

Eloge upon Baron G. Dupuytren ... / by E. Pariset ; translated, with notes, by J.I. Ikin.

Contributors

Pariset Etienne, 1770-1847.

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ÉLOGE

UPON

BARON G. DUPUYTREN,

LATE SURGEON-IN-CHIEF AT THE HOTEL-DIEU, PROFESSOR
OF THE FACULTY OF MEDICINE, MEMBER OF THE ROYAL ACADEMY OF SCIENCES,
OF THE ROYAL ACADEMY OF MEDICINE, AND OF THE LEGION OF
HONOUR, SURGEON EXTRAORDINARY TO LOUIS XVIII
AND CHARLES X, ETC. ETC.

BY E. PARISET,

PERPETUAL SECRETARY AT THE ROYAL ACADEMY OF MEDICINE.

READ AT THE ANNUAL MEETING AUGUST 9TH, 1836.

TRANSLATED, WITH NOTES,

BY

J. I. IKIN, SURGEON, ETC.

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TRANSLATOR'S PREFACE.

To read any thing connected with the lives and labours of great men is interesting and instructive ; and as the present Eloge contains a brief sketch of the life and writings of one of the most celebrated surgeons that ever lived, I have been induced to translate it, in order to furnish the profession with an ENGLISH token of this great man's worth.

It is true that the continental languages, especially the German and French, are now so generally read, that translations from them may appear to some almost superfluous ; still, we find that few, when engaged in the busy pursuits of active life, can afford the time, or will take the trouble, to read foreign works in the original ; and that, were it not for the exertions of others, a great majority of British practitioners would be altogether ignorant of the state of Medical Science in other countries. This consideration has induced me to translate M. PARISER's Essay, which, though brought before the public merely in the form of an Eloge, contains, in my opinion, a more interesting and complete sketch of the life and writings (for the latter were not numerous,) of Baron Dupuytren than any that has yet appeared.

The periodicals have, I am aware, already published many interesting notices and details of this great Napoleon of surgery, as he has been aptly termed ; yet, none sufficiently complete to render

this translation uncalled for, or, I trust, unacceptable to the profession Dupuytren's name adorned.*

The Translation may not do justice to the work, as it is impossible to render a composition, (and especially one of this description,) however eloquent and impressive in the original, equally so when translated; still, I flatter myself that the perusal of it will, notwithstanding its imperfections, amply repay the reader, and cannot fail to stimulate to increased exertions all sincere lovers of medical science, and to encourage those commencing their career, by shewing them what difficulties have been overcome by some of the greatest ornaments of our profession; how their patience, perseverance, and industry, have been put to the test; how poverty has oppressed them, jealousy and ill-will maligned them, ere success has crowned their efforts, riches and honour repaid their exertions.

The notes contain, besides other matter, many interesting particulars relating to Dupuytren, not alluded to by M. PARISSET, which, it is hoped, will not be considered as inappropriate additions.

J. I. I.

HALIFAX, July, 1837,

* To the Memoir that appeared in the LANCET I am considerably indebted for many interesting particulars contained in the notes. A short Biographical Sketch of Dupuytren, taken from M. Pariset's work, has appeared in the Med. Chir. Review for July, when the present Translation was in the hands of the printer.

ELOGE

UPON

BARON G. DUPUYTREN,

READ BEFORE THE ROYAL ACADEMY OF MEDICINE,
PARIS.

I AM about to speak of a contemporary to his colleagues, of a teacher to his pupils, of a great Surgeon to the community at large. My task is a difficult one! By some I shall be thought obscure and tedious; by others, however guarded in my criticism or praise, I shall be considered too prolix or too concise. Moreover I must add, that those spirited writers on the same topic, who have preceded me,* have, by pointing out the difficult route to be followed, only added new difficulties to my task. Their works deprive mine of the merit of originality, they render it liable to invidious comparisons. The vivacity of their portraits will serve only to throw my faint sketch in the shade. And, if in our progress, thoughts bearing the impress of their minds should be unconsciously transferred to these pages, it is but justice that the praise should be rendered to whom it is due; and whatever opinion I may express of him whose Eloge I write, let it be remembered by my

* M. M. Vidal (de Cassis), Isid. Bourdon, Donn , &c., have published excellent notices of Dupuytren. In them the man is described, the Surgeon estimated, with talent and justice, especially by M. Vidal (de Cassis). It will be easily recognized what part of this Eloge is indebted to them.

hearers, that much as I pride myself on being the friend of justice and truth, I am here only responsible for the sincerity of my words, and my candour must serve as the best apology for my faults.

