AMBROISE PARÉ’S BROKEN LEFT LEG IN 1555

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Abstract: The scene occurs in 1555: when Ambroise Paré (1510-1590), the famous French surgeon of the Renaissance, crossed in boat a river to go to visit with a horse a patient in the surroundings of Paris, his horse gave him “such a kick” that the two bones of his left leg were entirely broken, a few centimeters over the foot… The description of this accident and its consequences was written by Ambroise Paré himself and can be read in a text named History of the author having a broken leg that we can find in his Surgical Works.

We will recall in this paper this accident and its consequences, which lasted several months. Beyond its biographical and anecdotic interest, this observation informs us about various aspects of the surgical practice of this time. It illustrates also Georges Canguilhem’s reflection: “The doctor have to know that he is a potential patient and he is not better assured than his patients to succeed, if necessary, to substitute its knowledge for its anguish”

Key words: Ambroise Paré, 1555.
We will recall in this paper this accident and its consequences, which lasted several months:

After his leg was broken, his first thinking was to be afraid to have his leg cut off and he began to pray... Ambroise Paré tells us that when he fell on the ground, "the fractured bone through flesh, the trousers, and even the boot", then he felt "such a pain it is possible for man to endure."

After being rescued by his friends, he was transported to a nearby house with a lot of pain because, he says, "one brought the body, the other leg, the other foot and walking one rose on the left and the other bent on the right."

**First medical care**

While sweating profusely, a plaster was applied over the injury from the available ingredients: egg white, wheat flour, furnace soot, all mixed with fresh butter melted.

He asked his friend Richard Hubert reduce the fracture "and forget the friendship he bore him, pulling hard on his foot and digging in the wound with a razor" to recover more easily bones in their normal position.

Splints were then implemented his leg resting on a cushion "as you see in this figure":

![Figure of a leg in a splint](Copyright BIUM)
Medical treatment
After being transported home, he was treated as follows:
− bleeding in the left basilica vein
− applying ointment (*Onguent rosat*)
− light diet with prunes and bread, with water;
− few mild purgatives as cassia or rhubarb, and suppositories or soap "to stimulate my abdomen."

The evolution was complicated by two problems:
− muscle cramp, so violent that the bones moved and had to be again pull to replace the leg in the good way… while he said feeling "more pain than first time"
− fever on the 11th day, which lasted a week, with the appearance of an abscess on which a patch was applied to help evacuate.

Prevention of bedsores
The main Ambroise Paré’s thinking was to avoid pressure sores, especially in the sacrum and heel “because in these places there is little flesh.”

Techniques used for the prevention of bedsores:
− regular elevation of the heel or lift from the bed by pulling on a rope attached to the foot of his bed, to “give breath to support zones”;
− use of a pillow under the buttocks and also under the heel;
− application of plasters, ointment or cooked alum to "take out the bone fragments separated" and promote "the generation of callus"

Ambroise Pare’s invention of a notched splint
Pare noted that he invented, after his own experience, “cassole de fer blanc”, or splint, notched heel so that it does not touch the bed.

Epilogue
Let Paré concluded himself that episode: "I waited over three months that the callus is done. During this time, I lay in my bed, which is not agreeable to a sad sick. It took another month to put my feet on the ground without my cane... My good
leg was helping the injured leg, as does a sister’s hand or a friend’s arm, helping to lift, turning in one direction or the other... .

**Conclusion**

Beyond its biographical and anecdotic interest, this observation informs us about various aspects of the surgical practice of this time.

It illustrates also Georges Canguilhem’s reflection: “The doctor have to know that he is a potential patient and he is not better assured than his patients to succeed, if necessary, to substitute its knowledge for its anguish”.

**References**
