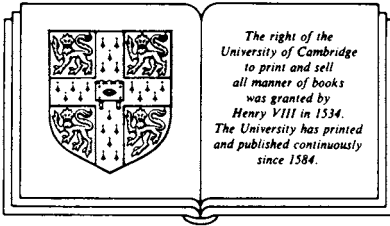


# Morbid Appearances

THE ANATOMY OF PATHOLOGY  
IN THE EARLY NINETEENTH CENTURY

Russell C. Maulitz



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## Introduction: *Ouverture*: Bichat's head

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The Père Lachaise cemetery in Paris is known to much of the world as one of the most remarkable monumental legacies of Napoleonic France. Opened in 1804, it is a grand baroque gesture made solid in granite and marble. Its monuments, massed and massive, embody the homage of an entire society to its famous and notorious. Nearly overgrown in a corner of the cemetery rests an unprepossessing stub of a monolith bearing the name "Bichat." Only the most deliberate of wanderers in Père Lachaise would remark it.

Today medical historians revere the name of Marie-François-Xavier Bichat (1771–1802) as a founder of French scientific medicine. He is seen as a pioneer in the study of tissues and the father of dual medical traditions that came to include such luminaries as François Magendie and Claude Bernard in physiology and Théophile Laennec and Thomas Hodgkin in pathology. Thus it seems only natural that Bichat should be immortalized in the stone of Père Lachaise. But it was not always so. An odd tale looms behind the arrival of Bichat's remains, some forty years after his death, in this final place of rest.

By 1802, at the age of thirty, when today's physicians are often still in training, Bichat was already a respected, if not very elevated, member of the Parisian medical community. He died on July 22 of that year. The same day, following custom, one of his prize students, Philibert-Joseph Roux (1780–1854) dissected his preceptor's body. He noted certain pathological changes including some abnormalities of dentition and an occipital skull fracture, the latter perhaps related to the tuberculous meningitis to which he is thought to have succumbed. Bichat's remains were then laid to rest in the Cemetery of Saint-Catherine.

Forty years later the Saint-Catherine cemetery had become overcrowded and decayed, a hazard to the public health. In 1845,

authorities closed it and announced that it would soon be abandoned. As it happened, in November of that year thousands of physicians from across France convened in Paris to attend a national medical congress. The congress officers designated a special commission to arrange the transfer of Bichat's remains to a permanent grave in Père Lachaise. To the medical community this seemed altogether fitting: The cemetery was rapidly becoming a pantheon for French cultural heroes, from Abélard and Héloïse to Molière. Just two years earlier, in 1843, Samuel Hahnemann had been buried here. Like the others, Bichat, too, was now hero and exemplar. His body could hardly be consigned to the anonymity of some near-forgotten ossuary. By 1845 Bichat had finally come to belong in the company of the demigods of Père Lachaise. In his own time Paris had been the foremost medical center of Europe, although it was now rapidly yielding its preeminence to the German states. Bichat had become part of the official iconology of French medicine just as its reputation faded to, at best, parity with other nations' medical cultures.

Thus it was that over two dozen family and friends convened in the early morning of November 16, 1845. The grave was found, badly decayed, next to the east wall of the Saint-Catherine cemetery. Among the assembled there was a small clutch of medical men, panjandrums of the Paris hospital scene, men like Bichat's student, Philibert-Joseph Roux, and the surgeon Joseph Malgaigne (1806–1865), who, though he had never known Bichat, was devoted to the hagiography of the Paris hospital.

The exhumation began. When the diggers reached a point five or six feet down, they hit a skeleton. When they finished unearthing it, the congregants were puzzled. The remains, otherwise well-preserved, lacked a head. Considerable further digging revealed no cranium. Only after some delay did Roux step forward with an explanation. Several years after his young master's death, in circumstances that he apparently never divulged, Bichat's head had come into his possession. Roux now produced a skull, demonstrating from the original autopsy findings that it was indeed Bichat's. He ceremoniously rejoined it to the skeleton. Eulogies were offered. A laurel wreath was laid beside the skeleton and the newly rejoined skull was adorned with a "crown of immortality."

My account of the growth of anatomical pathology begins with Bichat's career. But the tale need not begin there. The history of pathology in the century before him teems with major figures in the field of morbid anatomy, men like John Hunter (1728–1793) and Giovanni Battista Morgagni (1682–1771). In this discussion, however, I am by choice and convention using the phrase “pathological anatomy” to mean something more specific. By that phrase I wish to denote an approach to the theory and practice of pathology that, while not yet resorting to the microscope, relied nonetheless on emerging notions of histopathology. This approach, also known sometimes as tissue pathology, was first clearly systematized by Xavier Bichat.

Histopathology was characterized, in essence, by two key features. First, there was the recognition that a systemic, or medical theory of pathology could be elaborated around solid, rather than humoral, components of the body. Those components were variously designated by writers as the membranes, tissues, or serosal tunics of organs in the major body cavities. The tissues were recognized to react, for example, by inflammation and hydropsy (an outpouring of transudative fluid), according to stereotyped patterns independent of the location or the noxious stimulus initiating the reaction. This might be termed the general theory of histopathology. A second key component was the elaboration of a “special” histopathology that applied the general theory and underscored its utility: the description, for example, of the peritonitis accompanying puerperal fever.

