

A Taste Of French Medicine

RICK GRAVROCK



We learned on the spot how to operate the primitive transfusion instrument.

By Henry Blackburn, M.D.

In the quiet Paris suburb of Neuilly is a small private hospital nestled among bourgeois apartments and plane tree-lined boulevards. The American Hospital was chartered by the U.S. Congress in 1914 to serve Americans attracted over the generations to Paris, that femme fatale.

For decades, the American Hospital recruited interns from America, and among medical students of Tulane, going there was a tradition passed down among Francophiles smitten by the exotic culture of New Orleans. So it was that just after World War II, I left for France by boat.

Arriving in Paris, I was met by fellow Tullanian Albert Sullivan, now Associate Dean at Minnesota, who introduced me to the city with rare artistry. First, we crossed the square to a sidewalk café for a glass of wine, then we plunged into the Paris Métro, exiting at intervals before stunning vistas; each was rendered more dramatic by our emergence from the dark subway into a bright fall sky. Every day Paris brought new delights—and many cultural faux pas.

My first error was committed at the completion of an entry workup on a very ill man with complications from biliary surgery. Tired and uncomfortable by the time I had finished my tedious examination, he asked, "Is that all, doctor?" When I responded in my best French, "*Oui, je suis fini*," the miserable patient doubled up in spasms of laughter, his wife claiming this his first merriment in months. "*Je suis fini*" were, by scriptural accounts, the last words of Christ on the cross, and it means, in effect, "I am done for." "*J'ai fini*," my patient quickly added, is what I had meant to say.

I also learned firsthand about the French detestation for drafts when late one night I was summoned to be anesthetist for a delivery. Thrust into my hands was a large metal bulb on the side of which was written in German: $\frac{1}{2}$ ether, $\frac{1}{2}$ chloroform, $\frac{1}{2}$ ethyl chloride. It was called *Schleicht*

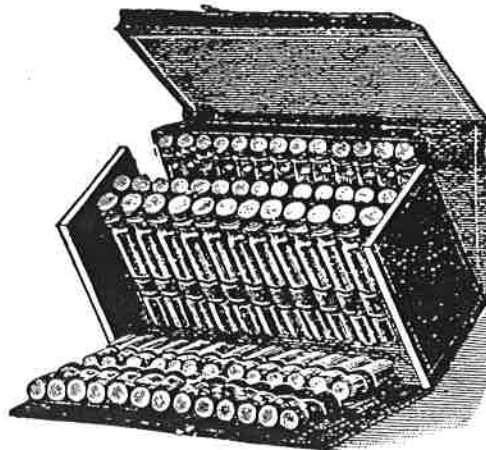
and it was administered in a closed system, an effective but hardly optimal anesthetic for labor. In the midst of the delivery, with the baby's head actually crowning, the distinguished elderly French obstetrician held up a gloved hand to impede progress and hissed accusingly, "There is a draft in here." That such a passion could arrest the course of a delivery was unnerving, but it certainly broadened my insights into the traditions of French medicine.

Returning late one night to the hospital, I was called to a major emergency, a patient with a severed popliteal artery and much blood loss. The technician did the typing and cross-matching, but on reporting the results, she gave us the incredible news that the hospital had no blood bank and that there was no ready source of blood available in Paris at night.

As we prepared for surgery, the technician brought out an apparatus appearing to come from a medieval museum. She also had in tow a character out of *Pantagruel*, an immense, wine-soaked maintenance man from the boiler room, whom she introduced as the hospital's type-O negative "universal donor." His purple hulk was soon gowned and masked and seated next to the patient while we learned, on the spot, how to operate the crude transfusion instrument. With one huge needle in the donor's arm, another in the recipient's, we turned the handle halfway counterclockwise to load the container, and halfway clockwise to deliver blood in measured 20 mL amounts. The very next day, with a consultant hematologist, we interns set up a primitive citrated blood bank.

Firsthand experience with other foreign practices was enlightening. There is something to be said for administering medications using rectal suppositories or proctoclysis in debilitated patients. But one common practice was undeniably questionable. I learned about it on a winter night's call to the emergency room where an elderly man was in great respiratory distress with pneumonitis. Removing his sweaty garments, I observed in amazement large, perfectly circular hematomas widely distributed over his back and shoulders, with tic-tac-toe-like lacerations through each mysterious circle. When the night nurse arrived she was vastly amused at my first experience of cupping, with scarification, a standard French practice of "counter-irritant" therapy.

It was not the last surprise that the strange and wonderful French culture held for me. At the hospital's Christmas party, complete with champagne, two of the "grand patron" consultants swirled tiny golden spoons, attached to their watch chains, through the bubbly. It was a studied, graceful maneuver; an old and dear tradition. But it effectively removed the tiny bubbles that Messieurs Mumm and Piper-Heidsieck had spent so many years carefully nurturing in their champagnes. ●



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