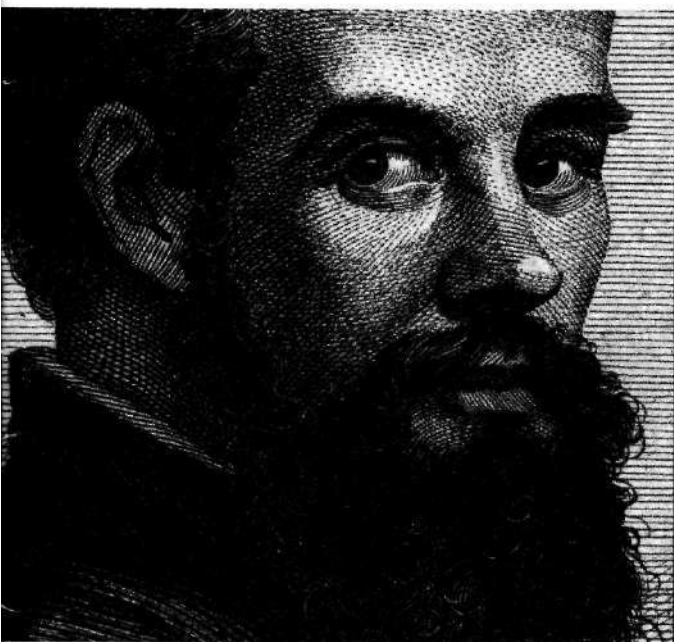




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Editorial

It was as a medical student in wartime London that I was persuaded into my first job as editor on the *King's College Hospital Gazette*. An inducement was the secluded privacy of the Gazette Office on the top floor of the hospital. This also gave an excellent view of the Blitz, which was not in itself always conducive to peace of mind in that elevated situation.

Many of us were given student house officer appointments. These were not, as at present, in the pre-registration year following qualification, but very much a student post *before qualification*. Later, if you were fortunate, you became a qualified houseman, as 'a proper doctor', whilst awaiting being called up as a medical officer to one of His Majesty's Armed Services. These jobs could either be at the parent hospital or a satellite at the periphery, on the outskirts of Greater London, to which the patients were regularly evacuated.

It was not all grimness and gloom in war torn London. Strange things happen to brighten the lives of students. It was thus that I first became acquainted with the name of Robert Bentley Todd (1809-1860) BA MD FRCP FRS, described by M. Lawson Crosfill in this issue of *Vesaiius*, whose statue stands outside the hospital, facing Denmark Hill. It was opposite a public house called *The Fox Under the Hill*, which became known to us as *The Fox Very Much Under the Hill* after it was bombed.

Professor Bentley Todd was brought to my editorial attention because someone had cemented a chamber pot on his head. This was regarded by the Dean as an act of desecration, but the identity of the culprit, undoubtedly a medical student, was never discovered.

King's men have frequently claimed that Todd provided the eponym for a 'hot toddy', a popular remedy of whisky and hot water taken last thing at night and recommended for warding off a 'chill'. This attribution was given credence by a passing reference in Willoughby Lyle's *King's and some King's men* (1), remarking that 'it is possible that there is some particular significance in the term "toddy"!'. Lyle regarded Bentley Todd as 'the greatest clinical neurologist Britain produced until the time of Hughlings Jackson (1885-1911)'. He was also the man mainly responsible for the founding of the hospital in 1839.

The association of a frivolous therapeutic nightcap with the name of a medical hero, revered by a statue raised in a place of honour in his own hospital, seemed an impertinence to the young student looking up at it; though perhaps not as impertinent as the chamber pot. But Crosfill's revelations confirm that it may well have found a place in his alcoholic pharmacopoeia.

Reflecting on these boyhood reminiscences prompted a further brief look into the association. *The Shorter OED* (2) gives an etymological origin (1609) for the word 'toddy' from the similar pronunciation of the Hindustani word *tarfor* a palm tree, of which the fermented sap is made into an intoxicating liquor. The authoritative Jonathan Pereira says that fermentation of Palm Sugar yields Toddy. (3) (He adds that distillation of palm wine produces an ardent spirit called Arrack.)

Its use in English as 'a beverage composed of whisky or other spirituous liquor with hot water and sugar' did not appear until 1786. (2) This was certainly a popular home remedy in twentieth century Britain. All of these etymological sources for 'toddy' pre-date the professor's medical practice. Was he familiar with them?

The mystery deepens when the French Pharmacopoeia of 1965 (4) describes Todd's Potion, *Potion dite de Todd*, or *Potion alcoolisee au Rhum* consisting of Rum 50 g, cinammon tincture 5 g, syrup 40 g, water to 150 ml ? Was this the genuine prescription of Robert Bentley Todd ?

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John Cule
Editor

Ibn Al Jazzar and the Kairouan medical school of the tenth century AD

S. Ammar

Summary

This brief account of the Tunisian physician Ibn Al Jazzar heralds the Congress of the International Society for the History of Medicine to be held in his native country in September 1998. His life work reveals him as a pioneer in distinguishing the arts of medicine and pharmacy.

Résumé

Cette brève contribution sur le médecin tunisien ibn Al Jazzar introduit le congrès de la Société Internationale d'Histoire de la Médecine qui se tiendra dans son pays d'origine en septembre 1998. Son oeuvre en a fait un des principaux pionniers de l'art de guérir et de la pharmacie.

Abu Jaafar Ahmad Ibn Al Jazzar (898 AD) led an exemplary life. He studied the Koran, theology, grammar and literature at an early age and received his first instruction in medicine from his father Ibrahim, an oculist and from his uncle Abu-Bakr, a renowned Kairouan doctor. His principal master was Isaac Ibn Suleiman Al Israili, under whom he studied Greek and Arab works such as those of Dioscorides and Galen, Aristotle, Hippocrates, Sapor Ibn Sahl, Al Kindi, Ibn Massawayh, and Ibn Omrane.

Of a calm and reserved temperament, Ibn Al Jazzar refused lucrative official positions at court, preferring to give consultations without charge to the poor. He professed and practised in the prestigious scientific institution 'Beit El Hikma' or house of wisdom, built in the reign of Caliph El Moez (953-975). The historian Ibn Abi Oussaibia records that his prescriptions, dispensed by himself as therapist and pharmacist, were then supplied by his assistant Rachiq, working from a purpose-built pharmacy

in the hall of his master's house. His book, *Kitab EkFouqara*, (Medicine for the poor) emphasised the most efficient and cheapest therapies.

He exemplified the distinct roles of the physician and pharmacist in his own practice. He published at least forty three works, pamphlets and epistles, principally in the fields of medicine and pharmacy.

Reputed for the rigour of his teaching and his skill in therapeutics, Ibn Al Jazzar's best known work was the practically named *Zad El Mousa firwa QaoutElHakhir* (Provision for the traveller and the day's subsistence). It was later translated by Constantinus Africanus, without naming the author, under the title *Viaticum* and was destined to play an important role in the medical renaissance of Europe. Translated into Greek, it is quoted amongst the first four Arab works in a Western language, and as such was taught in the European medical faculties at least until the 17th century.

Zad El Mousafir opens with the classification of diseases, and their names in Persian, Greek and Syriac together with their popular synonyms

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Ahmed Ibn Al Jazzar a Kairouan (An allegorical composition made by Dr Sleim Ammar from a postage stamp of AH Bellagha)

followed by their etiology. A brief physiology precedes symptomatology and treatment, minor surgery and finally the use of minerals (salts, copper, arsenic and mercury). His work covers illnesses of the head and neck, lung and stomach and other viscera, the liver and kidneys, the genital organs and skin; viz. vascular cephalgia, epilepsy, migraine, hemiplegia, mental confusion, comas, acute delirium, amnesia, insomnia and its treatment, narcolepsy and paralysis agitans. A chapter is devoted to love-sickness. The various skin complaints include hair-loss, leprosy, eczema, ulcers and abscesses.

The second great medico-pharmaceutical treatise by Ibn Al Jazzar is known as // *itimad fi AlAdouia al Mofrada* (Basic treatise on simple medicines) and ranks as one of the most important since the *De materia medica* of Dioscorides. The *Itimad* records 280 simple medicaments with their therapeutic properties, their faking and possible substitutions. Ibn Al Jazzar describes more than thirty pharmaceutical formulas, some of which are still in use today.

Siassat Essibyane wa tadbiruhum (Infant and child care and the education of children) is the first complete work on paediatrics and child care. This treatise was re-published in 1968 by the Tunisian Publishing House.

Other well known works by Ibn Al Jazzar are found in the manuscripts of a Treatise on stomach disease'; 'Of simple medicines' ; 'Ailments of the elderly' ; 'Of medicine for the poor'; ' Epistle on urines', 'The substitution of medicaments' ; 'On perfumes' and 'Diseases with identical causes and different symptoms'. Other interesting works attributed to Ibn Al Jazzar have unfortunately been lost; notably, 'Of the danger of bleeding unnecessarily'; 'On sleep and sleeplessness', and 'On tubercular leprosy, its causes and its treatment'.

Ibn Al Jazzar produced a considerable volume of work, remarkable for its quality. His



importance lies in his concern to classify and differentiate between medical specialties such as infant and child care, epidemiology, gastroenterology, geriatrics, hygiene and therapeutics, whilst his broad knowledge of pharmacy marks its recognition and becomes a turning point in its history.

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Medical Declarations on Temperance

M. L. Crosfill

Summary

As early as 1736, the Royal College of Physicians submitted to Parliament a representation concerning the excessive consumption of spirituous liquors. No further authoritative statement was made for nearly a century, by which time the first Temperance and Total Abstinence societies had been formed. Many medical men were happy to support the call for moderation and a number of societies issued declarations signed by local practitioners; however, fear of losing patients meant that few doctors supported total abstinence. In addition, alcohol was widely used as a therapeutic agent. In spite of this, declarations were issued in 1839 and in 1847 which were essentially "teetotal" in tone. Most of the declarations were reported only in the temperance journals. That of 1871 was entirely different; it was circulated to every doctor on the medical register and publicised in full in all the national newspapers. It was signed by the Presidents of the Royal Colleges and by 233 others; it condemns the "inconsiderate prescription" of alcohol and questions its value as a food or as a medicine. The therapeutic arguments and the impact of the volte face of the medical establishment in supporting the declaration are examined, as is the reaction of the lay press.

Résumé

Dès 1736, le Collège royal des Médecins a présenté au Parlement un rapport au sujet de la consommation extrême des spiritueux. Durant un siècle, il n'y avait plus eu d'exposé de cette nature faisant autorité; dans l'intervalle, les sociétés de tempérance et d'abstinence totale se sont organisées. Les médecins furent contents de seconder l'appel à la modération et quelques sociétés ont publié des déclarations signées par des médecins de quartier; cependant, la crainte de perdre des clients provoqua un manque d'appui pour l'abstinence complète. En plus, l'alcool était partout utilisé comme agent thérapeutique. Malgré cela, des déclarations sortirent en 1839 et en 1847, elles furent rédigées en des termes qui pouvaient encourager l'approbation des indépendants. La majorité des déclarations ne furent annoncées que dans les journaux de tempérance. Celle de 1871 fut totalement différente. On l'a envoyée à chaque médecin repris sur les registres des médecins et on en fit une publication complète dans tous les journaux nationaux. La déclaration fut signée par les Présidents des Collèges royaux et par 233 autres. La déclaration condamne "la prescription inconsidérée d'alcool" et remet en question sa valeur en tant que nourriture ou médicament. Les arguments thérapeutiques et le choc du volte-face de l'établissement médical à l'appui de la déclaration sont examinés avec le contre-coup de la presse du jour.

What would appear to be the first formal authoritative pronouncement by the medical profession on the subject of alcohol abuse was made in 1725. It took the form of a 'humble representation' by the College of Physicians in

London and was addressed to the 'Honbl the House of Commons.' It was entrusted to Dr John Freind, Member of Parliament for Launceston but its subsequent fate is unknown. The document read as follows :

"... we have with concern observed, for some years past, the fatal effects of the frequent use of several sorts of distilled

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spirituous liquors upon great numbers of both sexes, rendering them diseased, not fit for business, poor, a burthen to themselves and neighbours and too often the cause of weak, feeble and distempered children, who must be, instead of an advantage and strength, a charge to their country..." (1).

The College's declaration was issued as the 'gin craze' was reaching a climax. Four years later, in 1729 (2), an Act introduced the licensing of retailers and prohibited street trading. It was soon repealed but a series of subsequent enactments and rises in excise duty, although highly unpopular, was accompanied by a threefold drop in per capita consumption; by 1800, however, the peak figures of the early part of the century had again been matched and, thirty years later, well exceeded (3).

1830 is the year in which the English temperance movement began; members of temperance societies pledged themselves to abjure spirits, to avoid public houses (except on business!) and to be modest in their consumption of beer and wine - unless, of course, contrary medical advice was given. Such a moderate and sensible pledge seemed tailored to suit moderate and sensible people and the founder members of these societies typically included professionals such as clergymen and doctors. There were, for example, four doctors on the thirty-two strong committee of the Bradford society, the first to be formed in England (4). Medical men were especially in demand because they could give a scientific gloss to the message. Many local societies issued 'Medical Declarations' during the 1830s - fifteen doctors signed in Gloucester (5), nineteen in Derby (6), thirty two in Worcester. The wording of all such statements was similar, so much so that one feels there must have been an agreed formula. Typical is that from Brighton (7) issued in 1832 which read :

"We, the undersigned, do hereby declare our conviction that ardent spirits are not to

be regarded as a nourishing article of diet; that the habitual use of them is a principal cause of disease, poverty and misery, and that the disuse of them, except for medicinal purposes, would powerfully contribute to improve the health and comfort of the community."

Thirty four signed. Doctors appear to have been more than willing to put their names to these documents; that for Worcester (8) was signed by all the medical men in the city. Derby was said to have 23 practitioners; one signed all but the last clause, two refused, two were out of town; nineteen signed (sic !) (6).

The widespread medical support for the anti-spirits movement (support which well predates the temperance societies themselves (9) contrasts starkly with a lack of enthusiasm for the total abstinence ('teetotal') cause. Part of the reason for this was social; teetotallers were outspoken, demonstrative and tainted by association with dissenters, radicals, even chartists (10) - not the sort of company which an aspiring professional would seek; furthermore a doctor who tries radically to alter his patient's life style is not going to thrive in competition with more permissive colleagues. There was, however, another equally important factor and this was the perception of alcohol as a valuable, possibly essential therapeutic agent. It was held to be particularly useful in prolonged debilitating fevers where it acted as a nutritional support; it also possibly had a specific stimulant action on nerve tissue.

The one name most closely associated with alcohol therapy was that of Dr Robert Bentley Todd(1809-1860); a persuasive writer and a brilliant and influential teacher, he confirmed the orthodoxy of the treatment whilst, in his own practice, developing a dosage regime of heroic proportions. In his posthumously published volumes of clinical lectures (11) he instances a nurse whom he treated for septicaemia by giving

her six pints of brandy over the course of a month. Harrison (12) quotes him as giving to a patient six pints in seventy two hours. It is small wonder that teetotal doctors initially, if grudgingly, accorded some value to alcohol as therapy. Even Henry Mudge, who eventually wrote a book on the treatment of disease without alcohol, at first accepted the orthodox opinion (13). A teetotal declaration, therefore, had to be carefully worded. What is described in the teetotal press as the 'First Medical Declaration' was drawn up by Dr Julius Jefferies "inventor of the respirator" in 1839 (14). The declaration explicitly denied that the habitual use of any alcoholic drink was beneficial to health, and averred that it was not "necessary for those subjected to physical labour. Large quantities do sooner or later prove injurious to the human constitution, without any exception". It stopped short, however, of total prohibition. Some prestigious names are included among its seventy eight signatories but although reprinted many times in various temperance publications, it does not seem to have been publicised either in the national press or in the mainstream medical journals.

An altogether more ambitious effort was made by John Dunlop, a pioneer temperance worker. He very soon saw the need to 'convert the doctors' and the process of amassing signatures is recorded in his diary (15) where his wry sense of humour is given full reign :

"Many a scold the medical applicants received ... (the doctor's) idea was that a doctor's duty lay in healing his own patient but not in assisting in measures to lessen the number of theses generally I Let us hope that the amount of such homicides is small... apart from such considerations, a sober community would pay their bills better than is done at present."

Early in 1847 he writes
"... much harassed by temperance men from all quarters on the publication of the medical declaration ... this is one desired object but not in the present tumultuous state of phy-

siological opinion on alcohol and when only a mere fraction of the medical world have acquiesced, immense numbers refusing to sign."

This 'tumultuous state of physiological opinion' was occasioned by Leibig's view, published in 1843, that alcohol, being totally assimilated (i.e. metabolised) in the body, protected the tissues from destructive oxydation. Further evidence suggested that it had a particular affinity for nervous tissue (16), both findings providing scientific support for Todd's clinical practice. The development of alternative views of the mode of action of alcohol has been reviewed by Warner (17) who, however, points out that clinicians were more prone to adapt physiological findings to their clinical beliefs than to adjust their clinical practice in the light of physiological advances.