But even in the context of this narrower construction of pathological anatomy, the story does not begin with Bichat, from the standpoint of intellectual history. He was not the first to expound either of these defining characteristics of histopathology. The genealogy of ideas about tissue pathology is confined neither to the early nineteenth century nor to Bichat, nor even to the French milieu. It is ironic, given the order of events as I present them below, that British authors contributed most significantly to the “prehistory” of histopathology. Between 1760 and 1790, men like James Carmichael Smyth, William Cullen, John Hunter and Edward Johnstone, some of them now wholly forgotten, others well remembered but for matters quite other than histopathology, contributed some of the earliest insights into the pathology of the tissues and membranes.<sup>1</sup>

But I am not so much concerned here with the genealogy of ideas. Rather I want to unravel the story of a tradition. The emergence of medical traditions depends upon a great deal more than the enunciation of key ideas. It depends upon even more than the sharing of those ideas among members of an elite, educated community given to reading memoirs of their peers. So defined, the medical community on both sides of the English Channel at the end of the eighteenth century was a well-knit one. Philippe Pinel (1745–1826) knew of Smyth's work and stimulated Bichat's; Laennec followed in Bichat's footsteps but knew of Johnstone's work; and so on.

Acknowledging antecedents and tracing intellectual lineages were and remain common habits of scientifically disposed physicians, not to mention historians of medicine. But minds thus drawn together do not in themselves form a tradition. Something very different, something in the nature of a conjunction of institutions, professional groups, and ideas is needed to effect such a change. This sort of juncture appeared in France at the end of the eighteenth century. After 1794, when medicine and surgery were fused by fiat of the Revolution, Bichat brought together their two pathologies, and called the resulting intellectual hybrid pathological anatomy. For the first time in modern Europe, there was a context, a set of structures and arrangements centered on the existence of a newly ecumenical faculty, within which a new theoretical canon could flourish. Under such circumstances, pathological anatomy could expand beyond a small elite and become a project, an enterprise with real practical and professional implications.

Two basic conditions made this possible. One was the creation of an institutional context for the reinforcement and dissemination of theoretical notions about tissue pathology. The second condition was a technical corollary of the first: theoretical notions were as nothing without the milieux within which they might be put into practice. In Paris, beginning with Bichat's teachers, pathological anatomy became a matter of workaday routine. For surgeon and physician alike, the everyday possibility of conducting large numbers of postmortem dissections was every bit as important in entrenching Bichatian pathology as was the "fit" between that pathology and the structure of the newly conjoined medical – surgical faculty. In the nineteenth century English-speaking students as well as Frenchmen began coming to Paris seeking this experience. It

was an experience accessible in Paris on a scale without parallel elsewhere. For such reasons, the ideas that I describe in this book tended to flow westward, across the English Channel and at times even across the Atlantic.

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Bichat's remains were transferred to a hearse and a cortege was formed. Some four thousand French physicians joined in the journey toward its next stop, the grand court on the Ile de la Cité. On one side stood the mammoth hospital, the Hôtel-Dieu, where Bichat had toiled fifty years before. On the other side stood the mother of cathedrals, Notre Dame de Paris. Here the cortege stopped for a service. The cathedral was full to overflowing. A two-hour procession followed, more festive than funereal, aiming for the eastern borders of the city and the new gravesite in Père Lachaise. Accompanied by an endless succession of *discours*, Bichat's remains were buried again.

Six years later, in 1851, a statue of Bichat, fashioned by David d'Angers, was erected in the central courtyard of the Paris Faculty. This too seemed altogether appropriate. Nearly half a century after his death, Bichat epitomized the Faculty's image of itself.<sup>2</sup>

During the young pathological anatomist's lifetime it had been otherwise. The documentary record makes it clear that on at least two occasions Bichat attempted in vain to join the Paris faculty. Though already a prestigious member of the community that Erwin Ackerknecht and others dub the Paris Hospital, Bichat evinced great interest but little success in gaining entrance to the innermost circle of state-supported teaching physicians.

It seems, then, that Bichat's fortunes shifted in intriguing ways, moving from the (at best) ambiguous success that he met officially in his own lifetime, to the talismanic role his figure had come to play four decades later. What was the source and the motive force of this shift in Bichat's official standing in the medical Pantheon? The evidence permits few ironclad conclusions. But some inferences are possible. First, the Paris medical faculty was indeed in some significant sense a central institution, perhaps even uniquely so, in spreading new medical knowledge to the borders of France and beyond. Bichat's failure to gain a foothold in that institution thus takes on added importance, for it sheds light on the distinction between those, like Bichat, who created medical traditions, and



those, like the mandarins of the Paris faculty, who exploited and disseminated them.

Second, if Bichat's reputation had by 1845 become so mystified and mythicized that he was now ritually embraced by the Paris medical faculty, perhaps this curious turn of events can be put to historical use. In early nineteenth-century French medicine there were particular reasons for such an amplification of images and reputations. In this shift one may look for insight about the elaboration and embellishment of medical traditions like pathological anatomy.

My discussion resembles a diptych. In the four chapters of Part I that follow, I concern myself with the elaboration of Bichat's, and others', systems of morbid anatomy. In Part II I comment on the "hinge," the perception shared by at least some medical men across the English Channel that the new French tradition was attractive and worthy of adoption. Finally, in Part III, I examine the other panel of my diptych, the fate of that perception. To what extent was the Bichatian tradition successfully imported in Britain? Mutation, implantation, and adaptation are among the fates new ideas may encounter on foreign shores. I will discuss the destiny of pathological anatomy as its British proponents, and some of its detractors, tried to assign it a role in their own medical culture.