The lives of some men commence, like the history of many nations of antiquity, with incidents bordering on the romantic. Adam Smith's and Dupuytren's were both singular in this respect: the former born at Kirkaldy, a small town in the county of Fyfe, in Scotland; the latter at Pierre Buffiere, a small town of Haute-Vienne, in France: each, when at the age of three years, whilst playing in front of the house, the one of his uncle, the other of his father, was carried off; Adam Smith by gipsies, Dupuytren by a rich lady of Toulouse, who, travelling in search of a child, met with him, and took him, being enchanted by his fair hair, animated countenance, and the grace of his provincial patois. Adam Smith was recovered by his uncle, Dupuytren by his father; and the thread of the two adventures was thus broken. Had it not so happened, who can tell what would have been the destiny of these two children? Adam Smith, restored to his family, uninterruptedly pursued his career. Dupuytren, before commencing his, was destined again to be carried off; and this second time, not by force or stealth, but in consequence of one of those strange presentiments which sometimes, without any tangible reason, influence so powerfully the imagination. He was born in the year 1777. Notwithstanding his father's limited means, the boy commenced his education at the school of Magnac-Laval, the same in which Giraud, his countryman, had been educated. In 1789 Dupuytren, when in his twelfth year, was spending the vacation at Pierre Buffiere; and, whilst playing in the market place, a regiment of cavalry arrived. One of the officers seeing

young Dupuytren, and being struck with him, as the lady of Toulouse had been, addressed himself to the boy, whose sagacious and lively answers perfectly enchanted him. He proposed to take him to Paris; full of glee the child accepts the offer; his friends consent, and, relying on the word of this almost unknown protector, behold him separated from his relatives and journeying to the capital! What was it that worked a change in the feelings hitherto experienced in his youthful breast? Hope! This hope proved not deceitful.

The officer had a brother who superintended the college de la Marche, into the hands of whom he entrusted the charge that had been committed to him; and it was there that Dupuytren renewed and continued his studies. It is said, that whilst there he was a quick scholar. Nevertheless the unsettled state of the times rendered him inattentive. The political troubles which filled with inquietude the minds of all, penetrated even into scholastic discipline. The course of study was neither regular nor complete; and I am given to understand, that afterwards Dupuytren looked back with regret on the interruption which these turbulent times had produced in his education. However this may be, in the midst of the tumultuous fury, which carried every thing before it, he continued his lodgings at the college; but the time was come when he must choose a profession, and he decided in favour of Surgery; guided no doubt by the advice of Thouret, who, when he saw him, estimated, patronised, and never ceased to love and protect him. One branch of his profession particularly engaged his attention, and this was Anatomy. He was engaged in preparing for the Lectures of Bouillon Lagrange, and Vauquelin, the two Professors of the School of Pharmacy conjointly with our honoured colleague, Dr. Alard, with

whom he shared every thing, that is to say, a small apartment, three chairs and a table, the meagre diet of bread and water, together with a few volumes of the classics, which the friends turned to with delight as a sort of relaxation, and a miserable bed upon which they forgot for awhile the fatigues of the day. Now in summer these fatigues commenced as early as four A. M. : an example, amongst many others, which may teach youth at how great a price success is purchased, and which exemplifies the words of the poet,

“ Que la fortune vend ce qu'on croit qu'elle donne.”

“ That fortune *sells* what we believe she *gives*.”

From this time, ever studious when amongst his fellow-pupils, whom he seemed to provoke by his zeal, but whose raillery only served to increase his exertions, Dupuytren knowing how to regard things in their true light. He would gravely discuss upon the relative subordination existing between man and man, and was wont to repeat the axiom of Cæsar, viz. “ That it was better to be first in a village than second in Rome.” They would tauntingly ask of him, Where is your Rome to be? Where is your village? Would you be a Cæsar? Thus he was teased: but he good-naturedly smiled at their jests, still insisting as strongly as ever on the advantages of pre-eminence, a fact of little importance in itself, had it not been characteristic of the man.*

In the commencement of the month of December, in the year three, corresponding to the end of 1794, Fourcroy had just established three Schools of Medicine, the one in

* “ Above all things avoid being an insignificant man,” (ce qu' il faut craindre avant toute, c' est d' etre un homme mediocre,) was one of his favourite maxims; and to escape the chance of a humiliating mediocrity he devoted every energy of his mind.—TR.

Paris particularly demands our attention. The following year this school, which so many celebrated men have adorned, opened to the profession, by concour or public competition, the offices of "Prosecteur," or Demonstrator. Dupuytren competed and was named the first,—an inconsiderable triumph, but which served to justify Thouret in the estimation in which he had held him. Dupuytren now left his humble apartment at the college, but took a lodging equally poor. For it must be remembered, that at this period the emoluments for such an inferior appointment in the school, could scarcely furnish means sufficient for the purchase of the more pressing necessities of life. Dupuytren, then, had only obtained a title, with little or no pay. It was at this time, and under these circumstances, during the rigours of winter, that he received a visit from one of the most singular men that ever existed, one who was enthusiastic and generous, but carried away, like Condorcet, with his notions of an ideal form of society, with certain indefinite notions of its perfectability, towards the accomplishment of which, in his excessive impatience, he wished to hurry the present and future generations; anxious beyond every thing to make proselytes, and preferring to seek them amongst the members of the medical profession, as they are more constantly admitted into the privacy of family circles than other men, and consequently have more opportunities of promulgating any opinions they wish to inculcate.