The Dunlop declaration had a long gestation. A version was presented to the World Temperance Convention in 1846 but was modified in order to attract more support and finally issued in April 1847 with 1,000 signatures, a figure that was eventually doubled. The wording was carefully chosen to avoid committing any of the signatories to a particular course of action whilst at the same time emphasising the dangers of all forms of alcohol.

We, the undersigned are of the opinion

- 1) that a large portion of human misery, including poverty, disease and crime is induced by the use of alcoholic or fermented liquors or beverages.
- 2) that the most perfect health is compatible with total abstinence from all such intoxicating beverages, whether in the form of ardent spirits or as wine, beer, ale, porter, cider etc.
- 3) that persons accustomed to such drinks may, with perfect safety, discontinue them entirely, either at once or gradually after a short time.
- 4) that the total and universal abstinence from alcoholic liquors and beverages of all sorts

would greatly contribute to the health and prosperity, the morality and happiness of the human race.

Once again there was little mention in the medical press, although (Sir) John Forbes who had been instrumental in obtaining the signatures of Sir James Clark and a reluctant Sir Benjamin Brodie referred to it in a article (described by Dunlop as a splendid 'blow-out') (18) in his *British and Foreign Medical Review*(19). This is a restrained and critical assesment of temperance arguments. The writer is clearly sympathetic and there is more reliance on anecdotal evidence than would be acceptable today, but the physiological and therapeutic aspects are fully set out in what is a useful and comprehensive review. As it happens Dunlop issued the declaration with some diffidence, noting in his diary :

"The certificate is little known out of temperance circles and is generally despised there (when known) since the doctors still drink. On the whole, the stroke of the movement is to get 7,000 more names on the certificate - this would settle and compose the medical world into solidity."

Despite this comment, some attempt was made to advertise nationally and Dunlop notes "The daily London press begins to speak more favourably ... a favourable sidewind from the slaygood *Times*."

These declarations, if they did nothing else, helped to create an identifiable medical temperance lobby. In the decade following Todd's death in 1860 (with, if not from, hepatic cirrhosis (20)) the debate on the merits and demerits of alcohol as therapy was carried on, perhaps with less passion, in the columns of the medical press. Lallemand's view (21) that alcohol was not metabolised in the body but excreted unchanged, was accepted with enthusiasm by the movement as destroying the whole rationale of the treatment. Chambers referred to the

French work in describing alcohol as a drug whose... "primary action is anaesthetic, causing a diminution of vitality of the nervous system" - a statement which was the subject of a editorial in the *British Medical Journal* (22). In 1862 John Higginbottom produced for the 30th Annual Meeting of the British Medical Association in Exeter a review of forty years experience of the non-alcoholic treatment of disease (23) whilst in 1868 Dr Gairdner, speaking at the same meeting in Oxford, explicitly condemned the excesses of Todd although accepting that alcohol, in smaller doses did have some value (24).

By the end of the decade it was clear that there was a need for a dispassionate and reasoned debate on the subject both of alcohol as therapy and of alcohol in the diet. Such a call was made by Eastwood (25) and was echoed by Ernest Hart, himself a sympathiser, in an editorial. The original intention was to set up a conference of "medical men, including those of the highest class ... with a view to giving the subject a more thorough discussion than it has yet had." (26) The editorial referred not unfavourably to an article by a Dr Mc Murtry "On the Duties of Medical Men in relation to the Temperance Movement" which had been published in the *Medical Temperance Journal* (27). Hart was then contacted by Mr Rae, secretary of the National Temperance League, presumably with a view to organising such a discussion.

The call for a debate resulted in a series of temperance breakfasts, hosted by the League and held during the annual meetings of the B.M.A. - a series which lasted 40 years and may well have turned what appeared originally to be the views of fanatical extremists into a proper subject for enquiry. A second outcome was yet another declaration.

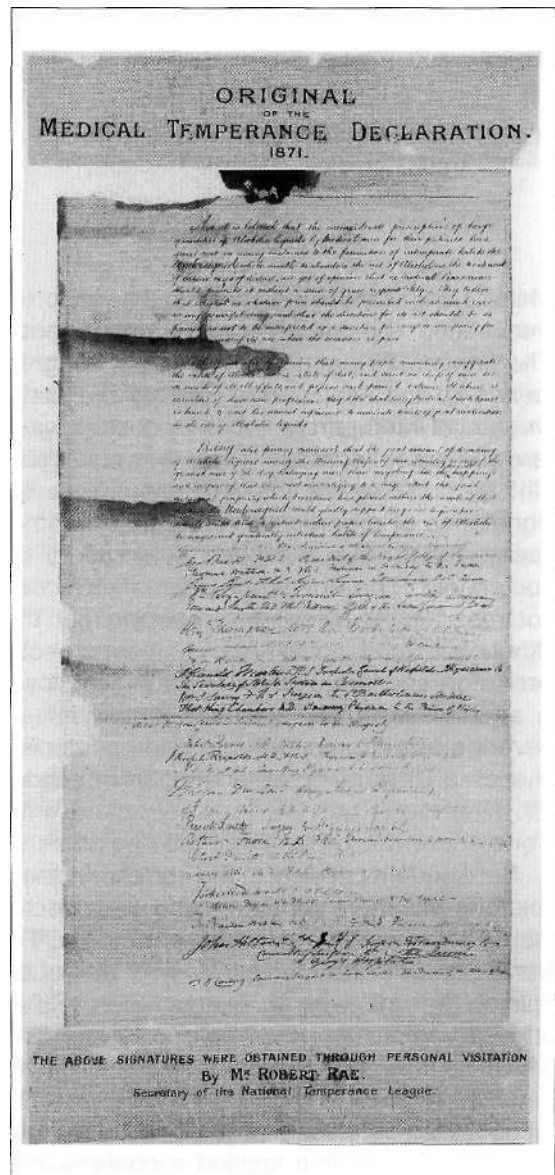
The 1871 Medical Declaration concerning Alcohol was a remarkable document. It is best quoted in full:

"As it is believed that the inconsiderate prescription of large quantities of alcoholic liquors by medical men for their patients has given rise, in many instances, to the formation of intemperate habits, the undersigned, while unable to abandon the use of alcohol in the treatment of certain cases of disease, are yet of the opinion that no medical practitioner should prescribe it without a sense of grave responsibility. They believe that alcohol, in whatever form, should be prescribed with as much care as any powerful drug, and that the directions for its use should be so framed as not to be interpreted as a sanction for excess, or necessarily for the continuance of its use when the occasion is past.

They are also of the opinion that many people immensely exaggerate the value of alcohol as an article of diet, and since no class of men see so much of its ill effects, and possess such power to restrain its abuse, as members of their own profession, they hold that every medical practitioner is bound to exert his utmost influence to inculcate habits of great moderation in the use of alcoholic liquors.

Being also firmly convinced that the great amount of drinking of alcoholic liquors among the working classes of this country is one of the greatest evils of the day, destroying (more than anything else) the health, happiness and welfare of those classes, and neutralising, to a large extent, the great industrial prosperity which Providence has placed within the reach of this nation, the undersigned would gladly support any wise legislation which would tend to restrict, within proper limits, the use of alcoholic beverages, and gradually introduce habits of temperance.

278 signatures were appended and it is clear that here were the great and the good of the profession. The Presidents of both Royal



Colleges and the President of the General Council of Medical Education headed the list which included 39 Fellows of the Royal Society, 67 physicians and 52 surgeons from major London hospitals (including not a few from Todd's old hospital, King's College), 66 provincial hospital physicians and others with senior positions in the Army or at Court.

Elaborate measures were taken to ensure maximum publicity; the Declaration was printed in the leading medical journals and in the daily newspapers. A copy was sent by the National Temperance League to every doctor on the medical register. The immediate reaction in the editorial columns of the medical journals was encouraging. *The British Medical Journal* (28),

whilst taking some of the credit for the idea of the Declaration, repeated its call for a conference. *The Lancet* (29), although generally in agreement with the sentiments, felt that the actual creation of intemperate habits by doctors was a rare and exceptional act. There was also a dark hint of surprise at the omission from the signatories of a particular name that "seemed necessary to give complete authority to the document." *The Edinburgh Journal* (30) could not resist a chauvinist dig, pointing out that although in Scotland "at no time... has alcohol... been more sparingly and considerably employed in all classes of disease than it now is ... it nevertheless appreciates the appropriateness of such a Declaration emanating from London

Subsequent criticism in the correspondence columns was more vehement and was directed mainly at the wording of the first paragraph. The North Staffordshire Medical Society was of the opinion that this was an exaggeration and an undeserved slur upon the whole profession (31), whilst the Islington Medical Society (32) did not admit that there was any ground to the belief that alcohol was carelessly prescribed by medical men; the Declaration implied a confession in which members of the society declined to participate. The society further felt that the profession should act independently of any association holding extreme views. This latter comment was doubtless occasioned by the fact that with the declaration, the National Temperance League, perhaps unwisely, enclosed the more explicitly teetotal Mc Murtry article (27) - described by *The Lancet* as "one of the most insulting and absurd pamphlets we have ever read". A similar line was taken by the *Medical Times and Gazette*(33):

"Dr Mc Murtry's attack on his professional brethren is scarcely worthy of even a passing notice in our columns. Wholesale assertion without proof and universal abuse without deserving are the usual characteristics of writers associated with what is foolishly called

the Temperance Movement."

More comment came from Todd's old pupils; first in the field was Dr F.C.Skey who was sufficiently incensed to spend time at Christmas writing to *The Times* and to the *British Medical Journal* (34) questioning the facts of the declaration. He had not himself witnessed the "many instances of intemperate habits engendered by the medical administration of alcohol" and did not believe them. Dr Francis Anstie, writing to *The Lancet*(35) was prepared to admit that doctors had occasionally done harm to their patients by injudicious prescriptions of alcohol, but not in any appreciable proportion to the total mass of intemperance. He took exception, however, to the suggestion that the dietetic value of alcohol had been immensely exaggerated. This assertion rekindled a lively correspondence on the subject of the physiological and therapeutic effects of alcohol which was reported in some detail (albeit in a partisan fashion) in *The Medical Temperance Journal* (36).

The League's foresight in issuing the declaration to the lay press was rewarded by editorial comment in most of the national papers, much of it favourable. *The Times* (37) whilst welcoming the initiative, felt that the matter was not proven :

"Do medical men recommend it and even prescribe it needlessly or incautiously without regard to proper limits and without taking due care ?... Is the habitual consumption in our households of whatever class in excess of real requirements and therefore injurious ? It is a very large question, or rather a bundle of questions ... it is not likely that we can hope to see (the controversy) settled, for that will not be in this generation."

The editor then enters a plea, echoed by a number of other papers :

"What a boon it would be to the health loving public to have at the hand and seal of these two hundred and fifty doctors a set of rules in



Statue of Dr ft B. Todd at King's College Hospital
Reproduced by kind permission King's Healthcare NHS Trust

regard to food, drink, exercise and such matters... what is the proper allowance of solid food, of port, sherry and beer, of walking exercise ?"

To the reader of 1997, subjected to an avalanche of dietary advice, this request may seem a little naive. In point of fact a number of papers referred to Anstie's view, expounded in a letter to *The Spectator* (38) that the proper daily limit for the social, as opposed to the medical use of alcohol was 1 1/2-2 fl.oz. (measured as absolute alcohol) for men, half as much for women, amounts not markedly different from those proposed today. *The Spectator's* (39) own view was somewhat cynical :

"Of course, after the fight, very little good will be effected. The man or woman who likes alcohol will obtain an opinion that it is, in extreme moderation, beneficial, will interpret

moderation according to his or her ignorance or caprice and will consider himself or herself released from consequences by a half-fraudulent reliance upon a grossly exaggerated version of doubtful scientific advice... there ought to be a consensus on the subject and there is absolutely none..."

The optimism of *The Daily News* (36) makes an interesting contrast:

"The medical men deserve great credit for their warning. Its authority is commanding and, assuming the doctrine to be sound, its influence will, sooner or later, be irresistible... Rational beings are always governed in the main by the rules which they believe are for the prolongation of life and the benefit of health, and the habits of society in the end are always dictated by rational beings ..."

A different aspect was picked upon by the *Saturday Review* (40). Its editorial points to the danger of frequent small drinks (as opposed to the binge drinking allegedly characteristic of the lower classes) and goes on to say :

"If the doctors choose, they can do immense service by dissipating the superstitious exaggeration which prevails as to the value of alcohol as an article of diet, by warning their patients of the insidious fatal advance of the appetite for stimulants if once encouraged, by compelling them to reckon up the extent of their regular potations ..."

Perhaps the most informed and restrained comment comes from the *Pall Mall Gazette*, it combines an accurate report of the Declaration with an awareness of the clinical controversy which occasioned it - exonerating Dr Todd himself by saying that it was his misfortune to found a school of which he did not live to correct the excesses. The article was paid the compliment of a verbatim reprint in the *British Medical Journal* (41).

The 1871 Declaration was the last and,

judging by the reaction, the most effective of the medical pronouncements on alcohol during the nineteenth century. It is tempting but probably fruitless to try to assess its impact. In itself something of a nine days wonder, it was nevertheless one element of a decades long campaign by a well organised and vociferous minority which very probably induced in the doctors an awareness, not only of the problem, but of their responsibilities in relation to that problem.

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Biographical Note

The author is a retired general surgeon with a career-long interest in medical history. His particular interest in the medical aspects of the temperance movement stems from the fact that his grandfather so admired Sir Wilfrid Lawson (a parliamentary campaigner for legislative curbs on the sale of alcohol) that both his son and now his grandson carry middle name of Lawson.

Une approche nouvelle de l'embaumement dans l'ancienne Egypte: les instruments des prêtres-empaumeurs

Fr. Janot

Résumé

Les recherches sur la pratique de l'embaumement dans l'ancienne Egypte ont négligé l'étude des instruments utilisés par les prêtres-empaumeurs. Seules trois caches contenant des rejets d'embaumement ont livré, pour le moment, de tels instruments. Les réserves des musées en possèdent d'autres. Nous avons effectué des répliques en bronze de quelques-uns de ces outils, puis au laboratoire d'anatomie de la faculté de médecine des Saints-Pères, nous les avons expérimentés sur un corps humain.

Summary

A New Studie of Embalment in Ancient Egypt: the Instruments of the Embalmer Priest. Studies on the practice of embalming in ancient Egypt have mostly neglected the instruments used by embalmers to make their activity easier. Only three embalmer's caches contained embalmers' instruments, but some further objets have been found in museum collections. We have created bronze reproductions of these tools which then used on a corpse at the Faculty of Medicine of Paris VII.

Introduction

Dans les deux papyrus connus se rapportant à la momification (Rituel de l'Embaumement (1), Rituel de l'Embaumement de PApis (2)), les instruments utilisés ne sont pas décrits. Il n'est donné aucune indication quant à leur forme. Les actes trop négatifs qu'ils suggèrent, interdisaient peut-être de les nommer ?

Hérodote (3), premier historien de l'embaumement, mentionne uniquement l'utilisation du « fer recourbé », de la « Pierre d'Ethiopie tranchante » et de la « seringue ». Trois instruments, seulement, seraient donc nécessaires afin de supprimer la plus terrible des conséquences de la mort, la putréfaction.

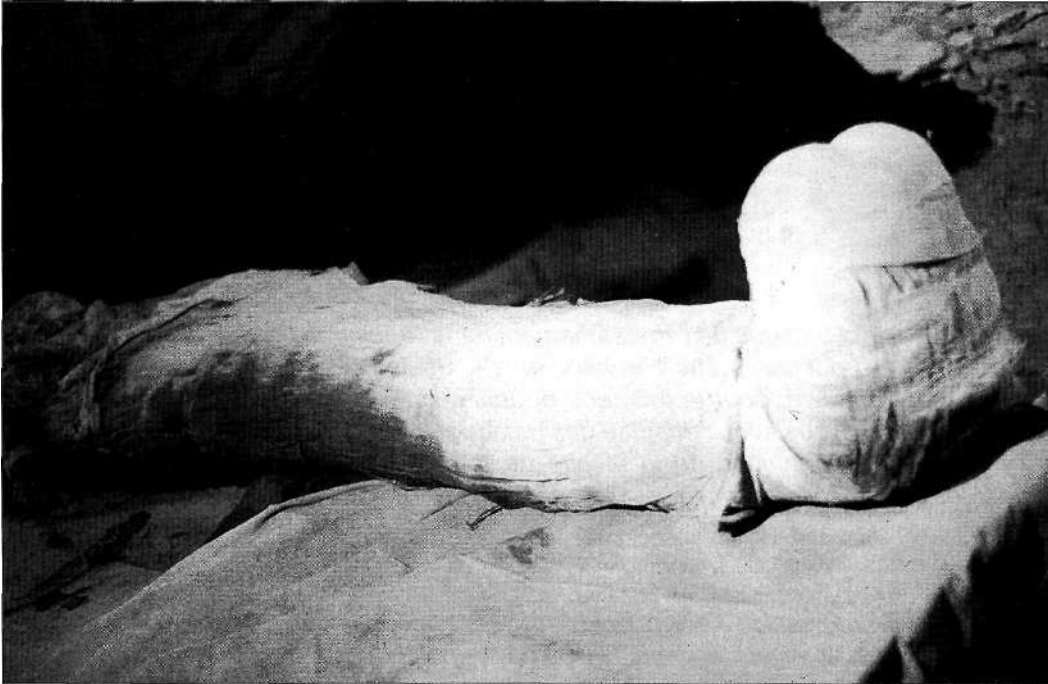
L'élimination des viscères, phase technique de la momification, est le passage obligé avant d'effectuer, sur le cadavre, les interventions conservatoires. Ainsi, au cours du temps, les prêtres empaumeurs, spécialistes de la préparation du corps, par l'accumulation de leurs expériences, n'auraient ni inventé, ni perfectionné des instruments spécifiques, aptes à faciliter leur activité. En fait, les nombreuses études consacrées à ce sujet ont négligé, jusqu'à présent, la voie instrumentale.

