEN votes, and M. SANSON 5. Our notice of the concours will be concluded in our next No.

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## THE LANCET.

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*London, Saturday, Aug. 16, 1834.*

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ON Friday last a Special General Court of the Governors of CHRIST'S HOSPITAL was held, for the purpose of considering the report of the Committee which had been appointed to investigate the efficiency of the medical establishment. Although the attendance of Governors was not numerous, there was evidence of considerable excitement and dissatisfaction in the meeting. A Governor, whose name did not transpire, objected to the manner in which Dr. HUE had recently been elected, —to the secrecy with which the transaction had been conducted,—to the secret resignation of Dr. ROBERTS,—and to the secret election of his successor Dr. HUE. He therefore moved that the confirmation of the minutes relative to the election

should be adjourned to the next court-day. On the motion being put from the chair, there were—

In its favour - - 24

Against it - - - 25

Thus the minutes were received and confirmed by a majority of 1. The *Almoners* having all voted with the majority, the numbers displayed on this occasion exhibited the triumphant progress of the liberal cause in this mismanaged establishment. Accordingly, a resolution was entered on the minutes, that all the vacancies which may hereafter occur in the medical department, should be made known by public advertisement. The report of the Committee was then brought up, wherein it was recommended, on the evidence of medical practitioners who were *unconnected* with Christ's Hospital, that the *diet*-regulations should be revised,—that the mode of serving up the food should be altered,—and that the table should be constantly replenished with a supply of fresh vegetables. It was also recommended that the managing Governors should no longer be appointed for life, but that *all* the Governors should take a share in the house government, in rotation.

Should the recommendations of the Committee be all carried into effect, the alterations will be alike beneficial and important. The existence of the ring-worm in such an aggravated form as to have interfered with the education of the children for years, is a disgrace to the medical character of the charity, but it is an evil that might have been anticipated from the manner in which the medical officers of the establishment have been elected. Who is Dr. HUE, that he should be deemed qualified to superintend the medical management of twelve hundred children? Why, he already holds the office of physician in St. Bartholomew's Hospital, where he is also lecturer on the practice of medi-