This man was St. Simon, founder of a sect whose views were ill timed and misjudged: he hears of Dupuytren, who is a disciple he wishes to convert. He visits him at his lodgings, and finds the young prosecteur shivering with cold, and hard at work in his bed; apologizing for his intrusion, he commenced to hold forth his doctrines, and de-

velope them with his usual energy, flatters himself that Dupuytren will become one of his ardent supporters, and then retires, contriving to conceal under the counterpane 200 francs, in order to enable him to provide against the cold: the sum was a small one to St. Simon, but considered a large one by Dupuytren. What mistake is this! cried Dupuytren, as soon as he sees the money; and immediately dressing, runs after St. Simon, returns the money, blaming him for his carelessness. A similar circumstance happened to Cardinal Ganganelli, afterwards pope, as striking in one case as the other, allowing for the difference of station between a cardinal and a prosector.

In preparing the subjects destined for anatomical demonstration, the prosecteurs constantly meet with not only singular varieties in the form, size, consistence, colour, distribution, situation, and structure of organs; but also morbid changes, of which the nature, number, origin, extent, order, and effects upon the frame, constitute the most curious and perhaps the most astonishing branch of Medical Science. Much valuable information concerning them would be lost were it not gathered in the order that it presents itself, and if the changes themselves were not immediately compared and arranged according to their affinities and differences. These labours, along with many others, are attached to the office of him who is at the head of the anatomical department. This office was filled from 1795 to 1801 by Fragonard. After him, the election being by concours, Dupuytren disputed it with Duméril, and the latter carried it by a single vote. This was, in fact, placing them on a par. Accordingly, a few months afterwards, Duméril being elected Professor, Dupuytren succeeded him by the unanimous choice of the school. A second competition would have been a useless guarantee of his

qualification, it would have been unjust, and a reflection on the school, which had as it were already elected him. Thus, to use the words of Professor Le Clerc, he received the reward of his talents and industry.

From this time Dupuytren turned his attention to Pathological Anatomy. His labours, aided by those of Haller, Corvisart, Bichat, seconded and sometimes modified by those of Bayle and Laënnec, arranged by Cruveilhier, and extended by a host of more recent writers, have made this department of science take altogether a new aspect. It is no longer that of Hippocrates, founded on the observations of symptoms alone; it is no longer the dry anatomy of Bartholin, Bonet, Manget, Morgagni, Lieutaud,* which served but to point out the disorder, whilst it concealed the cause; it is a living anatomy so to speak, where the eye, keeping before it the primary and natural structure of organs, watches the very commencement of the process, the development, the change, and metamorphosis of the tissues attacked, their increase, diminution, transposition, disfigurement; and lastly, it observes the elements of one structure converted into those of another by a sort of reciprocal interchange, shewing that this circle of transmutations, of which the fetus at birth is a definite result, continues throughout life. Dupuytren, being placed in a situation where he had a most extensive field of observation, cut out a path of his own, and with the aid of Marandel,† distributed organic lesions into species, genera, orders, classes, forming a complete system; thinking thus to convert Pathological Anatomy into an independent science, a false notion which led him to separate that which

* The work of the illustrious Portal may be considered as partaking of both ancient and modern Pathological Anatomy.

† Vide *Essai sur les irritations*, par Marandel. Paris, 1807.

ought to be inseparable ; for, in fact, this description of Anatomy is only Pathology itself thoroughly analyzed, and therefore more precise and complete ; it is the history of disease, embracing all its various modifications, bringing every thing to light, alike the astonishing resources of nature in replacing and repairing, as well as all its curious aberrations. It follows at least, from this, that Pathological Anatomy, as at present pursued, is a most powerful aid in our diagnosis of disease. The explanation of symptoms, before so obscure, is now become more intelligible. Art knowing better what to expect, what to fear, what to do, and above all what to avoid. Errors are much less frequently committed ; thus much is gained, though still more is required, for we must confess that the practical utility of these thousands of new discoveries is not in proportion to their number or brilliancy. In the midst of such riches we still feel our poverty. Nature's laws confine every thing to certain limits, beyond which we cannot pass ; and the study of Pathology has consequently its boundaries. Though numerous are the cachexia admitted, it has neither solved their essence nor ascertained their varieties. These varieties are infinite, and as they confound themselves with the natural condition of organs, and as different temperaments are only perhaps constitutional cachexia invariable in their nature, it follows that the elements of disease will still be complex, even when we believe them to be most simple ; and, whilst under appearances of the most perfect identity, they not unfrequently conceal characters the most opposed. Again, on the other hand, the nature of the fluids is still little understood, or of their numerous dyscrasiæ, and of those morbid impressions which they carry to the nervous system, and even to the body when dead, which seems almost, by the changes it

undergoes, to be vital; currents commence which alter every thing, removing from one part the traces of disease, to transport them to another, or to efface them altogether.

I insist, then, that in researches of this nature, the first perceptible change is always the effect of a cause, which will ever escape us, and which it will be necessary to ascertain in order to understand. What foundation, then, have we to build upon, from phenomena so obscure and unstable? With what reserve ought art to interpret them! It is truly here that caution is the commencement of wisdom.