Nous allons voir que, pour le moment, nous ne connaissons que très peu de ces objets (4), ce qui paraît surprenant si on veut bien croire, comme A.-P. Leca, que le nombre de corps momifiés jusqu'à l'époque romaine peut être évalué à cinq cent millions (5)(Fig. 1).

Les gestes accomplis par les prêtre-empaumeurs sont essentiels. Ils nous font pénétrer, par l'intermédiaire d'une phase physique, direc-

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Fig. 1. - Momie d'époque romaine.



tement dans le monde omni-présent de la magie et de la superstition, fondements notoires de la mentalité des Égyptiens anciens. La momie est le lien étroit qui rattache l'homme moderne à la pensée des anciens Égyptiens. Elle porte dans et sur son corps, les empreintes de toutes leurs croyances.

La réalisation d'une momie égyptienne était soumise à des séquences opératoires que A.-P. Leca (6) a reconstituées ainsi:

- 1° L'ablation du cerveau.
- 2° L'éviscération.
- 3° Un premier lavage du corps.
- 4° Le traitement des viscères.
- 5° La déshydratation du corps.
- 6° Un second lavage.
- 7° Le comblement du crâne et des cavités.
- 8° Le traitement particulier des ongles, des yeux et des organes génitaux externes.
- 9° Les onctions et le massage du corps après la déshydratation.
- 10° La pose de la plaque de flanc.
- 11° Les ultimes préparatifs avant le bandelettage, le traitement du corps avec de la résine.
- 12° Le bandelettage.

Les instruments présents dans les fouilles et dans les musées

Afin d'entraîner une série de réflexions sur l'embaumement, il paraît important de ne plus négliger les instruments découverts soit dans les fouilles, soit dans les réserves des musées.

Les découvertes archéologiques ne mentionnent, pour les années 1908 à 1995, qu'une trentaine de contextes de rejets d'embaumement humain ou animal. Les rejets ont été jettes dans des véritables jarres " déchets ", scellées hermétiquement par un bouchon d'argile. Ensuite, celles-ci vont être entreposées soit dans des chambres latérales, proches de la chambre funéraire occupée par le défunt, soit dans des caches ou des puits aménagés. À la Basse Époque, un des plus importants dépôts dégagés, au cours des fouilles du temple de Séthi 1er à Gourna, contenait un peu plus de quatre cents de ces récipients (7).

Dans tous les cas, la volonté des embaumeurs et des fonctionnaires, chargés de l'entretien de la nécropole, était de regrouper et de protéger ces sanies. Seuls trois contextes, pour

Fig. 2. - Tenue en main de la réplique du couteau-nécrotome.



le moment, ont livré des instruments ayant appartenu à des prêtres-embaumeurs.

Le caveau inviolé au nom de Ouahibrê, "prophète d'Amon sous la XXXe dynastie ou au début de l'époque ptolémaïque", contenait un instrumentarium abandonné dans des circonstances que les fouilles n'ont malheureusement pas pu préciser (8).

Le contexte de rejets d'embaumement du puits n° 78 de la vallée des Reines (9) a permis de mettre au jour une cuiller de narines, en bois, qui se trouvait prise dans un bloc de bitume ayant conservé la forme d'une jarre à déchets. De la paille, hachée finement, des bandelettes, des tissus, des linges et des morceaux de bois étaient dispersés aux alentours.

A Hermonthis, la fouille de la nécropole des taureaux, dédiés au dieu Buchis, a également livré des instruments (deux clystères, deux écarteurs, une pince à épiler) qui, par leurs dimensions, semblent bien appropriés à une utilisation sur de grands animaux (10). Il s'agit d'un bien maigre résultat. En effet, les archéologues semblent avoir bien trop négligé ces vestiges non

prestigieux, preuve tangible d'une activité et de la pratique des embaumeurs.

La recherche dans les réserves des musées a permis également de mettre en évidence de nouveaux instruments. Ainsi de très nombreuses collections présentent un type appelé «rasoirs ou nécrotome» (11). Ils possèdent tous plusieurs parties actives, variant de deux à quatre. Ce couteau en bronze, décrit par K. Sudhoff (12), peut mesurer entre 12 et 18 cm de longueur et en moyenne 2 cm de largeur. Le tranchant est ménagé sur une courbure de 5 cm. Il se termine en haut comme en bas par une extrémité émoussée. Continué par une partie munie d'une courbure totalement mousse, le couteau se termine par un talon, aminci. En forme de ciseau, il possède une partie active tranchante sur toute son étendue.

Les crochets d'excérébration se retrouvent facilement dans les collections des musées. Il s'agit d'une simple tige en bronze, de section ovale ou carrée, d'un calibre de 0,4 à 0,8 cm. Sa longueur peut varier de 27 à 34 cm. La partie manche de l'instrument peut être de section carrée ou garni de nombreuses aspérités arron-

Fig. 3. - *Instrumentarium répliqué.*



dies. La partie active se termine obligatoirement de deux manières: soit par un crochet à extrémité ouverte soit par un crochet à extrémité enroulée, qui peut varier entre un à trois enroulements.

Dans les collections du musée du Louvre, une cuiller de narines, identique dans sa conception à l'exemplaire mis au jour dans la vallée des Reines, a attiré notre regard (13). Il s'agit d'une cuiller ronde, en bois dur, à cupule semi-circulaire, munie également de deux tubes-verseurs, légèrement obliques de haut en bas. L'anse imite une tige de papyrus repliée se terminant par une ombelle. L'ornementation de la cuiller paraît souligner sa fonction. Cet objet mesure 15 cm de longueur et 6,5 cm de largeur. Les tubes-verseurs mesurent plus de 2 cm. Ainsi, la recherche des instruments, inventoriés ou présentés dans les collections des musées, semble plus profitable.

Répliques et tenue en main de quelques instruments

Aussi afin de vérifier le bien fondé de l'utilité de ces différents instruments, il semble absolument indispensable de procéder à leur réplique.

Pour une première étude, nous nous sommes limités à celle d'un couteau-nécrotome (Fig. 2), d'un crochet d'excérébration, d'une cuiller de narines et d'un écarteur (14). C'est grâce au talent d'un ami A. Neveux, sculpteur, que ces réplique, fidèles aux modèles originaux, ont pu être réalisées.

Les conditions de fabrication de tels instruments semblent, pour le moment, encore mal connues. Le bois ou le métal sont utilisés suivant le modèle de l'instrument à fabriquer.

La conception de chaque partie active a été élaborée grâce à la pratique quotidienne de cette activité. Chaque détail a donc sa propre utilité et n'est pas dû au hasard. Ainsi la ligne de l'écarteur, exemplaire unique connu jusqu'à présent, est parfaite. Mais nous ignorons complètement quelle démarche intellectuelle a permis d'imaginer une forme déjà si simple, mais terriblement efficace.

La tenue en main demeure l'unique méthode d'appréhender précisément la fonction d'un objet, la position des doigts de la main, sur la partie manche, doit se faire d'une manière naturelle, sans aucune contrainte. L'amplitude et la liberté

Fig. 4. - Forme prise par les tissus au moment de l'incision.

d'action de la main, qui travaille, doivent être totales. Une fois saisi, l'instrument nous rapproche de l'embaumeur égyptien ancien, de sa réflexion et de sa manière d'exercer.

Utilisation sur un corps humain

Aussi, la dernière étape, incontournable, est l'utilisation et l'expérimentation sur un corps. C'est au Laboratoire d'Anatomie de la Faculté de Médecine des Saints-Pères de l'Université de Paris VII, le 10 novembre 1994, que deux opérateurs ont pratiqué, sur un corps, un embaumement (15), à l'aide de l'instrumentarium répliqué et constitué d'un couteau-nécrotome, d'un crochet d'excérébration, d'un cuilleron de narines et d'un écarteur (Fig. 3) .

Le sujet adulte, âgé de quarante-neuf ans, était de sexe masculin. Ce corps était frais, décédé de la veille et maintenu en chambre froide, à une température de 4°C.

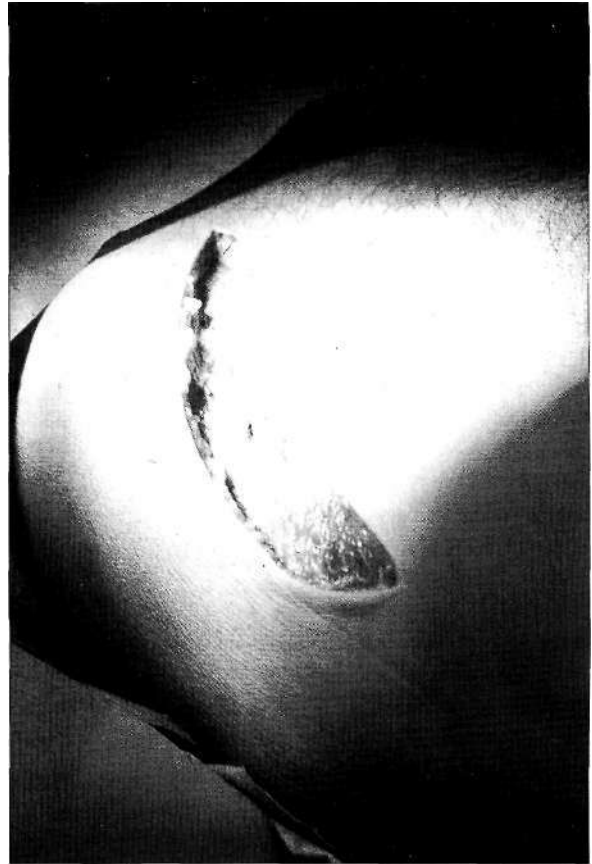
Extraction des organes de la cavité abdominale

Avant de commencer, il a fallu affûter les parties actives du couteau, à l'aide de papier de verre à grains moyens, par simple mouvements d'aller et retour (cinq à six fois de chaque côté).

Muni du couteau, l'opérateur s'est positionné à la gauche du sujet. Le second s'est mis près du flanc droit du sujet, au même niveau que le premier.

La ligne d'incision, oblique de haut en bas et de dehors en dedans, a été réalisée du relief de l'épine iliaque antéro-supérieure au relief de l'extrémité distale de la onzième côte (Fig. 4). Elle mesurait une douzaine de centimètres.

L'incision du fascia transversalis, réalisée avec la partie coupante du couteau-nécrotome, a permis de découvrir l'aponévrose du muscle grand oblique. Les trois muscles de la paroi



antéro-latérale de l'abdomen ont été incisés (muscle grand oblique, muscle petit oblique et muscle transverse de la surface vers la profondeur) en prenant bien soin de ne pas ouvrir le péritoine.

Il aurait été tout à fait possible, en tranchant directement le péritoine, de sortir (16) sans plus attendre les viscères intra-péritonéaux. C'est délibérément qu'une seconde option a été exécutée. Le sac péritonéal a été refoulé sur la ligne médiane pour exposer l'espace rétro-péritonéal. Les plans ont été réclinés avec la partie talon du couteau-nécrotome.

Le second opérateur a introduit l'écarteur, par l'incision, afin d'atténuer la tension de la paroi abdominale qui s'exerçait sur les mains introduites par le premier opérateur. Le décollement des organes rétro-péritonéaux a été prolongé le long de la paroi postérieure de l'abdomen, en franchissant la ligne médiane en avant de l'axe vasculaire aortico-cave, permettant ainsi de libérer les organes rétro-péritonéaux droits et de les amener vers l'incision du flanc gauche .

Le premier opérateur a travaillé, à mains

■ Fig. 5. - Extraction des viscères.



nues, dans la cavité abdominale. Le second a exercé une traction sur la paroi abdominale, à l'aide de l'écarteur. Ainsi, il a été très facile d'accéder rapidement au rein gauche, qui s'étend en hauteur depuis la onzième côte jusqu'à l'apophyse transverse de la troisième vertèbre lombaire (17). Le rein gauche a été extrait, après section des pédicules vasculaires et attaches, à l'aide de la partie tranchante du couteau-nécrotome. La manoeuvre a été identique pour le rein droit.

Lorsque le sac péritonéal a été mobilisé, il a été possible d'ouvrir la cavité péritonéale et d'exposer largement, à l'aide de l'écarteur, l'ensemble des organes intra-péritonéaux. Les portions mobiles du tube digestif ont été amenées dans l'incision et les pédicules vasculaires du mésentère et des mésocolons ont été sectionnés. Pendant ces manoeuvres, le second opérateur a dû modifier la position de l'écarteur, afin de libérer les mains du premier opérateur. Il a fallu exercer une force importante sur l'écarteur et souvent on a dû le tenir à deux mains: une sur le manche, la seconde sur le début de la partie active (Fig. 5).

Le tube digestif a été enlevé en laissant en place le rectum et l'estomac. Le foie, la rate et le pancréas ont été alors mobilisés et la section de

leurs pédicules vasculaires a permis leur excision. Le foie a été extrait par une simple traction. L'aorte abdominale et ses branches ont été dégagées. Cette action difficile a demandé un certain coup de main et une force importante.

Extraction des organes de la cavité thoracique

Pour réaliser cette opération, il a fallu effondrer la coupole diaphragmatique. On a dû d'abord réaffûter les parties actives du couteau-nécrotome. Par un travail en aveugle, mais avec la topographie du lieu en mémoire, le premier opérateur a facilement perforé puis sectionné le centre tendineux du diaphragme, en se dirigeant de la gauche vers la partie médiane puis de la droite vers la partie médiane. La section se termine au niveau du sternum. Dès que le diaphragme a été ouvert, il a été possible d'accéder à l'ensemble de la cavité thoracique. Le péricarde et les plèvres droite et gauche ont été incisés avec le diaphragme. Les poumons gauche et droit ont été extraits par simple traction.

Il ne restait plus qu'à sectionner (18) le pédicule vasculaire (aorte thoracique, veine azygos, veine cave supérieure) et l'oesophage, tout en respectant le coeur. La main travaillante du premier opérateur, toujours placée à la gauche

Fig. 6. - Introduction du crochet d'excérébration dans la fosse nasale gauche.



du corps, a éprouvé des difficultés. Sans changer de position, il aurait été tout à fait possible de sectionner l'ensemble, en réalisant une seconde incision cutanée externe au niveau du sternum. Comme cette opération n'est jamais décrite dans les rapports d'ouverture de momies, l'opérateur a préféré changer de côté: il est venu simplement se placer à la droite du corps, le couteau a alors retrouvé toute son efficacité. Au cours de cette dernière manoeuvre, le coeur a été extrait. Une plus grande expérience de l'opérateur lui aurait sans doute permis de le laisser en place.

Les cavités thoraco-abdominales ont été vidées. La cavité abdominale s'est affaissée. Les deux berges de l'incision se sont rapprochées naturellement. L'écarteur a pu être enlevé. L'incision de flanc a pris la forme du signe hiéroglyphique signifiant incision. Il ne resterait plus qu'à laver et à rincer les différentes cavités pour continuer les différentes étapes de la momification.

Extraction du cerveau

L'opérateur a introduit le fer courbé dans la fosse nasale gauche (Fig. 6). Par une simple pression, les structures ethmoïdales ont été traversées, permettant ainsi l'accès direct dans

la boîte crânienne. Les mouvements de l'instrument sont limités. La dure-mère a été facilement extraite. La matière cérébrale a pu être facilement atteinte grâce au seul fer courbé.

A ce moment de l'intervention, le clystère aurait pu servir à injecter un liquide caustique ou de rinçage dans la boîte crânienne, afin de diluer puis de faciliter l'écoulement de la matière cérébrale.

Vider complètement la cavité crânienne devait requérir un temps de travail important et nécessiter des manipulations corporelles de la tête et du corps.

L'application, contre les fosses nasales, de la réplique du cuilleron de narines a montré sa parfaite connexion avec l'anatomie nasale et prouve donc son utilisation (Fig. 7).

Conclusion

Les répliques et leur tenue en main sont capitales pour comprendre les gestes nécessaires à la momification. En effet, les différentes étapes de fabrication permettent d'entrevoir les problèmes techniques auxquels l'embaumeur était confronté.

