IN MEMORIAM

LOUIS TAVERNIER
1877-1951

The death of Louis Tavernier has robbed France of a distinguished son who dedicated his life to the advancement of orthopaedics. He was remarkable alike for his capacity for hard work, for his wide range of interests and the receptiveness of his mind, for the originality of his ideas and his creative power; for his ability, the fruit of sound education and cultivated taste, to express himself in writing with perfect clarity in the many valuable contributions which are a permanent memorial to a man of sound judgment and transparent honesty.

Before the first world war Tavernier carried out pioneer experimental work on certain types of grafting, in particular grafting of the ureters, arteries and the kidney. At that time, however, the technical limitations of suture and the absence of chemotherapy prevented him from transferring the results of this work to Man, except in a few cases of porto-caval
anastomosis which did not turn out well. The outbreak of war gave him the opportunity to turn his attention to the surgery of bone. First in Italy, then in Champagne, he studied every type of wound to determine the conditions under which it was permissible to carry out primary or early secondary suture. In 1915-16, at a time when suppurative arthritis was often fatal in spite of arthrotpotomy, followed too often by resection of the joint and lastly by amputation, he was one of the first to point out the necessity for selecting the appropriate primary treatment so as to abolish the need for life-saving operations as a last resort. He also studied the pathology of brain abscess with particular reference to its effect on the ventricular system, and the conclusions he reached still hold good thirty-five years later.

After the war he made up his mind to devote himself entirely to orthopaedics. In order to achieve his aim he took the unprecedented step of resigning his position as head of a surgical service in order to become assistant to P. Nové-Josserand. From this happy partnership came the first major French contribution to the surgery of bone tumours. Later, both with Nové-Josserand and independently, he studied the late results of treatment of congenital dislocation of the hip; and two of his pupils, Pierre Truchet and Albert Trillat, inspired by their master, made a detailed analysis of the results of certain operations used in the treatment of this condition, namely, subtrochanteric osteotomy, the shelf operation, and open reduction with which remodelling of the acetabulum was often combined. At about the same time Tavernier devised a simple method of reduction and fixation by grafting for fractures of the neck of the femur. He published an account of his own technique for the removal of damaged semilunar cartilages; he showed too a lively interest in recurrent dislocation of the shoulder and of the patella. At a time when the conservative treatment of joint tuberculosis was the commonly accepted practice in France he demonstrated and defended the merits of early arthrodensis for tuberculosis of the knee. He pointed out that central abscess of bone was a not infrequent sequel of osteomyelitis of childhood and of bone infection resulting from war wounds. Tavernier also described a painful apophysitis of the spine in some ways analogous to the epicondylar lesion of tennis elbow.

This summary of his work, though far from complete, is perhaps sufficient to give some indication of the fertility of Tavernier's labours between the two wars. The disaster of 1940 and the German occupation affected him profoundly. He sought refuge in his work and turned his mind to the awkward problem of the treatment of osteoarthritis of the hip. As is well known he was particularly concerned with endeavouring to relieve the condition by denervation of the joint. He found that anterior denervation, by section of the obturator nerve or of its sensory branches, gave poor results. He then concentrated on the posterior approach and found that resection of the nerve to quadratus femoris gave consistently better results. However, he was still far from content, and having reached the conclusion that the aim must be nothing less than total denervation he abandoned nerve section in favour of complete capsulectomy. Thus, after much hard work, he was convinced by the cold facts that much of his earlier reasoning had been misdirected and he was not afraid to say so. It was characteristic of Tavernier that he was as ready to admit defeat as to claim what, at first, had every appearance of being success.

This episode, late in his career, is some indication of the character of this great surgeon. Those who knew him well will always recall to mind a man of immense vitality who aroused enthusiasm in everyone he met. Tavernier was a great chef de service, never brushing aside a difficult question or an awkward critic; always more severe with himself than with others, he carried conviction by the sincerity and depth of his reasoning. When stricken at last by a progressive paralysis that confined him to his bed for the last eight months of his life his spiritual strength enabled him to conceal much of his suffering from those about him. In Louis Tavernier the venerable Société de Chirurgie de Lyon has lost the quickening influence of its greatest elder statesman; and France has lost an incomparable teacher, a beloved surgeon, and a great gentleman.

A. T.