If modern Pathology constitutes above every thing the art of diagnosis, we should suppose that the principal cultivators of this science would excel in this essential art, and we shall soon give striking proofs of the superiority that Dupuytren had acquired in it. The habit of connecting the symptom to the lesion, and of judging of the one by the other, was insisted upon by Dupuytren in the lectures which he commenced; and which, although given at the same time as those of the immortal Bichat, were nevertheless attended by the students. But in 1802, Bichat died, and Dupuytren was left almost without a rival. He taught Anatomy, Physiology, and Pathology, and employed in his lectures a variety of experiments, performing them with a steadiness, quickness, and dexterity, altogether wonderful. The most delicate parts, the smallest nervous filament, however deeply seated, his scalpel reached with a single stroke, and exposed to view, seeming rather to command its presence than seek for it. I have often witnessed these feats myself, and the sight of them used to recall to my mind the words of Longinus upon those of Moses.

Dupuytren's experiments upon the nerves of the tongue seemed to confirm what Galen had said of them, viz. that

there were both nerves of sensation and nerves of motion ; but this distinction, may it not be the effect of some difference in their intimate structure, or is it owing to the different terminations of these nerves ? In order to render sensitive nerves, motor ones, and vice versa, is it only requisite to transpose them ? How can we place exact limits to the functions of either, when we see the stomach in default of the tongue taking upon itself the perception of taste ?

Dupuytren again, by some other experiments, proposed, by exhibiting the movements of the brain, to shew that they were of two kinds, (these movements had also been shewn previously by Schlicthing, Haller, Lamure, &c.) viz. those connected with the pulsation of the heart, and those with the motions of respiration. What shall we say of this ? This double isochronism, whatever may be the proofs of it, has been denied by Baglivi, as well as by one of the most distinguished physiologists of our own times. A singular circumstance in the history of Medicine, that facts the most manifest are the most disputed ! Be it as it may, the experiments of Dupuytren, described in a memoir written by Deschamps, were repeated before Hallé, who, seeing them for himself, was immediately convinced. He saw what I have seen myself, viz. the brain, when exposed, rise during the systole of the heart, and fall during the diastole. When enveloped in the cranium, the brain still undergoes this alternate depression and elevation, though concealed from our view. It is supposed that the cerebral substance possesses a sort of elasticity which allows it to accommodate itself to these changes. The activity and energy of the organ may be consequent on these changes, for when we consider the effects of the gentlest force continuing to act without re-

laxation, when we call to mind that the heart by its pulsations destroys the vertebræ and ribs, one is tempted to admit that after birth, whilst the bones of the head are still soft and extensible, the brain, being already dilated by the gentle pulsations of the arteries, may become still more so by the movements attendant on respiration. From these combined actions it will follow, that the brain undergoes a sort of exercise sufficient to strengthen and distend it in a way analagous to that carried on by other organs; and if it is true that the intellectual powers are in proportion to the cerebral developement, it would be allowable to infer that this capacity itself is not so much in proportion to the motor power of the sanguineous system as to that of the respiratory, the arterial blood, richly supplied with heat and oxygen, acting upon the sensorium as a powerful stimulant. Chaussier states that Pascal, when at the age of thirty-six, fainted from a sudden shock caused by undue cerebral distension. Two questions here arise: Had Pascal been powerfully exercising his respiratory organs? Was his heart in a healthy state? Worthy indeed the researches of philosophy are the relations subsisting between the frame generally, the brain, the respiratory organs, the properties of the arterial blood and those of the atmosphere. But how are we to limit the elements of such a problem? Are they not too numerous for calculation?

Some experiments afterwards made, and which seemed connected with them, were communicated to the Institute, and appeared in 1817 in the *Bibliothèque Médicale*. Dupuytren made them in concert with his friend Dupuy, our respected colleague. He attempted to explain the phenomena that take place during respiration. The conversion of venous into arterial blood, or of the black blood into the red; is it effected in the lungs by chemical affinities alone?

Or, for the accomplishment of it, is not some vital influence, some action, through the medium of the nervous system, essential? If it is consequent on the latter, the change will be prevented by withdrawing the nervous influence; it will only be necessary to destroy the connexion between the lungs and brain by ligature, or more effectually by the division of the eighth pair of nerves. Divide the *par vagum* on one side: this division produces no effect; the animal recovers and continues to breathe as before. Divide both nerves, and the animal is much agitated; he stretches his neck, opens wide his mouth, inflates his nostrils in order to obtain air, has great difficulty of breathing, trembles, is covered with a cold clammy sweat, at last falls, rolls upon the ground, and, groaning dreadfully, expires. The blood, which up to this time is red in the arteries, now is found black; it has not been acted upon by the air. This is what we have seen in experiments upon horses, dogs, rabbits, pigeons, &c. with this difference, that some are killed in a few hours, others in a few days. But what is the real cause of death in these cases? Bichat, Dupuytren, Dumas, Blainville, Provençal, have all experimented; the facts ascertained are unequivocal; the conclusions arrived at, different. Is it the section of the nerves which destroys the chemical combinations? Such is the opinion of Dupuytren, though contradicted by the experiments of Le Gallois. Is it paralysis of the muscles preventing the access of air? So Bichat, Magendie, and some others suppose, an opinion strengthened by the more recent experiments of Dupuy. Dupuy, in these experiments, obviated the first bad effects, the want of air, by making an aperture in the trachea for the entrance of it. The animal lived some days. But the stomach losing its power, the food putrefies, fills up the *æsofagus*, and escapes through

the opening in the trachea. At last the animal dies, with all the symptoms of typhus fever. These fevers in man, may they not depend upon some morbid condition in these same nerves? This is a problem which presents itself, and which has not been solved.