L'étape incontournable est l'utilisation sur un

Fig. 7. - Tenue en main et positionnement de la réplique de la cuiller deux narines.



corps. En effet, grâce à cette expérience, nous avons pu identifier, d'une façon indiscutable, l'écarteur et démontrer la similitude entre la forme prise par les tissus, au moment de l'incision, et le hiéroglyphe appelé classiquement, depuis 1898, «glande ou pustule» (19). En effet, l'incision, pratiquée sur le côté gauche de l'individu, prend la forme d'une r3, «bouche ouverte» (20). Il s'agit d'une bouche ouverte dans l'abdomen de l'Apis, exactement identique à celle pratiquée, en biais, dans l'abdomen de l'homme. Désormais, le hiéroglyphe envisagé désigne l'incision proprement dite, que deux doigts commencent à refermer.

À partir de l'époque Saïte (XXVI^e dynastie), il apparut aux prêtres-embaumeurs que l'incision, classiquement fermée par la cire versée chaude puis recouverte d'une simple plaque de cire, de cuivre, de bronze ou d'or - avec ou sans oeil-oudjat; avec ou sans les Quatre fils d'Horus - devait comporter, pour conjurer la blessure qu'ils avaient infligée au corps en passe de devenir un nouvel Osiris, un témoignage de leur action bénéfique restituant par là même l'intégrité du corps par une action magique. Aussi ont-ils déposé sur le flanc gauche, au niveau de l'incision (21), l'amulette dite " deux doigts ", constituée par un index et un majeur accolés.

Le maniement du couteau-nécrotome a ré-

vélé la fonction de ses différentes parties. Sa parfaite tenue en main a permis à l'opérateur d'exercer avec rapidité et efficacité. L'utilisation du couteau-nécrotome et de l'écarteur a montré que deux personnes, au moins, étaient nécessaires.

La longueur du crochet d'excérébration prouve une connaissance exacte de la distance qu'il existe entre l'orifice narinaire et la face interne du crâne. La dimension totale de l'instrument permet une liberté d'amplitude de la main, qu'une tige plus ou moins longue aurait limitée.

Les opérateurs se déplacent autour du corps pendant les différentes phases de l'embaumement.

Afin de faire couler la matière cérébrale, liquéfiée par les narines et pour la remplir de bitume, les embaumeurs manipulaient la tête brutalement. Le corps, lui, est éviscéré sans être déplacé. En revanche, au cours de la phase d'onction et d'application des divers onguents et résines, il fallait retourner plusieurs fois le corps.

Maintenir le coeur à sa place dans la cavité thoracique demandait d'être un professionnel expérimenté. Dans le cas malheureux où il était extrait, il fallait le traiter et le bandeletter, comme

un viscère, avant de le replacer dans le corps. Théologiquement, sa réintroduction est indispensable. Pourtant, il ne semble pas nécessaire de le remettre à la place originelle.

Le mode opératoire que nous avons utilisé, découle d'une réflexion préalable. Nous avons recherché la méthode la moins sanglante et la plus rapide possible. Il devait en être de même pour les embaumeurs.

Toutes les différentes étapes sont bien codifiées. Le nombreux personnel requis devait avoir chacun une ou plusieurs tâches à accomplir. Une course contre la corruption était engagée, il s'agissait, bien évidemment, pour chaque corps, de la gagner.

Beaucoup d'instruments sont encore à rechercher dans les collections des musées. Ils devront être répliqués, puis utilisés.

Ces objets spécialisés étaient-ils élaborés dans l'atelier de l'embaumeur ou bien commandés à des artisans-fondeurs ? Pour le moment, nous sommes toujours à la recherche d'une échoppe d'embaumeur. Une telle découverte permettrait de mieux comprendre comment fonctionnait et s'organisait ce type de structure. Les nécropoles réservées aux animaux momifiés ne nous apportent que peu de renseignements sur la présence d'un endroit lié à ce type d'activité. Ce projet est maintenant inscrit dans le programme que mène l'Institut Français d'Archéologie Orientale du Caire (IFAO) dans les oasis, sites privilégiés car tous les éléments des villes et de leurs nécropoles y sont regroupés dans un espace restreint, se développant dans une certaine autarcie.

L'embaumement, par tous les objets et la sûreté du geste qu'il nécessite, se révèle beaucoup plus raffiné qu'on ne le pensait jusqu'à présent.

Ces actes d'embaumeurs sont une étape

incontournable vers une forme d'immortalité. Après toutes ces épreuves, toi, Osiris-N éternellement

iw.k 'nh.wt Sp-2 iw nhh iw.k rpi Sp-2 iw dt Wsr

" tu ne cesses d'être vivant, bis, pour toujours et à jamais, tu ne cesses de rajeunir, bis, pour toujours et à jamais "(22).

Notes

1. S. SAUNERON, *Le Rituel de l'Embaumement*, Le Caire, 1952; C.N. REEVES, *Fragments of an Embalming-Ritual Papyrus in the Oriental Museum, Dunham, Revue d'Égyptologie*, 36, 1985, p.121-124.
2. R.L. VOS, *The Apis Embalming Ritual P. Vindob. 3873, Orientalia Lovaniensia Analecta* 50, Louvain, 1993.
3. HERODOTE, *Histoire* II, 86, 7-9; Diodore répète les observations dans *Bibliothèque historique* V, 91, 4.
4. Les instruments, en petit nombre, existent pourtant. Une vision trop simpliste présente encore l'instrumentarium de l'embaumeur avec : une pierre éthiopienne (obsidienne), un crochet, du natron dans un pot et une bandelette enroulée, M.J. RAVEN, *Mummies onder Het mes*, p.10, fig.9.
5. A.-P. LECA, *Les momies*, p.39.
6. A.-P. LECA, *Les momies*, p.54.
7. R. STADELMANN und K. MYSLIWIEC, *Der Tempel Sethos' I. in Quarna. Vierter Grabungsbericht, Mitteilungen des Deutschen Archäologischen Instituts Abteilung Cairo* 38, 1982, p.403.
8. M. BIETAK, E. REISER-HASLAUER, *das grab des Anch-Hor II, Österreichische Akademie der Wissenschaften VII*, Vienne, 1982, p.191-193.
9. I. FRANCO, *Rapport d'activité de l'URA 1604 du CNRS (1985/1986)*, p.30 et pl.VI.
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11. J. VANDIER-d'ABBADIE, *Catalogue des objets de toilette égyptiens au musée du Louvre*, Paris, 1972, p. 165, n°744-747.
12. K. SUDHOFF, *Ägyptische Mumienmacher Ins-*

- trumente, *Sudhoffs Archiv fur Geschichte der Medizin und Naturwissenschaft, Wiesbaden VI* 3, 1911, p.161-171.
13. Inv. n°1703.
 14. Nous avons déjà consacré trois articles sur ces répliques : FR. JANOT, M. PEZIN, A. NEVEUX, *L'information Dentaire* 11, 1994, p. 943-952; id *Connaissance des Hommes* 11, 1994, p. 31 -32; id, *Vesalius* 1/1, 1995, p.27-30.
 15. Sur cette expérience, des articles ont été ou sont en cours de publication; Pf. JANOT, *Bulletin de l'Institut Français d'Archéologie Orientale* 96, 1996, p.245-253; Fr. JANOT, O. CUSSENOT, *L'information Dentaire M*, 1996, p. 1313-1316; id., *Surgical Radiology anatomy* (à paraître); Fr. JANOT, *Connaissance des Hommes* 21, 1997, p. 20-22.
 16. Cette opération aisée entraîne une action sanglante très importante. L'embaumeur, en bon professionnel, après de nombreux essais, a lui aussi recherché une solution simple, efficace et la moins sanglante possible.
 17. H. ROUVIERE, *Précis d'anatomie et de dissection*, p. 547.
 18. L'emploi d'une autre technique, très ingénieuse, a été mise en évidence lors de l'ouverture de la momie de Lyon : "... une bande d'étoffe reliée en U, longue d'environ deux mètres. Passée derrière les poumons et le coeur puis rabattue au dessus sur leur face antérieure et ramenée ensuite à l'extérieur par l'ouverture d'éviscération, la tension des deux brides, assurée simultanément, fournit une force d'arrachement efficace", J.-CL. GOYON, *Atti del VI Congresso internazionale di Egittologia* I, p.217.
 19. M. PEZIN, F. JANOT, *Bulletin de l'Institut Français d'Archéologie Orientale* 95, 1995, p.361-365.
 20. R.L. VOS, The Apis Embalming Ritual P. Vindob. 3873, *OLA* 50, 1993, p. 365, n°335; Wb II, 391 g = "Offnung einer Wunde".
 21. Sur une momie, conservée au musée de Liverpool, la radiographie montre une amulette deux doigts en position sur le flanc gauche, P.H.K. G RAY, D. SLOW, *Egyptian Mummies in the City of Liverpool Museums, Liverpool Bulletin* 15, 1968, p.52-53.
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- F. Janot, M. Pezin, A. Neveux, (1994) Réplique de trois instruments de l'Egypte ancienne pour mieux comprendre l'embaumement, *L'Information Dentaire* 11, p. 943-952.
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6. F. Janot, (1996) Les instruments et la pratique des prêtres-embaumeurs , *BIFAO* 96, p. 245-253.
 - F. Janot, (1997) Techniques et symboles au cours de l'évolution humaine: le cas des instruments d'embaumement dans l'Egypte ancienne, *Connaissance des Hommes* 21, p. 20-22.
 - F. Janot, M. Pezin, A. Neveux, À la recherche des instruments d'embaumement dans l'Egypte ancienne, *Caiete de Egiptologie*, Bucarest (à paraître).
 - F. Janot, O. Cussenot, A la découverte des gestes effectués par les prêtres-embaumeurs dans l'Egypte ancienne, *Surgical Radiology Anatomy* (à paraître).
 10. M. Pezin, F. Janot, (1995) La 'pustule' et les deux doigts, *Bulletin de l'Institut Français d'Archéologie Orientale* 95, p. 361-365.

Biographie

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Bibliographie

Saint Sebastian and the Black Death

Summary

The martyrdom of Saint Sebastian is one of the most enduring themes in Western religious art. The execution scene so often portrayed - with the Saint transfixing with arrows - is based on the legend about his life and death during the reign of the Roman emperor, Diocletian. However, it is the symbolic association of arrows with the Black Death - during the Middle Ages and during the Renaissance - which identifies Sebastian as the patron saint of plague victims. After more than four centuries of recurrent epidemics, the plague died out in Europe; but the image of St Sebastian continued to inspire artists until the end of the 19th century.

Résumé

Le martyre de Saint Sébastien est un des thèmes les plus dominants et persistants de l'art religieux de la civilisation occidentale. Cette scène si souvent reproduite, montrant Saint Sébastien percé de flèches, est basée sur la légende de sa vie et de sa mort pendant le règne de l'empereur romain Diocletien. C'est l'association symbolique des flèches avec la grande peste du Moyen Age et de la Renaissance qui identifie Saint Sébastien comme patron des victimes de la peste. Après quatre siècles d'épidémies cycliques, la peste disparut du continent Européen, mais l'image de Saint Sébastien continua à inspirer les artistes jusqu'à la fin du XIX siècle.

Almost every major art gallery, world-wide, has at least one painting of St Sebastian. He is usually depicted as a martyr, bound to a stake, column, or tree - and pierced with arrows (note 1). Sometimes, the picture is less dramatic, and Sebastian appears in death-like repose with one or two arrows in or next to him (fig. 1). This saint had an appeal to Renaissance and Baroque artists which was unsurpassed within the hierarchy of Christian martyrs. Although it is acknowledged that Sts Adrian, Angelo, Christina, Panaleon, and Ursula were executed by archers (De Bles, 1925 144), and that recollections of St Peter hanging upside down on the cross and of St Lawrence being roasted have stirred the imagination of numerous artists, it is St Sebastian who is peerless in respect to the variety of artistic compositions portraying his demise.

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Sebastian: Iconography

The earliest representation of Sebastian is thought to be a bas relief in the crypt of the Basilica of St Sebastian, near Rome; and here the Saint appears in armor, as a Roman soldier (Kraehling, 1938 9). The church was built over that part of the catacombs called the Cemetery of Calixtus, along the Appian way, two miles from the city. The original church is gone, but a new one was built in 1611; and a large recumbent statue of Sebastian by Bernini lies beneath the high altar (Jameson, 1885 21).

Some of the great Renaissance names associated with paintings of St Sebastian include Titian, Tintoretto, del Sarto, Mantegna, and del Castagno (Targat, 1979 5-25). It is significant that the figure of Sebastian was one of the few semi-nude forms permitted in early Christian art. And among the many Renaissance images of

the Saint, the paintings of Perugino, Sodoma, and Francia are considered to be the finest in terms of physical beauty and anatomical accuracy (Crawford, 1914 100). The Spanish painter, Ribera, is credited with no less than nine paintings of Sebastian - eight of which are still on public display (Sanchez, 1978 94-139; Trapier, 1952 121).

The urge to immortalize the Saint on canvas and in marble extended beyond the Romantic period in art, with representations by Corot (note 2), Moreau, and Daumier. How did the cult of St Sebastian begin, and what ignited the fervor of artists to paint and sculpt so many images of this martyr ?

St Sebastian : History and Legend

What we know about the life of this saint is mostly legendary (Butler, 1956 vol. 1:128-130) but the conventional biographical sketch includes a comment that Sebastian was an important member of the Praetorian Guard during the reign of Emperor Diocletian. In 288 A.D., during the persecution of the Christians, Sebastian professed both his sympathy for those persecuted and his acceptance of Christianity - which provoked the emperor to order his execution. The Saint was riddled with arrows, left for dead, but miraculously rescued and nursed back to health by a saintly woman, Irene. This relationship was artistically most often exploited in the reflective compositions of 19th century painters such as Corot and Moreau. Following his convalescence, Sebastian reproached Diocletian for his barbarous treatment of Christians; and once again, he was handed over to the executioners. This time he was beaten to death. Not surprisingly, Sebastian was ultimately adopted as the patron saint of archers and pin makers (De Bles, 1925:109) - and incidentally, of Perugia and Portugal.

The Black Death and Social Change

The Black Death - bubonic and pneumonic plague - arrived in Europe with a vengeance in 1347 A.D., after an absence of 600 years. First appearing in Genoa, it quickly spread into Tuscany and enveloped the cities of Sienna and Florence. It was here that the florescence of humanism, and the art it inspired, was wilted by the devastation of the plague. In its spread throughout Europe - and measured on a Richter scale of catastrophes - the plague would rank with World War II as the greatest disaster in recorded history (Lemer, 1982 77-105). An estimated one-fourth to one-third of Europe's population perished. In Florence, the population was reduced from 90,000 to 45,000, and in Sienna, from 42,000 to 15,000 during the first plague epidemic (Langer, 1964 114-122). The epidemic waned by 1350, only to flare again in 1361 - with repeated epidemics occurring throughout Europe over the next three hundred years (Gottfried, 1983 43-46, 53, 156).

Although Boccaccio's account of the plague in Florence is perhaps the most familiar, the description of the disease in Avignon by Guy de Chauliac is more to the point - and clinically authoritative. Guy was personal physician to a succession of popes, and one of the very few physicians to remain in Avignon to care for plague victims during the first year of the epidemic (Walsh, 1911 294; Power & Thompson, 1923 294; Seeling, 1925 74). He has been honored with the title, The Father of Surgery ; and his master-work, *Chirurgia Magna*, contains a vivid - but no less accurate - description of both bubonic and pneumonic plague:

"It was of two kinds: The first lasted two months (in the local population, that is), with continuous fever and blood spitting. And they died of it in three days. The second kind lasted all the rest of the time with continued fever and boils and carbuncles on the exterior, particularly in the axilla and groin; and they died in five days. And it was of such

St Sebastian Attended by the Holy Woman. *Nicolas Regnier (France c. 1590-1667). Stanford Art Museum, Stanford, California, USA* The artist was usually known by the name *Niccolo Renieri*, and he specialized in portraits and historical themes. His reputation is a matter of conjecture, but he was certainly not a 17th century luminary. The Stanford painting was first associated with Regnier by Pierre Rosenberg of the Louvre, who noted the close relationship of the figure of St. Sebastian here to that in Regnier's picture of the same subject in the Fine Arts Museum at Rouen. Although the authenticity of the former painting has not been established, Louvre experts believe that it is a genuine Regnier (Registrar's file, Stanford Art Museum, Stanford, California, USA; Benezit *£.*, 1976 *Dictionaire Critique et Documentaire des Peintres, Sculpteurs, Dessinateurs et Graveurs. Librairie Grund, Paris 8:655*)

Permission for reproduction from the Stanford Museum of fine Art 1972.98. Mortimer C. Leventitt Fund.



great contagion, especially that with the blood spitting, that not only in dwelling but in looking one had it from another. So that they died without servants and were buried without priests. The father did not visit the son, nor the son the father; charity was dead and hope crushed (Nicaise, 1890 170)."

The demographic consequences of the plague have come down to us from on-going, voluminous municipal records in various parts of Europe; and both its political and economic effects have remained subjects of intense scrutiny. But the immediate social consequences were dramatic and divisive. In Tuscany the rich left the city in droves. Class suspicions were aroused, old prejudices revived, and there were the usual claims that one social element or another was responsible for the calamity. Survival

might be interpreted to mean either divine intervention or protection afforded by a compact with the devil.