In 1803, Dupuytren's mode of life experienced another change. The law till this period was not passed upon the manner of obtaining subjects; it now arranged the matter, and Dupuytren being at the head of the anatomical department he was obliged to see it put into execution. In this year he wrote a thesis upon certain points of Anatomy, Physiology, Pathology, and Chemistry; and in it he treats of the venous canals observed by Fleury in osseous tissues,* the use of lateral ligaments, the nature of chyle, the series of processes through which false membranes pass, from their first appearance in the form of villosities, to their change into cellular tissue, the two extremes, if we may so express ourselves, of their origin and termination, whilst the intermediate state represents a low state of organization and vitality. The style of this thesis breathes that vigour of mind which is characteristic of extensive knowledge and the zeal of youth. In this year also the government founded, in the Parisian School of Medicine, a Society which had all the privileges of the Royal Society, privileges which have become the patrimony of this Society. Dupuytren's standing necessarily caused him to be elected

* Dupuytren ascertained, that there are proper veins of the osseous tissue which pass from the interior by openings in which no arterial ramifications can be perceived, even after the most successful injection; they have very thin coats, indeed their covering seems composed only of the internal membrane of the venous system which is folded into numerous valves. In general, however, each of the nutritious canals contains an artery and a vein. Vide Dupuytren's thesis "Propositions sur quelques points d'Anatomie, de Physiologie, et d'Anatomie Pathologique." Paris, 1803. Also Beclard's General Anatomy—Grainger's General Anatomy—Craigie's Anatomy, &c.—Tr.

a member, as, whether or not, he would have been from his talents. He published the reports of its meetings, and these reports, arranged by Mérat and Duméril, constitute now a collection of sixteen years, and are well entitled to be considered as amongst our literary treasures.* The work contains a great number of memoirs and papers written by Dupuytren. We there find an early essay of his on the different temperaments as founded upon organic lesions; also a description of several fetal monstrosities, especially that of an extraordinary *lusus naturæ*, which was found in the abdomen of a young girl of fourteen years of age, the presence of which gave rise to constant pain, and finally caused a premature death; also that of two children which were exhibited about the same time to the society: one, two years and two months old, a puny dwarf of seventeen inches high; the other a giant at the age of three and a half years, measuring nearly four feet: also an account of the death of three workmen, who were suffocated in a fosse d'aisance, though cleaned out several days before; this shocking accident, however, was attended with good effects, for from it we learn, that the same poisonous agent has not exactly the same effects upon different organizations; and it was the means of inducing Dupuytren and his friend Thénard to engage in a series of experiments upon the nature of this deleterious agent; and, at last, to discover a preventative unknown till that period.† With

* Bulletin de Faculté de Médecine de Paris, et de la Société établie dans son sein. Paris 1804 et 1821.

† We suppose M. Pariset alludes to *chlorine*, or its compounds, the chlorides of lime and soda.—He may be correct in giving Dupuytren and Thénard the credit of first ascertaining the *disinfecting* qualities of chlorine, as Messrs. Gay, Lussac, and Thénard published an abstract of some experiments upon this substance in their *Recherches Physico Chimiques*, in 1809; but he cannot mean to say, that they first *discovered* chlorine: for the discovery was made by Scheele, in 1770, whilst investi-

this preventative, Dupuytren and Barruel ventured more than once to go to the very bottom of the most stinking

gating the nature of manganese, and he gave it the name of *dephlogisticated muriatic acid*; but its nature was not perfectly understood until it was investigated by Sir H. Davy, who determined it to be an elementary substance, and named it *chlorine*. The French had previously termed it *oxygenized muriatic acid*, which was afterwards contracted to oxy-muriatic acid.—Most probably it was the *chloride of lime*, or bleaching powder, that Thénard and Dupuytren employed; an aqueous solution of which, when exposed to the atmosphere, is gradually decomposed; chlorine is set free, and carbonate of lime generated. The *chloride of soda*, analagous to the compound of chlorine and lime, has acquired also the attention of scientific men, under the name of *Labarraque's disinfecting soda liquid*. The nature of this liquid has been investigated by Mr. Phillips and Mr. Faraday, especially the latter, who has shewn that while *chloride of soda* is the active ingredient, its properties are considerably modified by the presence of *carbonate of soda*. When chloride of soda is kept in open vessels, it is slowly decomposed by the carbonic acid of the atmosphere with evolution of chlorine; and the change is more rapid in air charged with putrid effluvia, because, the carbonic acid, produced during the putrefaction, promotes the decomposition of the chloride. On this, as proved by M. Gaultier de Claubry, depends the efficacy of an alkaline chloride in purifying air loaded with putrescent exhalations. It is well known how much a solution of this substance, or of the chloride of lime, is now employed in fumigating the chambers of the sick; in removing odours arising from drains, sewers, or all kinds of animal matter in a state of putrefaction. Bodies disinterred for the purpose of judicial inquiry, may, by its means, be rendered fit for examination; and it is much employed in surgical practice for destroying the fetor of malignant ulcers, &c. Clothes worn by persons during pestilential diseases are disinfected by being washed in these compounds. M. Fosse strongly recommends a sponge or cloth dipped in vinegar and held to the mouth as a preventative against the poisonous effects of fetid gaseous emanations. With reference to chlorine, we may here also add, that the internal exhibition of liquid chlorine, or aqua oxymuriatica, is strongly recommended by Dr. Truse, a German writer, in almost all cases of *typhus fever*, (one drachm or more of it every two hours,) in *intermittent fever*, in *gastric fevers*, in the exanthemata, more especially in *scarlet fever*, and in *variola*. Professor Albers, of Bonn, has published the results of his clinical experiments on the effects of chlorine vapours, in phthisis, chronic bronchitis, and chronic pneumonia. On the whole, his experiments shew, that in tubercles of the lungs, in chronic inflammation and ulceration of the bronchial mucous membrane, and in dilatation of the bronchi, chlorine vapour is of no service; and, in most cases, will not be borne in consequence of the irritation it produces. On the other hand, it has a very salutary operation in pure ulceration of the lungs or vomica; its good effects in chronic ulcers of the lungs, agree with the results obtained in surgical practice from treating old ulcers with the solutions of chloride of soda and chloride