There was an avalanche of bequests for churches and a surge of religious processions. Pilgrimages increased and swarms of penitents materialized, of whom the flagellants were the most conspicuous and the most infamous. Although there seemed to be no limits to imaginative opinions on the causes of the Black Death, the prevailing view was that the disease represented divine retribution for immorality. In Sienna, the Blessed Bernardino, looking narrowly at his congregation and at the extent of dissolute behavior around the city, concluded that the plague was punishment for sodomy. Even some physicians were convinced of the divine retribution theory. Exhortation replaced the usual

sermons, with themes extolling self-denial, poverty, chastity, and Christian militancy (Meiss, 1951 75, 78-85; Trexler, 1980 361-364, 380).

Nowhere has the mood of the times been better reflected than in the letters and poetry of the prototypical humanist, Petrarch, who remained preoccupied with the plague and its social consequences until the end of his days (Watkins, 1972 19:196-223). In a moving verse, he measures his personal loss against the devastating effects of plague on society, as a whole:

*"Alas what lies before me? Whither now
Am I to be whirled away by the force of fate?
Time rushes onward for the perishing world
And round about I see the hosts of the dying,
The young and the old; nor is there anywhere
In all the world a refuge, or a harbor
Where there is hope of safety. Funerals
Where'er I turn my frightened eyes, appall;
The temples groan with coffins, and the proud
And humble lie alike in lack of honor
The end of life presses upon my mind,
And I recall the dear ones I have lost,
Their cherished words, their faces, vanished
now,
The consecrated ground is all too small
To hold the instant multitude of graves.
(Wilkins, 1961 79-80)*

Plague Art

The cultural transformation wrought by the plague in Western Europe was perhaps most apparent in changes of artistic expression. Pervasive gloom and preoccupation with death invested painting and sculpture (Brossollet, 1972 11-24).

A recurrent theme, the dance of death, appeared in wood cuts, paintings, and murals. It pictured a procession of mortals being led by skeletons to the charnel house, which both figuratively and explicitly reminded the viewer that death was just around the corner (Burgess,

1980 26:250-37; Mollaret & Brossollet, 1965 59-76). Literal plague paintings were less common. However, there was a profusion of symbolic portrayals, with victims of the plague shown as wounded and dying under a shower of arrows from a heavenly executioner (Burgess, 1976 70:422-428; Crawford, 1914 135-150; Polzer, 1982 111).

The use of arrows to represent pestilence goes back to classical mythology, along with the belief in a divine archer meting out punishment for various transgressions or sins. For the Greeks, it was Apollo, God of the Silver Bow (Chamberlain, 1968 3). That St Sebastian came to be identified with the plague - in the role of a patron interceding for potential or actual victims - has been a matter of continuing interest and validation among European historians. But it is clear that Sebastian became associated with the plague as early as the 7th century A.D. A mosaic in the church of San Pietro in Vincoli (Rome) shows the Saint again as a Roman soldier, but with the following inscription: 'To Saint Sebastian, martyr, dispeller of the pestilence. In the year of salvation 680, a pernicious and severe pestilence invaded the city of Rome... Such was the multitude of dead, that on the same bier, parents and children, husbands and wives, with brothers and sisters, were borne out to burial places, which, everywhere filled with bodies, hardly sufficed... The disease spread for a length of time, until it was announced to a holy man that there would be an end to the calamity, if, in the church of St Peter ad Vincula an altar should be consecrated to Sebastian the martyr; which this being done, immediately the pestilence, as if driven back by hand, was commanded to cease' (Jameson, 1885 21-22).

In any case, by the time that the disease was reintroduced into Europe in 1347, the cult of Sebastian was widespread in Italy and elsewhere on the continent (Mollaret & Brossollet, 1965 76-79). At the end of the fourteenth century there were innumerable representations of the Saint

on wood and fresco, not to mention those images on crude posters in village after village. There were churches and chapels dedicated to Sebastian, and many of these were festooned with effigies of the Saint. A typical example is the chapel which still stands in Lansvillard, France, constructed by a Sebastian Turbil, who miraculously survived the plague. This chapel has seventeen frescoes tracing the life of the Saint, two of which are directly concerned with Sebastian's role during the plague (Mollaret & Brossolet, 1965 78).

During the Renaissance, the figure of the Saint became incorporated into complex paintings showing Sebastian in the company of several saints - and often with the Virgin Mary. From this heavenly entourage emerged a new contender for the role of patron saint to protect potential plague victims: Saint Roch was born in Montpellier at the end of the 13th century. As a mendicant, he traveled extensively in Italy during the mid-century plague epidemic; and while caring for the sick he was credited, on one occasion, with miraculous cures of plague victims. He attracted the attention of artists, who sometimes portrayed him alone (note 3), but more often in the company of Sebastian. He can be instantly recognized by the bubo on his upper thigh - a literal characterization as constant in art as St Sebastian's arrows (Mollaret & Brossolet, 1965 80-90).

Although less well known, Saint Anthony the hermit became associated with the plague, centuries after his death. His disciples began a system of hospices in Alpine France; and when subsequently, Anthony's hospitalers tended plague victims, the Saint took his place with Sts Sebastian and Roch in Gothic and Renaissance paintings. Much later, there were a few short-lived patrons who surfaced during the Counter-Reformation: Sts Rosalie and Francis Xavier in Italy, St Adrien in Flanders, and Sts Genevieve and Louis in France (Kraehling, 1938 14-15).

There is a curious parallel to the St Sebastian

martyrdom scenes - considered by some to be a further extension of the symbolism portrayed in scenes of execution with arrows. In a number of Medieval and Renaissance surgical texts there appear anatomical illustrations which superficially resemble some of the St Sebastian iconography. However, this wounded man is bristling with swords and daggers as well as with arrows, and was probably intended as a teaching aid for budding trauma surgeons of the Middle Ages (Jones, 1984 113-115).

Plague Reverberations and the Decline of Sebastian

After a final epidemic in Marseilles in 1720 the plague began to die out in Europe, and so did the reminders of St Sebastian - including new churches and chapels in his name. Sebastian was less often selected as a given name (Kraehling, 1938 16). But the cult of St Sebastian somehow survived into the 20th century. The great voluptuary - at times, poet and playwright - Gabriele D'Annunzio, claimed that he was inspired by the Sebastian paintings of Mantegna and Gozzoli to write his play, which was supposed to be about the Saint. Unkind critics have suggested that the paintings instead, inspired him to use the Sebastian theme as a dramatic vehicle for the eccentric ballerina, Ida Rubinstein, who was his mistress at the time. This production, which included spoken lines as well as ballet, was a mixture of myth and allegory with little resemblance to the sombre legend about the Saint (Jullian, 1972 222-237). The play, in five acts - which opened in Paris on May 22, 1911 - must have overwhelmed audiences with its assault on all the senses as well as with its duration. There were stunning sets by the designer/illustrator, Leon Bakst, and there was an elaborate musical score by Claude Debussy (Spencer, 1973 136-144). This extravaganza eventually reached the Royal Opera in London, and has been revived from time to time. There was a 30-year hiatus between its staging at l'Opera, in Paris in 1969, and its premier at the

Saint Roch of Montpellier.
Oak polychrome of XVII Century.
Collection of the Brussels Medical Museum

Metropolitan Opera in 1987 as a production of the Paris Opera Ballet. The original production inspired this hyperbole from a respected drama critic:

"...she (Rubinstein) suggests some saint from a stained-glass window who, suddenly called to life, and still trammled by the thought of his translucent immobility, has not yet grown accustomed to the newly-bestowed gifts of speech and gesture. She gives this impression throughout... when she says with childlike gentleness to Diocletian that he has been a generous master... when in her intoxication of faith, she counts the glowing keys of her deliverance, and when she hangs, pierced by the arrows, against the tree, like the wreck of some gallant ship entangled in its rigging...(Arsene & Cocteau, 1971 37-38)."

Buried in the vast repertoire of the composer, Villa Lobos, is his *Mass of St Sebastian* for chorus and orchestra, which was completed in 1937. And still, this is not the last of Sebastian: The memorabilia of this saint - from various parts of Europe - was assembled for an extraordinary exhibition at the French National Museum of Arts and Popular Traditions (Paris), in 1983. The collection included sculpture, graphics, tapestries, and assorted documents representing songs and invocations. And once again St Sebastian's association with the Black Death was high-lighted (Cuiseier, 1983 65-69).

The Black Death: Its Final Legacy

The plague of the Middle Ages conclusively shaped Western history and thought in ways that have not since been duplicated, introducing a number of philosophical contradictions and psychological conflicts. On the one hand, the Black Death led to the debauchery described by Bocaccio, on the other, to born-again religious zeal. Such a paradox may have been possible only against the backdrop of the 14th century, with its continuous war, peasant revolts, fami-



nes, persecutions, and a dislocated, discredited papacy. In this setting, despair was replaced by growing cynicism, and in the words of historian, Barbara Tuchman:

"Survivors of the plague, finding themselves neither destroyed nor improved, could discover no Divine Purpose in the pain they had suffered. God's purposes were usually mysterious, but this scourge had been too terrible to be accepted without questioning. If a disaster of such a magnitude, the most lethal ever known, was a mere wanton act of

God, or perhaps not God's work at all, then the absolutes of a fixed order were loosed from their moorings. Minds that opened to admit these questions could never again be shut. Once people envisioned the possibility of a change in a fixed order, the end of an age of submission came in sight; the turn to individual conscience lay ahead. To that extent the Black Death may have been the unrecognized beginning of modern man" (Tuchman, 1978 123).

But where the plague stimulated a reaffirmation of the Christian faith, there was a fresh vitality to religious art:

"All sections of the middle class were... clearly united in their desire for a more intense religious art... Masses of people, interpreting the calamities as punishment of their worldliness and their sins, were stirred by repentance and religious yearning. Some of them joined groups that cultivated mystical experiences or extreme asceticism. Many more sought salvation through traditional methods offered by the Church. For the painters of the time this religious excitement and the conflicts of values which it entailed was a crucial cultural event" (Meiss, 1980 73).

For the faithful of the Middle Ages, who viewed the plague as a manifestation of God's exasperation with mankind, it was only natural to seek a holy redeemer. Thus St Sebastian emerged from classical obscurity to intercede with a vengeful God on behalf of sinners.

But now we have a new pestilence: HIV infection, with its immunodeficiency syndrome. And we still have more than a few clerics thundering from their pulpits that this disease too, is divine punishment for dissolute behavior. We even have some of the social stratification associated with the Black Death: The new plague is more likely to affect the poor than the rich, and Third World populations rather than those in industrialized society. The cold light of scientific

illumination and of demographics is of little comfort to those afflicted, or to those threatened with AIDS. For we have no Sebastian to deflect this latest shower of arrows. And in the divine quiver the supply of arrows is endless.

Notes

1. *The Martyrdom of Saint Sebastian*. Antonio del Pollaiuolo, 1473, The National Gallery, London (1431-1498). Pollaiuolo introduced a special vitality to early Renaissance art. Waxen repose was transformed into tension and movement. His figures were committed to an eternal struggle. These kinetic qualities are no more evident than in his *Sebastian Confronted by the Executioners*. This painting was commissioned by the prominent Puzzi family for a chapel at the church of Santissima Annunziato, and was completed in 1475. If not his greatest, it is considered to be his most ambitious work (Hart F., 1975 *History of Italian Renaissance Art*. Prentice Hall Inc., New York 274-275).
2. *Saint Sebastian Succored by the Holy Woman*. Jean Baptiste Camille Corot (France, 1796-1875). The Walters Art Gallery Baltimore, MD, USA Corot was born in Revolutionary Paris. Destined by parental preference for the clothing Business, he turned instead to painting. Of independent means, he was able to support himself during the lean years of his artistic development, and went on to become Europe's leading landscape painter at mid-century. What is ironic about Corot's *Sebastian* - which was completed in 1853 - is that the Saint and the Holy Woman are almost incidental to the landscape. Only towards the end of his career did Corot take up portrait and figure painting. Although indifferent, if not actually hostile to the nascent French impressionism, he is credited with having profoundly influenced the impressionists (Roberts, K. 1965 *Corot*. Spring Books, London 34; Rabinovitz-Mott, E. 1986 *Camille Corot, the Roman campagna with the Claudian aqueduct*, *Journal of the American Medical Assoc.* 256:160)
3. *Saint Roch*. Carlo Crivelli (Italy, 1430/35-1493?). The Wallace Collection, London. In the usual painting of St Roch, the artist places the bubonic swelling - and its overlying incision - discreetly distant from the groin. Crivelli's St Roch is closer to anatomic reality - perhaps more daring than

that of other artists of his era. Crivelli was a painter of the Venetian school who attained neither the proficiency nor the reputation of his contemporaries: Mantegna and Bellini. However, in the view of one critic "...he provided an agreeable and high-class holiday far away from great pictures and the aesthetic problems they pose... General esteem for him is not dependent on illuminating experiences, but on simple, powerful attraction of his pictures". As with other Crivelli paintings, the date of execution of the St. Roch painting in the Wallace Collection is uncertain. Crivelli also did a superior Sebastian, which hangs in the Museo Poldi Pizzoli, Milan (Bovero A., 1974 *Opera Completa del Crivelli*. Milano, Rizzoli cat. #146-147, pi. 50A, 50B; Davies M. 1972 *Carlo Crivelli*. The National Gallery, London 7, 13, 20-21)

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Andrés Piquer et la tradition hippocratique dans l'Espagne du XVIIIe siècle. <v

J. Angel y Espinós et M. I. Fernández Gahán

Résumé

Andrés Piquer (1711-1772) fut le plus important médecin-philosophe du Siècle des Lumières en Espagne. Il fut aussi le premier à traduire quelques oeuvres d'Hippocrate en espagnol.

Dans les pages qui suivent, les auteurs essaient de résumer les idées d'Andrés Piquer en ce qui concerne le problème de la liaison entre les méthodes philosophiques et la façon de comprendre la médecine.

Summary

Andres Piquer (1711-1772) was the most important medical philosopher of the Spanish Enlightenment. He was also the first who translated Hippocratic works into Spanish.

In the following pages, the authors summarize Andres Piquer's opinions concerning the problem of the relationship between philosophical methods and understanding medicine.

Andrés Piquer y Arrufat, né à Fôrnoles, dans la province de Teruel (Aragon), en 1711 et mort à Madrid en 1772, appartient à la longue tradition espagnole des médecins-philosophes dans laquelle on trouve, entre autres, l'arabe Averroès, commentateur d'Aristote, Gômez Pereira, antiaristotélien et précurseur de Descartes; Servet, qui découvrit la petite circulation du sang, Huarte de San Juan, psychologue, dont l'oeuvre fut traduite en français, anglais, italien et allemand, et, à l'heure actuelle, Lain Entralgo, historien renommé de la médecine et auteur de plusieurs livres et articles sur Hippocrate et son influence de l'Antiquité classique à nos jours.

Andrés Piquer fut étudiant à l'Université de Valence, où il suivit les cours de scolastique (malheureusement, à cette époque-là Aristote et ses exégètes étaient encore en Espagne la référence pour les études philosophiques et scientifiques et de médecine, sur les conseils de son frère Cosme, qui était lui-même médecin. Une fois qu'il eût fini ses études officielles, Andrés Piquer se consacra entièrement à la lecture des auteurs classiques et modernes de la philosophie et de la médecine, et à l'apprentissage des mathématiques et des langues anciennes et modernes. C'est pourquoi dans son oeuvre on peut retrouver aussi bien la trace des théories des Présocratiques, Platon, Aristote et les Médiévaux, que celle des plus récents Bacon, Galilée, Descartes, Newton, etc.

Dès 1734 (l'année où il finit ses études de médecine), Piquer fut nommé sur concours,

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académicien public de médecine à la Faculté de Valence et publia, l'année suivante, sa première oeuvre, intitulée *Medicina vêtus et nova* (Médecine ancienne et moderne). En 1739 éclata une épidémie dans la province de Valence qui pré-occupait fortement les autorités, qui lui ordonnèrent d'en faire un dossier; à partir de cet événement, Piquer occupa une place d'honneur dans le petit cercle des érudits valenciens, qui commencèrent à tenir compte de son opinion sur les affaires relatives à la Santé Publique. En même temps, Piquer s'adonna à l'étude des *Épidémies* d'Hippocrate, auteur qu'il admirait et qui l'avait toujours accompagné depuis ses années estudiantines.

Grâce au succès obtenu, Piquer devint en 1742 professeur d'anatomie à l'Université de Valence et médecin officiel de l'Hôpital Général de la ville de Valence. Au tout début de sa carrière, il fut admis comme membre de l'Académie de médecine de Madrid et de l'Académie de Valence, fondée par Gregorio Mayans y Siscar, l'un des plus importants représentants du Siècle des Lumières en Espagne et mentor intellectuel de Piquer et de toute sa génération.

En 1747, parut la *Lógica moderna* (Logique moderne), considérée par les spécialistes comme son chef-d'oeuvre sur le plan philosophique, qui lui assura d'emblée la renommée et que préfaça son ami Mayans.

La popularité dont Piquer jouissait s'étendit rapidement au delà de Valence pour arriver enfin à la cour royale de Madrid et à l'étranger. En 1751, peu après la publication de son retentissant et éclatant *Tratado de las calenturas* (Traité des fièvres), oeuvre d'inspiration hippocratique, déjà traduite en français au XVIII^{ème} siècle, Piquer fut appelé à la capitale d'Espagne, où il accéda au poste convoité de médecin de la chambre royale de Ferdinand VI, et, l'année suivante, il fut nommé président du jury du protomédecin, qui était le comité chargé d'examiner les futurs médecins. D'autre part, sa

compétence en philosophie lui valut, en 1770, deux ans avant sa mort, d'être nommé membre du jury des concours aux chaires de philosophie. Quand Piquer mourut en 1772, il était du nombre des savants et des pères de la patrie. Pendant toute sa vie, il essaya d'harmoniser la spéculation humaniste et l'empirisme scientifique avec sa sincère foi chrétienne, toujours éloignée du dogmatisme aveugle, qui régnait dans l'Espagne de son époque.

Dans les idées de Piquer, aussi bien médicales que physiques, il faut reconnaître une évolution. Dans les premières années de sa carrière, malgré son éclectisme, opposé à tout système rigide, Piquer s'incline en faveur du mécanisme dans la nature et reçoit l'influence de Gassendi, Descartes et Boerhave. On raconte que Piquer avait l'habitude de dire: "*le médecin commence là où le physicien finit.*" C'est ainsi que dans sa première oeuvre, *Medicina vêtus et nova*, Piquer soutient que la médecine n'a rien à voir avec la métaphysique mais avec la physique. Par conséquent, dans cette étape Piquer est un défenseur de l'iatromécanisme et de l'iatrochimie, systèmes tous deux très enracinés dans le mouvement réformateur de la médecine espagnole.

En 1745, Piquer publie sa deuxième oeuvre, *Física moderna, racional y experimental* (Physique moderne, rationnelle et expérimentale), qui, malgré son titre, est une introduction à l'étude de la médecine, étant donné que, si le corps n'est qu'une partie de la nature, il faut bien connaître les règles physiques et mécanistes du monde avant d'essayer de comprendre la composition et la structure de l'être humain.

Dans cette physique les mathématiques doivent jouer un grand rôle; toutefois, ce mathématisme ne doit pas être poussé à l'extrême, car la matière et la vie échappent dans leur organisation plus profonde aux calculs trop subtils et confus, et elles ne se révèlent qu'à l'expérience, mais à une expérience rationnelle,

minutieuse et soigneuse. On peut parler donc d'un mécanisme modéré et non dogmatique.

Il faut éviter, d'après les propres mots de Piquer dans sa *Ffsica*,

"ceux qui font, en médecine, des expérimentations sans précaution et sans les lier à une raison bien fondée, (car ils) sont des empiriques ou des guérisseurs, qui ne peuvent établir aucune vérité par l'expérience. Au contraire, ceux qui pratiquent les expérimentations avec du jugement, déduisent avec le temps des maximes importantes pour le progrès de cet art... La raison doit accompagner l'expérience, en médecine comme en physique; ... mais une raison solide, dans laquelle le jugement a une plus grande part que l'esprit."

A cet égard, on a fait de Piquer un précurseur de Claude Bernard, l'illustre physiologiste français du XIX^{ème} siècle, auteur de la célèbre *Introduction à l'étude de la médecine expérimentale*.

Dans son *Tratado de las calenturas* (Traité des fièvres), dernière oeuvre de la période mécaniste de Piquer, comme l'indique son sous-titre: *"selon l'observation et le mécanisme"*, l'auteur plaide pour un retour à Hippocrate, le médecin de Cos, c'est-à-dire au souci pratique et clinique, au primat du malade individuel sur la maladie dans son anonymat, en somme, au domaine où l'art médical se compose de trois éléments irremplaçables et indispensables: la maladie, le malade et le médecin, l'humble desservant de l'art.

Pour Piquer, la médecine, qui est la physique du vivant humain avec ses lois particulières, doit répudier toutes ses anciennes habitudes métaphysiques, théologiques, abstraites ou idéalistes, et, surtout, les théories dogmatiques de Galien et ses épigones, qui, en tâchant d'expliquer les textes d'Hippocrate, n'ont rien fait d'autre que de les obscurcir.

Le déménagement à Madrid en 1751 et son séjour de plus de 20 ans qui suivit entraînent un changement total de la mentalité scientifique de Piquer. On peut déjà observer cette transformation profonde dans sa première oeuvre publiée dans la capitale d'Espagne en 1752; il s'agit d'un discours qui s'intitule *De medicinae experimentalis praestantia* (L'avantage de la médecine expérimentale) et dans lequel le médecin attaque avec acharnement l'iatromécanisme et défend l'antisystématisme, qui n'est que l'empirisme intégral, émancipé du cartésianisme et des idées a priori, pleinement rationnel et fondé sur les données tirées de l'observation sensée et juste.

Très significatif également, dans ce sens, s'avère le *Discurso sobre el sistema del mecanismo* (Discours sur le système du mécanisme), prononcé en 1768 devant la solennelle assemblée de médecins et de physiciens, et destiné à protéger les sciences biologiques contre l'absolutisme despotique du mécanisme et du mathématisme. Piquer considère que les nombres sont entièrement valables en physique, mais ils n'expliquent pas tout en médecine et précisément pas le mystère plus intime de l'existence, pour lequel il faut prôner un principe producteur des actions vitales. On conçoit, dès lors, comment Barthez, le maître de Montpellier, a cru voir en Piquer un des devanciers de sa doctrine du vitalisme, d'après laquelle il existe en tout individu un *principio viva*/distinct de l'âme pensante comme de la matière; cependant, il n'est pas du tout sûr que le réfléchi et prudent médecin espagnol eût approuvé les hypothèses hardies et métaphysiques du vitalisme; on doit plutôt discerner chez lui le rejet du matérialisme pointant à son époque.

Les guides intellectuels de cette période sont Thomas Sydenham, Giovanni Battista Morgagni, Albrecht von Haller et les écrits hippocratiques, qui, comme dans la période mécaniste antérieure, continuent à être le modèle d'observation clinique à suivre. C'est ainsi que le fruit,

mûri au long de toute sa vie, de la dévotion de Piquer pour Hippocrate est la traduction en espagnol de quelques oeuvres du médecin grec, intitulée *Las Obras de Hipócrates más selectas* (Les plus sélectes oeuvres d'Hippocrate), éditée en trois volumes à partir de 1757.

Les textes, traduits pour la première fois en espagnol, sont: le *Pronostic* dans le premier volume, le premier livre des *Épidémies* dans le deuxième volume et fragments du deuxième livre des *Épidémies* et le troisième dans son intégralité dans le troisième volume. Le texte, disposé en deux colonnes (dans la première, le texte grec (2) suivi de la version latine (3) et, dans la deuxième, la traduction espagnole réalisée par Piquer) à la manière des humanistes des XV^{ème} et XVI^{ème} siècles, est accompagné d'abondants commentaires personnels, qui combinent les opinions des anciens maîtres avec les théories des médecins modernes, dans un siècle où l'unique voix digne de foi est encore celle de Galien, auteur auquel Piquer ne tient pas beaucoup.

En résumé, on ne peut qu'approuver l'équitable jugement porté par Alain Guy, dans son livre *Histoire de la Philosophie espagnole* (p. 152), sur Piquer, selon lequel "il a réalisé le type parfait du médecin humaniste et penseur, qui exige le plus grand appel possible à l'expérience et qui répudie le dogmatisme verbaliste."

Notes

1. Cet article appartient au projet de recherche PB 96-0647 de la DGICYT du Ministère Espagnol de l'Education et la Culture, consacré à Hippocrate et sa projection historique, dont Jésus Angel y Espinós fait partie en tant que membre collaborateur et chercheur. Nous souhaiterions aussi remercier Antonio Jiménez Garcia, professeur de philosophie espagnole à l'Université Complutense de Madrid, pour l'aide qu'il nous a apportée.

2. Le texte grec appartient à l'édition de Foës dans le premier volume et à celle de Freind, célèbre médecin anglais, dans les deuxième et troisième volumes.
3. La version latine appartient à la traduction de Cristóbal de la Vega dans le premier volume et à celle de Freind dans les deuxième et troisième volumes.

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Biographie

Jesús Angel y Espinós (Madrid 1968) est professeur de grec ancien à l'Université Complutense de Madrid. Après avoir fini ses études à Madrid, il les poursuivit à l'Université Libre de Bruxelles sous la direction du Professeur ordinaire Simon Byl, en se spécialisant dans la médecine grecque sur le plan philologique et philosophique. Il a publié nombreux articles sur la médecine et la tragédie grecques.

Maria Isabel Fernández Gahán (Palencia 1970) a étudié Philosophie à Salamanque, Valladolid et Madrid. Elle s'est consacrée à l'histoire de la philosophie espagnole et a écrit plusieurs articles sur l'influence de la pensée européenne des XVIII^e et XIX^e siècles en Espagne. Elle est aussi collaboratrice de la Revue d'Hispanisme Philosophique.

Médecine à la Molière

P.J. James

Summary

Of Moliere's thirty six plays, seven deal, to a greater or lesser extent, with medicine; the medicine as practised in Paris during the reign of Louis XIV. In these plays, Moliere satirises the recalcitrant conservatism of the Paris medical faculty. It is, however, an informed satirisation. This paper explores Moliere's motives and attempts to place Moliere's medical plays against a broad canvas of his other works. The ultimate purpose is to assess to what extent Moliere's work can be used as a resource for the historian of medicine. To do this, I shall examine Moliere's philosophical persuasions and how he balanced them against the needs of contemporary, commercial theatre.

Résumé

Parmi les trente-six pièces qui constituent l'oeuvre de Molière, il n'y a que sept qui traitent, jusqu'à un certain point, de la médecine; voire la médecine exercée à Paris pendant le règne de Louis XIV. Dans ces sept comédies, Molière satirise le conservatisme récalcitrant de la Faculté de médecine à Paris; c'est pourtant de la satire bien informée.

Cette communication examinera les buts de Molière; elle va essayer de situer les pièces 'médicales' dans la vaste toile de ses autres comédies. Le but final sera d'estimer jusqu'à quel point l'oeuvre de Molière peut servir comme source de compréhension pour l'historien de la médecine. Mon intention est de considérer les convictions philosophiques de Molière et sa façon de les peser contre les besoins financiers du théâtre contemporain.

Jean-Baptiste Poquelin, who was to adopt the name Moliere, was born in Paris in 1623. His mature works included seven comedies in which he satirised medicine and its practitioners. These comedies impiously reflect the medicine and the medics who surrounded the court of Louis XIV in the 'Grand siècle'.

If Moliere's comedies are to serve as a useful resource for medical historians, it is important to reach some understanding of what Moliere believed himself to be doing and at the same time to remember the attitudes and background of his audiences. We should also bear in mind that Moliere was not writing for the benefit of late twentieth century historians of medicine.

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In fact, Moliere makes it very clear what he is attempting to do by making Beralde, one of his characters, ask:

'What could he [Moliere] do better than put on stage men of all professions ? Princes and Kings are put on the stage every day and they are not of less consequence than doctors'

(Le Malade Imaginaire, Act III).

This speech has a layered meaning, to which I shall return later.

Like all successful playwrights, Moliere knew the art of capturing the attention of his audiences by holding up a mirror to the conventions and the behaviour of contemporary society. He asks people not to take themselves too seriously and, in particular he plucks the feathers of the pompous members of corporate societies. He

attempts to demystify the professionals such as doctors and lawyers; a strategy which landed him in trouble when, in *'Tartuffe'*, he seemingly accused the clergy of hypocrisy. The play was, in fact, banned.

The mirror which some playwrights have offered their audiences has been a passive reflector of human foible and weakness. It has been commented (Whitfield 1960) that the eighteenth century Italian playwright, Carlo Goldoni (1707-1793) was 'Moliere without a cutting edge'. This is, perhaps, a little harsh on Goldoni, but it does underline Moliere's talent for presenting to his audiences a penetrating analysis of the human condition. Moliere's mirror is a magic one and his use of it worth further investigation, in particular with regard to medicine.

Medicine is, of course, different from all other professions in that it consists of humans who practise on other humans. In consequence, doctors are supposed to have a greater concern for the well-being of humanity than for their own. Beralde, however, that raisonneur and cynic, distinguishes two sorts of doctors : those ...

'Who share the popular errors from which they profit and others who don't share them and still make a profit'

(Le Malade Imaginaire, Act III)

Beralde clearly has little time for either sort of doctor and, it transpires, even less for medicine itself. Common sense and Mother Nature will, he believes, take care of most human ills, without the intervention of medical professionals with their cant, bigotry and, above all, their vested interests. Beralde plays Luther to the Church of Medicine and, as the raisonneur, he can be assumed to be Moliere's mouthpiece, who, it appears, had more in common with Thomas Sydenham than with Galen.

How did Moliere come to hold these opinions, how valid were they and why did he

believe (rightly) that Parisian society would pay to hear and see them dramatically presented ? In asking such questions, specifically applied to medicine, we must keep things in perspective by remembering that, of the thirty six plays whose texts have come down to us, only seven actually deal with medicine.

Jean-Baptiste Poquelin received a classical education at the Jesuit College de Clermont in Paris. During his time there he was drawn into a circle of *savants* who gathered around the cleric, mathematician and philosopher, Pierre Gassendi (1592-1655). Gassendi was a champion of *La Nouvelle Philosophie*, aware of anti-aristotelianism whose clarion call had been sounded by Francis Bacon in his *Novum Organum* of 1620. Despite its formally heretical status, Gassendi was an ardent supporter of the Copernican heliocentric theory, and also of its controversial advocate, Galileo Galilei, who was nearing the end of his days, under house arrest in Florence. He also flirted with heresy in his support of the Epicurean anatomic theory. A theory which called into question the doctrine of the Transubstantiation (Redondi 1983, 1987) and, ultimately Galenic physiology. Indeed Gassendi was instrumental in popularising Epicurus not only in France but throughout Europe. So it was that the years of Moliere's youth were marked by a ferment of new and controversial ideas in Natural Philosophy on both sides of the Channel (See Spink, 1953 and Hall, 1977). In mathematics and physics, Fermat, Pascal and Descartes were busy applying the 'Spirit of Geometry' to all things. Borelli, Pecquet, Harvey and the 'Oxford Physiologists', who were in close touch with Gassendi, were revolutionising ideas about animal physiology. Gassendi's resurrection of Epicurus' atomism had brought the plenist/vacuist controversy to the boil (Webster, 1965) while the Copernican cosmology and Galileo's physics had all but destroyed the old Aristotelian world picture. The same process is happening today, with classical linear and equilibrium dynamics, but few, even

educated laymen, would appreciate the importance of these developments. Not so seventeenth century Paris; all educated classes had a profound interest in these ideas and they were discussed and hotly debated in court circles and in the fashionable salons of Paris. The Paris medical faculty of the Sorbonne, however, remained aloof and cleaved doggedly to its Aristotelian beliefs.

Moliere, on leaving the College, tried to break into the Paris theatrical scene. It was, however, something of a 'closed shop' and he left Paris in 1645 with a travelling theatrical company. With them he spent the next thirteen years, mainly in south west France, where he made a name as a director, actor and playwright. The troupe went from town to town, as well as performing at the court of the Prince de Conti. During this period, he is reputed to have worked, part time, as a cashier in the establishment of a barber-surgeon (Bulgakov 1970) in order to collect material for his plays. Thus it was that Moliere came into contact with both the academic physicians of the Prince de Conti's court and the quacks and 'empiricks' who ministered to the peasantry.

The town of Montpellier is situated in south west France, and the medical faculty of its university is one of the largest, oldest and most prestigious outside Paris. It was also a stronghold of Paracelsian and Arabic medicine and its teachings, therefore, were diametrically opposed to the staunchly Galenic - Aristotelian medicine of the Paris faculty. Of all this, Moliere must, of course, have been aware. After his wanderings, his reputation made, Moliere returned to Paris in 1658. By this time his old friend and mentor had been dead for three years, his demise hastened, according to Moliere, by the over zealous use of the lancet by Parisian physicians.

On his return, Moliere's company first attracted the patronage of the King's brother M. Le Due d'Orleans and subsequently that of

Louis XIV himself. For the next fifteen years, until his death in 1673, Moliere successfully entertained both the Royal Court at Versailles and 'La Ville' at the Palais Royal. Moliere's income at this latter venue depended on his ability to 'pack-'em-in', so it behoved him to know the tastes of his audiences. These audiences were largely composed of those very same people who thronged the court, who discussed Natural Philosophy in the *salons* and employed the medical fraternity of Paris to attend to, if not cure, their ills. In short, Moliere's audiences were informed, receptive, up to the minute with gossip and more than ready to laugh at the fun being poked at the stodgy conservatism of the Sorbonne.