pits and sewers, thus risking their lives in the same places in which the three workmen had lost theirs. The result of their labours, moreover, had the effect of serving as the text of a work on the subject, which added greatly to their reputation, and fulfilled the object they had in view. Dupuytren appended to this work some useful advice upon the construction of these pits, upon the choice of materials for their structure, upon the form that it is necessary to give them in order to establish a thorough current of air, and thus obviate fatal accidents, upon the precautions to be used in cleaning them out and the mode of doing it, upon the localities of laystalls, &c., subjects which ought seriously to occupy the attention of the local police, and which architects have yet too much neglected.*

Other researches were entered upon by these two friends, attended with the same success: they were upon the nature and treatment of one of the most curious diseases that man is liable to, a disease first explained by Willis, two centuries ago, though already alluded to by Galen and many other writers; observed sixty years ago by Pool and

of lime. Dr. Stokes, of Dublin, has always found chlorine inhalations prejudicial in phthisis, producing in all cases increase of bronchial irritation, dyspnoea, and arrest of the pulmonary secretion; but in gangrene of the lungs he found it decidedly beneficial, correcting the fetor of breath and expectoration, and therefore calculated to obviate not only the local but also the constitutional symptoms connected with such a state of the lungs.—(VIDE BRITISH AND FOREIGN MEDICAL REVIEW, No. 7.) In the same journal there is also an abstract from a paper in the Bulletin de l'Académie Royale de Médecine, by M. A. Toulmouche, of Rennes, who performed a great number of experiments during a period of four years and a half, in a public institution, on the use of chlorine inhalations in acute and chronic bronchitis, and in bronchorrhœa, with the best results; two-thirds of the patients recovered, in from five to twenty-five days. The ordinary dose being from thirty to forty drops, commencing with ten, and gradually increasing.—TR.

* Vide on this subject M. Parent Duchatelet's excellent work on *Hygiène Publique*, &c.—TR.

Obson; better understood by Cawley, in 1788; verified three years afterwards at Pavia, by P. Franck; and again described in 1803 by two physicians of Caen, Nicolas and Gueudeville: I allude to the disease diabetes mellitus,† an affection which every day carries off from the patient a considerable proportion of his whole weight, which renders it necessary to repair these losses in an equal ratio, either by consuming enormous quantities of nourishment, or in absorbing by the lungs and skin the vapour suspended in the atmosphere, the materials of which, when submitted to the action of the internal organs, become nutritious combinations. A person suffering from this disease, is so changed, the natural functions no longer taking place, that we may say he is like certain personages mentioned in the fable, who were converted into vegetables. In the opinion of Thénard, in conformity with that of Rollo, Nicolas, and Gueudeville, animal diet, exclusively, may be employed with as great efficacy in the treatment of diabetes, as quinine is in ague. How do we reconcile these facts with some of our theories?

Along with these early works, I might cite many others, either amongst those which Dupuytren published in his own name, or from those works, the materials of which have been furnished by him and published by his friends or pupils, either in the form of theses or regular treatises. His researches upon the nature of callus; upon fibrous and erectile tissues; upon the spleen, an organ which appears in some animals to be almost a superabundant one; and on many other subjects; labours, the bare enumeration of

† Nicholas and Gueudeville gave this disease the appellation of *Phthisurie Sucrée*, because they almost constantly found it to be complicated with pulmonary affection: A similar remark has been made by Dr. Bardsley, which coincides with the opinion of Dr. Copland. (Vide his Dictionary of Practical Medicine.)—TR.

which ought not to figure in an Eloge, and reference to which is found in its proper place—the Society's memoirs. We pass over these details, then, and turn our eyes towards a more extensive field.

In 1803, a concours was opened for the office of Surgeon of the second class, (de seconde classe) at the Hôtel-Dieu. Roux, Tartra, Hédeloffer, Maygrier, were candidates, and along with them Dupuytren. It has been stated, that in the contest he did not always carry the palm; and that one of his rivals eclipsed him more than once. The opinion of man, like the wind, bloweth where it listeth; and what can be more variable? In contradiction to the above, however, I am given to understand, that upon a very difficult question, Dupuytren expressed himself so forcibly and clearly, displaying so much learning, distinguishing himself to such a degree, that he quite astonished his audience, and at last turned the scales in his favour. It was by so doing that he reanimated the zeal of his patrons; and what patrons were they! Thouret, Boyer, Corvisart—excellent judges of merit, and probably instructed by their own experience of the singular inequalities of genius, which seems sometimes to sleep, and then to burst forth afresh. Dupuytren was nominated. Before him were opened the doors of this grand temple to surgical science, then the most celebrated in Europe; where he is called to the most responsible of offices—an office which seemed still filled with the shades of Desault and Bichat, teacher and pupil; names consecrated by the veneration of their contemporaries, and which will continue to be so by the most distant posterity. A man had succeeded them, who was an able surgeon, an eloquent professor, under the direction of whom Dupuytren was hereafter to engage in the practice of surgery, and in the practical applications of its different

theories. Under his direction, have I said? I express myself improperly. No, Dupuytren was one of those characters in whom independence is as invincible instinct, which, whether it be pride or an estimation of their own worth, detests the yoke of discipline, and recognises no authority save those of facts. Dupuytren did not openly violate the rules of subordination, but he followed no guide but himself; he saw, observed, judged, and exercised at once his senses and his understanding, instructing himself by watching the success or non-success of the different cases, of which he had neither the credit nor responsibility, impatient nevertheless to act for himself, and feeling with regret that his hands were tied. In 1808, he is elected head assistant surgeon. In 1811, the school loses the wise Sabatier, whose accomplished mind, politeness and moderation—whose minute, solid and extensive knowledge, contrasted so well, in the Eloge which Percy has written on him, with the uncultivated, impetuous, sublime but unsteady genius of Desault. Sabatier's death leaves vacant the chair of operative surgery. What a triumph, what honour to succeed Sabatier! to succeed him worthily! to sit as an equal with his teachers! teachers admired throughout Europe! Dupuytren prepares himself. In 1812, the concours commences; talent of the first order presents itself: Roux, Marjolin, Tartra—such were the formidable oponents with whom Dupuytren had to contend. Whatever malignity may wish to insinuate against this concours, it should suffice to destroy all objections when we say that it was severe, impartial, and formidable. For forty days the candidates continued it, and had to argue in the face of the public, and of a jury composed of most distinguished professors, some of the most difficult questions in surgery. Their written answers had to be

given in French and Latin ; their oral lectures and theses they had to defend against their opponents ; and, lastly, they had operations to perform upon the dead body. The latter were three in number : we may mention, in particular, that of amputation of the arm, at the shoulder joint. Dupuytren exhibited so much adroitness in performing this operation, that a spectator, whilst still expecting to see the arm in the socket, beheld it at the feet of the operator. Such dexterity was regarded as a wonder then, but no longer so since Lisfranc's exhibitions ! He had for the subject of his thesis, lithotomy. This thesis is particularly remarkable for the accurate and excellent description of the anatomy of the perineum ; it is plainly executed by the hand of a master, and may serve as a model for descriptive treatises. Apropos to the subject of the concours, we may relate a circumstance which will shew to what an extent the minds of others were prepossessed in favour of Dupuytren—they were more so, indeed, than he was himself. It was an established rule, that copies of the theses were to be deposited by a certain day and hour, otherwise they were excluded. Dupuytren composed too leisurely to be prepared. The time arrived, and his treatise is not ready. To what was this delay owing ? Did he despair of success ? Did he distrust himself ? Did he wish to retire from the contest ? His friends, alarmed, surround him, flatter, re-assure, and encourage him ; but how is he to escape exclusion ? It is pretended that a workman of the press had by his mismanagement disordered the types, and retarded the printing of Dupuytren's manuscript. The excuse is admitted, and Dupuytren exerts himself, concludes his thesis, defends it and triumphs. On the 8th of February, 1812, at a quarter past four, before the assembled public, a tribunal not less formidable, not less impartial,

than the jury itself, William Dupuytren is proclaimed professor, is elected to the chair of operative surgery—succeeds Sabatier.

Some have pretended to say, that his appointment was in a great measure the work of Pelletan. *Of course it must be so*, since Pelletan was one of his judges, and Dupuytren had all the votes. The unanimous decision of the jury reduces, however, to its true dimensions, this assertion. Therefore, the insinuation that it throws out, can only have been conceived in order to render more unintelligible, or to speak plainly more odious, the change that a little time effected in Pelletan's conduct towards Dupuytren.

At the Hôtel-Dieu, Pelletan was head surgeon; Dupuytren was second. Constantly brought together, from being colleagues, this very communication was probably the cause of their disagreements. On the part of one, umbrages, jealousies, then regrets and generous concessions; then, again, jealous prohibitions, and unfortunate operations, performed without the knowledge of the other; on the other side, humiliations, vexations, and perhaps the too acute and stinging recollection of the maxim of Cæsar, (that it was better to be first in a village, than second at Rome); sad animosities, the result of which was the premature retirement of the surgeon in chief, and the promotion of his colleague to the office, which from Desault had passed to Pelletan.