This fun was given extra spice by the long-standing dispute between Paris and Montpellier, a dispute with which Moliere and his audience were very familiar. Officially, medical practice in Paris came under the jurisdiction of the Paris faculty. The King, however, and consequently, the nobility, preferred Montpellier-trained physicians to their Parisian counterparts. The Paris faculty was powerless to oppose the wishes of "*Le Roi Soleil*", who ruled by Heaven's command and not, to the chagrin of its members, that of the Sorbonne. Thus, the faculty members could only view impotently as the hated Paracelsian and Arabic medicine was practised openly on their very doorstep by physicians who, moreover, stole their most lucrative clientele. To add insult to injury, these Montpellier men also courted that inferior race of beings, the apothecaries. Dean of faculty Guy Patin called them 'Arabesque cooks.' They even had the audacity to write a D.I.Y. medical manual, called '*Le medecin charitable*' so that the common people could "prescribe for themselves". It was a medical 'Reformation' in which doctors were marginalised in the same way that Luther had marginalised priests. The faculty reacted in the same manner as the Catholic Church had done to Luther. This perpetual feud was constantly generating some new and dramatically exploita-

ble scandal - so, Moliere dramatically exploited them !

In his early provincial plays, such as '*Le Medecin Volant*', Moliere's medical parodies were little more than slap-stick, lavatorial humour inherited from the "*Commedia dell'Arte*". This, no doubt, reflected the tastes of his rural audiences. While the 'Paris' plays are more subtle and sophisticated, the audiences of the Palais Royal were not above a good belly laugh at the sight of an apothecary, in '*Le Malade Imaginaire*' chasing Argan around the stage brandishing a gigantesque 'clyster'. The sharpening of 'that cutting edge', however, is to be heard in his mention of the famous emetic wine in "*Don Juan*" (Act III). This was one of the very points at issue between Paris and Montpellier. In "*TAmour Medecin*" Moliere is even more specific in his presentation of thinly disguised caricatures of five court doctors themselves. All are presented as being callous, dull-witted and pompous. 'A cap and gown', says Beralde, 'confer wisdom on all nonsense' { "*Le Malade Imaginaire*", Act III). Fine Latin phrases are, however, quite useless when it comes to curing anybody.

Perhaps the most incisive and waspish picture of a faculty physician is to be found in Dr Diafoirus' speech in '*Le Malade Imaginaire*' (Act II). In this speech Diafoirus commends his son, Thomas, a young and ambitious physician, as a prospective husband for Argan's (*Le Malade*) daughter, Angelique.

DIAFOIRUS.

Sir, it's not because I'm his father, but I can say I have good reason to be proud of him. All who know him speak of him as a most blameless young man. He has never shown the lively imagination or the sparkling wit one observes in some young men but that I have always taken to augur well for his judgement, a quality necessary for the practice of our art. In childhood he was

never what one could call lively or pert but gentle and mild, never speaking a word or indulging in childish games. We had the greatest difficulty in teaching him to read: he was nine before he even knew his letters. 'Never mind', I used to say to myself, 'the tardy tree oft yields the better fruit. One writes less easily on marble than on sand, but what is written there endures and this slowness of understanding, this sluggishness of imagination is the mark of sound judgement yet to come'. When I sent him to college he made hard going of it but he bore up against all difficulties and his tutors always commended him for his assiduity and hard work. At length, by dint of sheer persistence he succeeded in qualifying and I can say without boasting that in the two years since taking his bachelor's degree no candidate has made more noise than he in the disputations of our faculty. He has gained for himself quite a formidable reputation and there's no proposition put forward but he'll argue in the last ditch to the contrary. Firm in dispute, a very Turk in defence of a principle, he never changes his opinion and pursues his argument to the logical limit. But what pleases me most of all about him, and herein he follows my own example, is his unswerving attachment to the opinions of the ancient authorities and his refusal ever to attempt to understand or even listen to the arguments in favour of such alleged discoveries of our own times as the circulation of the blood and other ideas of a like nature.

The humour here lies in the fact that the meaning of the speech is entirely the reverse of that of the words themselves. It is more than mere irony and such devices have a long history, often used in order to avoid persecution. Moliere, with the *Tartuffe* debacle in mind, may have used it to circumvent a repetition, of these events. Whatever Moliere's motives might have been, it is certainly very clever, extremely funny and good theatre.

Thomas is, in fact, portrayed as a complete idiot, whose idea of wooing and winning Angélique is to invite her to a public dissection at which he is giving a lecture (Act II). Toinette, the servant, comments sarcastically that...

'... Some young men take their young ladies to a play but a dissection is so much more entertaining !'

Thomas, of course, takes it as a compliment!

Despite the Galen versus Paracelsus disputes, or whether any given physician was a disciple of iatromechanism, rationalism, empiricism or any other medical sect, all seemed to agree that effective therapies relied on evacuation. All the polemics centred around the nature of the evacuates and the regimen of treatment. So, despite Harvey, Descartes and later, Newton, the bleeding and purging went on; it was simply its theoretical justification that changed. Beralde (*Le Malade Imaginaire*, Act III) remarks that a man's constitution must be strong indeed in order to withstand the cavalier use of lancet and senna. Toinette cynically comments, on hearing of Dr Diafoirus' enormous wealth, that he must have killed a lot of patients in order to make that sort of money.

Le Malade Imaginaire culminates in an hilariously burlesque ceremony in which the degree of Doctor, the highest of the three possible degrees, is conferred on Argan, *le Malade*. The stage directions call for six apothecaries, twenty two doctors and eight surgeons all dancing and chanting dog-Latin verses punctuated by the famous chorus :

Bene, bene, bene, bene, respondere

Dignus, dignus est intrare

In nostro docto corpore

Bene, bene, respondere'.

Finally Argan receives the degree of '*Grandes doctores doctorinae, of rhubarb and of senna*'. He is thereby qualified to '*bleedat and mar*'.

Thus, since the therapies, whatever their underlying theories, remained the same, it is entirely understandable that the Paris faculty stuck resolutely to its Aristotelian guns. In 1649, Jean Riolan, Dean of the medical faculty at the Sorbonne, criticised Harvey's theory of blood circulation, rightly fearing, despite Harvey's admittedly naive, arguments to the contrary, that it would undermine the foundations of traditional medicine on which careers and institutions had been built. Riolan's critique is, in fact, in the same spirit as a recent remark made by a cosmologist viz :

'7 we don't accept some picture of the universe, however unsupported by the facts, there would be nothing to bind us together as a scientific community'

(Bak1997)

All this is perhaps, as Beralde put it, a case of 'sharing in the popular errors from which to make a profit'.

The physicians, despite technical disagreements among themselves, were at pains to present a united front to the ignorant laity. Moliere uses this to great affect in *Le Malade Imaginaire* in the scene (Act II) in which Thomas diagnoses Argan's illness as a 'disturbed splenic parenchyma'. Argan hesitantly, and very apologetically, points out that his own physician says that the problem lies in the liver. Diafoirus, in lofty condescending tones, steps in with :

'Oh yes! they are connected by way of the vas breve of the pylorus and the meatus cholodici of the duodenum'.

Argan is suitably overawed and the edifice of medical wisdom, or 'headlong prejudice' as Beralde prefers to call it, remains intact.

Moliere made his audience laugh by lampooning the pompous and vacuous Latin jargon and the affectations of the black-robed physicians who attracted no censure and continued to collect fat fees, as long as they killed

their patients by the approved rules.

This satirical treatment makes good theatre, yet it is but icing on a rich, heavy cake and makes light of Moliere's erudition and philosophical persuasions, persuasions which have, hitherto, remained under-explored. In order to begin such an exploration and to understand Moliere's 'cutting edge' we must allow the actual text of the plays to slip out of focus and concentrate more on their overall shape and structure, a shape and structure common to all of Moliere's works and not unique to the medical plays alone. I perceive an underlying unity, rooted in an anti-aristotelian epicureanism almost certainly inherited, at least in part, from Gassendi. Moliere himself would probably not have approved of such a categorisation because, for him, his philosophy, as put into the mouth of Beralde, is nothing more than common sense plus a total rejection of sectarian cant and dogma. There are three ways in which Moliere uses this approach to structure his plays. First is his use of the disputation. In his *Dialogo* (1632), about which Moliere is certain to have known through Gassendi, Galileo presents his anti-aristotelianism in the form of a debate or disputation between three interlocutors; one Aristotelian, one Copernican and, the third, a referee. The Aristotelian, whose name is, significantly, Simplicio, is always set up to look a fool. Moliere places Thomas, the young physician, in precisely this position, and the audience is invited to laugh at his intransigent stupidity. Just as Galileo, through Simplicio, savagely attacked the whole Aristotelian world picture and its supporters, so Moliere does the same to Galenic-Aristotelian medicine, using poor Thomas as his conduit.

Moliere's second device is even more subtle. French theatre from about the 1630's, had three specific rules foisted upon it, which playwrights were supposed to observe and with which, the audiences were very familiar; the details of these rules need not concern us but they are proscriptive of place, time and action and impose severe limitations on the playwright's

freedom of imagination.

The *savants* who formulated them claimed their ultimate derivation from none other than Aristotle. Moliere joined his contemporary playwrights, Corneille and Racine, more in the breach than in the observance of these rules, if, by so flouting them, the work would better appeal to their audiences, the ultimate judge. Moliere reveals his opinion of the rules in *La Critique de l'Ecole des Femmes* when Dorante comments that any playwright knows from commonsense experience that which gives pleasure to an audience without the need for *savants* pontificating on the rules of 'art' as if they were the 'greatest mysteries'. A good playwright learns his trade without the help of Horace or Aristotle; Racine agrees. (Lough 1979).

Lastly, and I admit more speculatively, I perceive a social dimension. During the boyhood of Louis XIV the aristocracy rebelled against the crown in a protracted and near civil war which came to be known as the Fronde. This instilled in young Louis a life-long distrust of the nobility; thus, when he came to power he did all he could to clip their wings. Part of his strategy was to enforce the rule of law, even-handedly, on the highest and the lowest in the land, himself included. This Apollo King, however, had no compunction about suspending any given law 'by reason of state', if he felt it to be for the public good. So, perhaps Moliere had a sympathetic member of his audience when he broke the rules of theatre 'by reason of audience pleasure' - and epicurean sentiment.

Moliere saw no reason to obey slavishly rules laid down by bureaucrats, who had never set foot in a theatre, any more than he took seriously the Latin rhetoric of physicians who never 'lowered' themselves to lay hands on a patient. Maybe Moliere had more respect for the craft of the barber-surgeons whom he had come to know in his provincial years and who learned their trade through an apprenticeship comprising commonsense and experience. Moliere was, in

fact, following the lead of Galileo, who wrote in Italian rather than Latin, and called for the common man to use his God-given intelligence and to ignore the high-flown language of the philosophers. Galileo's own 'role model' was the poet Ruzante who trusted in the horse-sense of the common man. All three, in their own ways, partake of the spirit of Martin Luther.

In the Aristotelian universe there was one set of rules governing sublunary matter and another set governing celestial matter, constituting a terrestrial and celestial physics respectively. This difference had been turned, by medieval society into the basis of cosmological correspondences, which, in social terms meant 'one law for the rich and one for the poor'. Galileo conclusively demonstrated that cannon ball and planets obey but a single law. Moliere was aware of this unification and, as Beralde tells us, he was happy to place 'all professions on the stage along with princes and kings', - cannon balls and planets. King Louis would surely have applauded this.

Despite his sharp satirisation of the medical profession, Moliere's personal relationships with physicians seem to have been amicable enough, in the same way as a modern cartoonist might have a friendly pint with a politician whom he had savagely caricatured in the previous day's papers. The physicians may or may not have understood Moliere's need to exaggerate for theatrical purposes, but it is a need which the historian should bear in mind when trying to reconstruct seventeenth century Parisian medicine using Moliereian spectacles.

In the end, of course, medicine could offer Moliere very little succour. He died of tuberculosis some two centuries before Robert Koch isolated *Mycobacterium tuberculosis* and nearly three before the discovery of Streptomycin. Moliere's life was; however, spent doing not only that which he loved but, moreover, getting paid for it. In Epicurean terms this surely constitutes

the 'highest good'.

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Biography

The author has recently retired from a lecturing career at Anglia Polytechnic University in Cambridge (UK) where he taught microbiology, evolutionary biology and the history of science. He has a particular interest in the history of medicine, in which he holds a M. Phil. Degree (Cantab.). His publications include studies of Stephen Hales and Charles Darwin and his current interest is in nineteenth century Romantic science.

Symposium Report

International Confederation of Historians of Medicine Moscow, 11 -15 March 1998

The First Congress of the International Confederation of Historians of Medicine (ICHM) was held in Moscow , 11-15 March 1998. The historic Medical Museum of the Russian Academy of Medical Sciences, under the directorship of Professor Boris Nuvakhov, served as the venue for the congress.

The Confederation, which was registered in Moscow in 1992, includes national, regional, and local societies of medical historians of several republics of the former USSR.

The congress drew 105 registrants from the Commonwealth of Independent States as well as twenty participants from Belgium, Croatia, Germany, Greece, Hungary, Israel, Poland, Tunisia, the United Kingdom and the United States, who represented the ISHM. There were several sessions devoted to communications on Russian medical history and related subjects. Simultaneous translation into English and Russian was provided for the plenary sessions, which included a broader array of medical historical topics.

The organisers arranged an excellent social programme for their foreign guests, including a memorable evening at the Bolshoi and a perfor-

mance of Mozart's Requiem at the Tchaikovsky Conservatory. Lutfia Arifulova, Deputy Director of the Medical Museum, conducted the visitors on a brisk Sunday morning walk around the city centre, which had been refurbished for the celebration the previous September of the 850th anniversary of the founding of Moscow.

A day's excursion was made to the beautiful Trinity Monastery of St Sergius at Sergiev Posad (formerly Zagorsk) outside Moscow, one of Russia's most impressive historical and religious landmarks. Those who made the trip spent a memorable day walking on the crisp snow that covered the monastery grounds, where the gilded cupolas of the lavra gleamed under the cold sun of a late winter's day.

Professor Yuriy P. Lisicyn, whose seventieth birthday was publicly celebrated at the Congress, was elected the new President of the Confederation. For further information on the ICHM, contact Prof. Tatiana V. Zhuravliova, Secretary General, 7 Vorochnikovskii pereulok, Apt. 39, Moscow 103006, Russia.

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Attention

A special supplement of *Vesalius* will be published in September on the Proceedings of the international congress "Histoire de la Medecine et Juda'isme"

Un numero special de *Vesalius* sera publie en septembre et constituera les actes du congres international "Histoire de la Medecine et Juda'isme".

News from member countries ***Nouvelles des pays membres***

Belgique

Cette première partie de l'année a été particulièrement fructueuse en réunions, événements et expositions organisées ou coorganisées par la Société Belge d'Histoire de la Médecine qui se veut d'être une Société dynamique et ouverte aux propositions extérieures..

Le 28 mars 98, une journée scientifique a eu lieu au Musée de la Médecine de Bruxelles. Après présentation de leurs travaux, les membres de la Société ont pu découvrir les nouvelles acquisitions du Musée dont des cires anatomiques du 19e siècle de type "Spitzner".

Le 6 juin 98, à Montigny le tilleul, le thème choisi était les épidémies. On en a profité pour visiter l'exposition "Guerre et paix sous microscope - Les épidémies à travers les temps", organisée par l'Association Belge pour l'Hygiène Hospitalière. Une grande partie était consacrée aux saints guérisseurs et thérapies magiques.

Le 17 octobre 98, la société se réunira à nouveau pour ses travaux à l'Abbaye de Brogne à l'occasion de l'exposition "2001 Odyssée de la Médecine, Quel Avenir pour l'Homme". L'histoire de la médecine y tient une place originale avec la reconstitution du cabinet du Dr Frankenstein.

Un colloque international (9 et 10 octobre 98) et une exposition (du 9.10.98 au 18.12.98) "Les mystères de la momie de Ras-car-Capac" sont prévus au Musée de la Médecine. Cette momie, conservée aux Musées royaux d'Art et d'Histoire de Belgique et rendue célèbre par Hergé dans les aventures de Tintin, a été étudiée grâce aux techniques médicales d'imagerie moderne et de recherches génétiques; les résultats seront présentés lors du colloque qui abordera également les différentes facettes médicales, historiques et anthropologiques de la médecine précolombienne et traditionnelle. L'exposition illustrera les pratiques médicales et les pathologies dans le Nouveau Monde.

T. Appelboom

Brazil

On November 21, 1997, the Brazilian Society for the History of Medicine (Sociedade Brasileira de Historia da Medicina - SBHM) was founded with Prof. Carlos da Silva Lacaz of the Faculty of Medicine of the University of Sao Paulo as President. The idea arose on the island of Cos, Greece, during the XXXV International Congress of the History of Medicine in 1996, when the Brazilian physicians present felt the need for a society of the history of medicine at a national level which would contribute to the development of this branch of knowledge in Brazil.

Two hundred and thirty members were enrolled by March 1998, including physicians, historians, dentists and other professionals. The statutes will be approved shortly and the program of action of the new society will be discussed.

The major objectives of the SBHM are: to promote study and research in the history of medicine, to foster the exchange of knowledge and information among its members and with other countries; to work for the implantation of education in the history of medicine in our medical schools; to promote and publicize meetings, courses, congresses and other events linked to the history of medicine.

An important aim of the SBHM is to stimulate research in the history of Brazilian medicine and to preserve the medical memory of the nation.

The SBHM intends to publish a Bulletin to be distributed to members and to medical groups, containing news about the SBHM and topics related to the history of medicine. The SBHM also intends to publish a register of official and private history of medicine Libraries existing in Brazil.

It is the intention of the Society to hold an annual national symposium on the history of medicine in Brazil each November starting in 1998 and, in 2000, to organize a commemoration of the 500 years since the discovery of Brazil".

J. M. Rezende

Croatia

The seventieth anniversary of the teaching of the history of medicine at the University of Zagreb School of Medicine was celebrated with an "International Conference on the History of Medicine in Medical Education - Retrospective and Prospective Status and Role in Europe" at the Palace of the Croatian Academy of Sciences and Arts, in Zagreb, between 5th and 7th December 1997. The meeting was organised by the Croatian Academy of Sciences and Arts Division of Medical Sciences, the Institute for the History and Philosophy of Science (Div. History of Medicine) and the Croatian Society of History of Medicine, under the auspices of the Ministry of Science and Technology of Croatia.

The papers concentrated on the place of the History of Medicine in the medical curriculum as an educational challenge in the formation of future doctors, through their development of critical thinking in medical practice and biomedical research. The History of Medicine as a research discipline is attracting growing attention in Europe. However, it still does not play as significant a role as it should in education and training. Presentations and discussions were held in English and the *Proceedings* will be published as a special edition of the *Croatian Medical Journal* at the beginning of 1999.

A questionnaire for all the participants, requested information for a data base on the current status of history of medicine teaching. Data already received showed considerable differences in the status of the discipline in

European countries today and in its future prospects as an academic subject.

Future Goals of the History of Medicine in Medical Education were identified as :

- a) development of critical and analytical thinking in medical students,
- b) recognition of specific characteristics in the health cultures of different populations including their own,
- c) assessment of a scientific basis for alternative (unconventional) medicine in contemporary Europe,
- d) alerting medical students to bioethical problems in the fields of health care and research.

A need for a permanent European centre for co-ordinating the teaching of the History of Medicine was recognised. It was suggested that Zagreb might become a central European forum for surveillance of progress in the teaching of the discipline, with thematic meetings and workshops every two years. Meanwhile it would be desirable to establish communication between teachers and scientists via the Internet and a *History of Medicine Teaching Newsletter*.

Awards

Prof. Mirko Drazen Grmek and Prof. Spyros Marketos, for their work in medical history and the pharmaceutical company Pliva, for its support of research in the history of medicine, were awarded honorary Lujo Thaller plaquettes. Prof. Dietrich von Engelhardt and Prof. Hans Schadewaldt, who have kept close co-operation with Croatian medical historians throughout the years, received honorary Lujo Thaller diplomas.

The first professor of the History of Medicine at the University of Zagreb School of Medicine was Dr Lujo Thaller (1891 -1949), who gave his first lecture in 1927 and thus initiated the History of Medicine teaching in Croatia. The Croatian Society for the History of Medicine decided to establish an honorary plaque and a diploma Lujo Thaller for extraordinary achievements in the research and promotion of the History of Medicine.

Prof. Biserka Belicza

Book Review

Histoire de la médecine à Strasbourg

Jacques Heran (dir.)

Strasbourg, Editions La Nuée Bleue / Dernières Nouvelles d'Alsace
et Faculté de Médecine de l'Université Louis Pasteur de Strasbourg, 1997.
1 vol. 23 x 31 cm, 799 p. ISBN 2-7165-0219-6.

L'année 1997 a vu la prolifération d'ouvrages d'histoire de la médecine; outre cette monumentale publication de Strasbourg, il faut citer notamment *L'art de guérir. Images de la pensée médicale à travers les temps*, Bibliothèque des Amis du Fonds Mercator, 224 p. dont les auteurs sont Thierry Appelboom, professeur de rhumatologie à la Faculté de Médecine de l'Université Libre de Bruxelles et Christine Bluard, historienne de l'art et archéologue, le tome 3 de *l'Histoire de la pensée médicale en Occident*, sous la direction du docteur Mirko D. Grmek (avec comme sous-titre *Du romantisme à la science moderne*; le tome 4 Le XXe siècle paraîtra bientôt). Bien que n'appartenant pas au millésimé '97 mais à l'année '95, *l'Histoire de la médecine* publiée sous la direction de Danielle Gourevitch (Paris, Ellipses, 192 p.) mérite d'être signalée : elle est destinée essentiellement aux étudiants ayant à leur programme l'histoire de la médecine. A côté de ces *Histoires*, il faut tenir compte de nombreuses monographies dont le tout récent *Legs de Claude Bernard* dû également à la plume de Mirko D. Grmek (Paris, Fayard, 1997, 439 p.).

L'ouvrage de Strasbourg est l'oeuvre de près d'une centaine d'auteurs, très généralement professeurs (ou honoraires ou émérites) de la Faculté de Médecine. L'Alsace, beaucoup plus qu'une autre région de France, a connu d'énormes vicissitudes historiques; l'Université de Strasbourg et sa Faculté de Médecine, en particulier, ont souffert et ont été déchirées depuis 1870.

Pierre Volmer (dans *Le déporté* de novembre-décembre 1993, p.13 sqq., sous le titre *L'Université de Strasbourg à Clermont-Ferrand*)

a remarquablement relaté l'installation de l'Université dans les locaux tout neufs de l'Université de Clermont-Ferrand. Mais "le 23 novembre 1941..., à la cérémonie d'ouverture de la Reichsuniversität Strasbourg..., le Reichsminister Rust disait : "...L'Université allemande de Strasbourg ... Ainsi donc est ouverte l'Université du Reich de Strasbourg...". Dans *Y Histoire de la Médecine de Strasbourg*, cette très pénible période de la seconde guerre mondiale est illustrée par un long chapitre (=huitième période) sous le titre *La guerre (1939-1945) et l'annexion de fait hitlérienne* (pp.568-623); *L'annexion allemande (1871-1918)* avait été évoquée dans la sixième période (pp.346-465).

Quel est le contenu ou l'intitulé des autres périodes ? La première s'intitule *Des traces de la préhistoire à la ville romaine (Argentoratum)*; la seconde évoque *la ville au moyen âge*; la troisième, *L'humanisme de la Renaissance et la ville libre, cité de la réforme (vers 1450-1621)*; la quatrième, *la ville libre universitaire* (621-1789); la cinquième, *Le XIXe siècle français de Strasbourg (1789-1870) ...* la septième, *Strasbourg entre les deux guerres mondiales (1918-1939)*, la neuvième, *Depuis 1945*. Les "périodes" constituent donc les cadres chronologiques ou historiques. Mais dans cette masse de données, il importe de déterminer, en respectant l'ordre chronologique, les médecins qui ont le plus illustré la Faculté de Médecine de l'Université de Strasbourg. Il conviendra sans doute de mentionner d'abord les Alsaciens ou les médecins qui, de près ou de loin, ont touché ou fréquenté la Faculté de Médecine de Strasbourg et qui ont été honoré par un prix Nobel. En 1902, ce fut Fischer (1852-1919) qui reçut le prix Nobel de chimie; en 1903, il mettra au point le premier des

hypnotiques, le Véronal. Alphonse Laveran (1845-1922) sera le premier titulaire français du prix Nobel de médecine (1907), pour "l'ensemble de ses travaux sur le rôle des Protozoaires comme agents de maladies"; il était entré à l'Ecole du Service de santé militaire de Strasbourg, le 29 octobre 1863. Paul Ehrlich, ancien étudiant de la Faculté de médecine allemande de Strasbourg, reçut en 1908 le prix Nobel de médecine; il avait décrit en 1879 les Mastzellen (cellules gavées) francisées en mastocytes. Kossel sera le troisième Strasbourgeois de formation à recevoir le prix Nobel de médecine (1910). En 1936, Otto Loewi, qui défendit sa thèse à Strasbourg en 1898, reçut le prix Nobel pour ses recherches sur les neurotransmetteurs. Le plus célèbre des prix Nobel strasbourgeois et alsaciens fut assurément Albert Schweitzer (1875-1965) qui naquit à Kaysersberg (dans le Haut-Rhin) et exerça une vie de médecin missionnaire à Lambaréné (Gabon). Il reçut le prix Nobel de la Paix en 1952. Dans le cadre de ce volume, c'est Schweitzer qui a eu droit à la notice la plus circonstanciée (écrite sur trois pages par François Isch).

Mais à côté des titulaires du prix Nobel, il y eut de très nombreux médecins strasbourgeois ou apparentés à Strasbourg qui se distinguèrent. Goethe séjourna à Strasbourg de mars 1770 à août 1771 et il laissa des souvenirs intéressants sur certains aspects de l'enseignement de la médecine dans cette ville. C'est Goethe <1> a écrit : "La médecine occupe l'homme tout entier, parce que c'est de l'homme tout entier qu'elle s'occupe". Il faut citer Jean-

Georges Roederer, élève de Fried à Strasbourg, qui présenta sa thèse en 1750, Lobstein aux obsèques duquel (1876) le doyen Cailliot déclara : "Toi, le plus bel ornement de notre école ...", Emile Küss (1815-1871), Louis Pasteur (1822-1895) qui travailla à Strasbourg pendant six ans (1849-1854) et dont l'Université de Strasbourg porte le nom, Eugène Koeberlé (mort en 1915), Röntgen (1845-1923) qui fit deux séjours à Strasbourg où il obtint le titre de Dozent, Robert Debré (1882-1978), clinicien et biologiste parisien qui donna le premier cours en français dès janvier 1919 et René Leriche (1879-1955) qui s'illustra en chirurgie physiologique. Mais il faudrait citer tant d'autres noms que tout lecteur découvrira dans ce remarquable *liber memorialis* ou *Alsatique*.

Ce livre, consacré à la pieuse mémoire de l'Alsace et de Strasbourg, contient encore une myriade de renseignements sur la vie médicale des différentes époques. Je ne citerai qu'un seul exemple : l'hôpital est étudié au Moyen Age, à l'époque de la Réforme, au XVIIe siècle, à l'époque de Vauban, au XIXe siècle et au XXe siècle.

Un reproche d'un certain chauvinisme pourrait être adressé à l'un ou l'autre auteur de ce prestigieux volume. Mais devant l'excellence du travail et sa richesse iconographique qui nous sont offertes, cette critique disparaît et c'est avec reconnaissance et avec beaucoup d'intérêt que nous l'avons parcouru et que nous en recommandons la lecture.

Simon Byl
Université libre de Bruxelles

Le 14 février dernier, l'Académie de Médecine de Belgique a remis le Prix d'Histoire de la Médecine du Dr F. de Jonckheere au Dr Alain Touwaide qui avait soumis un ouvrage de 370 pages intitulé *Une histoire du médicament en Occident* dans lequel il étudie en détail le concept du médicament depuis la Mésopotamie jusqu'aux plus récents développements. L'ouvrage est destiné à être publié et constitue, selon les mots mêmes du rapporteur, un monument pour lequel l'auteur mérita tous les compliments du jury.

O Megas Alexandros sta pedia Vis Iatrikis

Ioannis Lascaratos

Athènes, Ed. J.&J. Hellas, 1997, 334pp.

ISBN 960-85447-2-6

Le titre français de ce livre intégralement en grec contemporain (avec de nombreux textes en grec ancien) serait "Alexandre le Grand et la médecine". L'auteur de cette monographie, J. Lascaratos, est professeur d'histoire de la médecine à la Faculté de médecine de l'Université d'Athènes. Il a rassemblé tous les textes anciens évoquant les rapports d'Alexandre avec la médecine. Ces textes sont néanmoins relativement récents (1er siècle a.C. - 1er et 2ème siècles p.C). Ce sont ceux de Diodore de Sicile, de Plutarque, d'Arrien, de Quinte-Curce et de Justin, ce dernier ayant vécu aux 3e et 4e siècles.

Nous ne possédons malheureusement aucun texte contemporain de la mort du conquérant macédonien en 323. Dès lors, nos sources, qui datent de plusieurs siècles après l'événement, sont peu fiables et elles ont suscité, parmi les historiens et les médecins des XIXe et XXe

siècles, d'innombrables hypothèses : Alexandre serait mort, à l'âge de 33 ans, de malaria (*Plasmodium falciparum*), de delirium tremens, de pneumonie, de typhoïde, d'épilepsie, de péritonite...

Le livre de J. Lascaratos établit un réel état de la question et il s'achève par cette conclusion en latin : "Ignoramus et, tamdiu fontes latentes non praebent, ignorabimus" (Nous ignorons et aussi longtemps que des sources (=auteurs) inconnues jusqu'ici ne nous ne le permettront pas, nous ignorerons).

Cette conclusion est prudente, car la cause de la mort du grand conquérant reste du domaine de la probabilité et non de la certitude.

Simon Byl
Université libre de Bruxelles

Nommer la maladie

Recherches sur le lexique gréco-latin de la pathologie

Centre Jean-Paleme, Edité par A. Debry et G. Sabbah. Prix : 120 FF. ISBN 2-86272-128-X
Publications de l'Université de Saint-Etienne, 35 rue du Onze-Novembre, 42023 Saint-Etienne Cedex 2

Le Centre Jean-Paleme vient de sortir un livre intitulé "Nommer la maladie. Les 13 chapitres sont les fruits de recherches sur le lexique gréco-latin de la pathologie. Schematiquement on peut les regrouper en 4 sections : 1. Mots grecs et héliénismes, 2. Vocabulaire latin et pathologie, 3. Usages d'auteurs, 4. instruments de recherche. La totalité du volume s'inscrit sur 244 pages.

Pour un historien de la médecine moyen, c'est ardu et d'une lecture difficile. Les textes s'inscrivent plutôt dans le cadre d'un enseignement et s'adressent à des philologues. Par contre, sa valeur scientifique est indéniable et montre combien l'étude des textes anciens peut être rigoureuse et affaire de spécialistes.

Thierry Appelboom

Scientific Events

September 6-11 1998

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Tunis - Carthage

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9, boulevard Bab Menara
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Fax: #216-1-561 737

9 et 10 octobre 1998

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Information :

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9 octobre -18 décembre 1998

Exposition

"Les mystères de la momie de Rascar Capac"

Musée de la Médecine de Bruxelles

Information :

Diana Gasparon
Tel : # 32-2-555 34 31
Fax : # 32-2-555 34 71

8 mai 1999

Colloque "Hippocrate et sa postérité"

Bruxelles - Musée de la Médecine

Informations :

Diana Gasparon
Tél. : # 2-555 34 31
Fax : # 2-555 34 71

Été 1999

Congrès international histoire de la psychiatrie

European Association for the History of Psychiatry

Information :

IUHMSp, Case postale 196
1 ch. des Falaises
1000 Lausanne 4, Suisse
Fax: #41-21-314 70 55
E-mail : hist.med@inst.hospvd.ch.

6-9 octobre 1999

Xe Colloque International Hippocratique

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Université de Nice, Faculté de Lettres, Boulevard E. Herriot 98, 06204 Nice, France

Informations :

Pr. Antoine Thivel, Les Mimosas
26 avenue de Flirey
06000 Nice, France
Tél. : # 33- 4-93 53 05 47

Information

Through the auspices of Pharmweb, a new history of pharmacy discussion group has been established. The purpose of the group is to provide an internet forum for the exchange of information, ideas, questions, and controversies that touch on the subject of the history of pharmacy.

E-mail messages posted to history@pharmweb1.man.ac.uk will be forwarded to me as list moderator. If they appear germane to the broad subject of the history of pharmacy, I will pass them along to all subscribed members of the list. Advertisements and off-topic messages will not be forwarded. (I do invite members of the list, however, to feel free to place notices about their own recent publications and achievements.)

To subscribe to the list, point your web browser to <http://www.pharmweb.net/pwmirror/pwq/pharmwebqg.html> There you will find a form to fill out. This same form may be used to unsubscribe. If you have any questions, feel free to contact me directly at: gjh@pharmacy.wisc.edu

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Table of Contents

- 2 Editorial
J. Cule
- 3 *Ibn Al Jazzar and the Kairouan medical school of the tenth century AD*
S. Ammar
- 5 *Médical Déclarations on Tempérance*
M.L. Crosfill
- 13 *Une approche nouvelle de l'embaumement dans l'ancienne Egypte :
les instruments des prêtres-embaumeurs*
Fr. Janot
- 23 *Saint Sébastien and the Black Death*
A.P. Gelpi
- 31 *Andrés Piquer et la tradition hippocratique dans l'Espagne du XVIIIe siècle*
J. Angel y Espinôs et I. Fernández Gariñan
- 35 *Médecine à la Molière*
P.J. James
- 42 Symposium Report
International Confédération of Historians of Medicine
G. Ferngren
- 43 News from member countries
Nouvelles des pays membres
Belgique - Brazil - Croatia
- 45 Book Review
Histoire de la médecine à Strasbourg
O Megas Alexandros sta pedia tis Iatrikis
Nommer la maladie
- 48 Scientific Events