Into the disputes and squabbles of these two men, the original cause of which is not known, it would ill become us to enter. Only we may remind you, that they had each the same umpire to refer to, "l'administration des hôpitaux," and that this administration was then presided over by M. de Chabrol, and that amongst its members were

the virtuous Montmorency, Pastoret, Delessert, and the duke of Larochevoucault-Liancourt.*

Nevertheless, to see Dupuytren appear alone, after the overthrow of Pelletan, upon the ashes of Bichat and Desault, surprise, blended with uneasiness and distrust, fill the mind. Dupuytren was then scarcely known, though soon to become so; and in order to ingratiate himself with so many affrighted minds, to sooth, to incline them favourably towards him, he found it was necessary to adopt a course altogether new, and to do that which no one as yet had undertaken. It was more than operative surgery he commenced teaching, it was clinical surgery; that is, the part of the science which takes for granted, that he who exercises it possesses qualifications of no ordinary description; senses most acute; a steady, prompt, and dexterous hand; a stout heart; an enlarged understanding, well furnished with facts, profound, sagacious; whilst in unforeseen dangers prepared and calm, full of resources, ever firm, yet without rashness. Pardon me for saying that Dupuytren possessed all these qualifications: if he did not possess them all, he at least did the majority of them. As he never would sacrifice his rights, so he never neglected

* In a short memoir of Dupuytren, that appeared in the *Lancet* for Feb. 1835, and from which we have made several quotations, it is said that the following circumstance was the cause of Pelletan's retirement:—"In 1817 there was a patient in the female wards of the Hôtel-Dieu, who was affected with an enormous carcinomatous tumour of the upper arm. The disease extended to the parietes of the chest and to the neck. The blood vessels were altered and several other unfavourable complications existed. On a consultation, Pelletan advised an operation; but Dupuytren, in a forcible manner, pronounced various reasons against any attempt to remove the tumour. The patient was undecided. In this state of things Pelletan was imprudent enough to shut himself up with a few favoured pupils, and perform the operation in private, without having informed Dupuytren, or any other person, who was absent, of his intention. The patient died almost immediately afterwards, and this event was followed by the retirement of Pelletan."—Tr.

his duties. Moreover, in his actions he was neither too daring nor too gentle. His first care was to see every thing for himself; to study and understand every thing. He required, and even in the minutest operations of his service, the most exact and rigorous order. No other voice than his interrogated the patients. No other hand but his approached them. And in order to accomplish all his duties, to avoid all assistance, all doubtful co-operation, he was every day at the Hôtel-Dieu at a very early hour. At the head of his clinical clerks and pupils, he traverses the wards, stops at each bed, learns the state of each patient, prescribes, operates, proceeds, and is followed throughout with silence, attention, and respect. The respect which he shewed to misfortune, he gained for himself. Nevertheless, in the midst of this great variety of duties, his ideas were collected, arranged, and clear; for this very multiplicity itself seemed to have the effect of brightening and extending them; and when the hour for lecture arrived, he proceeded to deliver those discourses, which his former teachers as well as his pupils, his own countrymen as well as foreigners, listened to with almost reverential attention; which the press collected, and which served to prove to the admirers of Desault and friends of Pelletan, that, far from degrading the science which these two had raised so high in general estimation, it had received from their successor additional lustre.* After these morning labours,

* "It was, indeed, as a clinical professor that Dupuytren obtained the surpassing reputation which placed him at the head of European surgeons. He succeeded, at the Hôtel-Dieu, the most eloquent teacher that France ever produced; and in his new office not only sustained the character of the school at its full height, but raised the clinical instruction to a point which must be regarded as little short of perfection. The "Leçons Orales," published under his direction, convey, perfect as they are, but a feeble idea of the rich and well selected materials which he for years submitted, without intermission, to the attention of the pupils of the hospital. Dupuytren was

Dupuytren quitted the hospital, happy in reflecting that he left behind him acts for which he was alone responsible, and that he had nothing to fear but for his patients. Upon this last point he was never over sanguine; in dangerous cases he took prompt and decisive measures; but very often an unconquerable uneasiness, however slight the operation might have been, affected him during the night.

It was only at this price that he obtained any repose for his mind. This peace, this calm of mind, this great element of happiness, this divine luxury, Dupuytren sought in every thing. Thus, in his lectures, in his operations, nothing was left to chance; all was matured, calculated, sought into, foreseen. Does an affection present itself, the nature of which is unknown, or with equivocal characters? he always called to mind the anathema of Corvisart against those who pretended to divine the nature of a disease in a moment—conjurers, as we may say, in the art of diagnosis. Silent for one, two, or even three days, he watches, he observes, he pictures the disease in his mind's eye; after gathering all the symptoms, even the most fugitive of them; after comparing, weighing, excluding, and combining all, a ray of light darts through his mind, as it did to Archimedes; his opinion is formed; he understands, speaks, ex-

not what is usually called an orator. He seldom had recourse to literary embellishment, or borrowed from the works of others; but his elocution was simple and elegant, his language clear and perfectly correct. Heaviness never stole over his audience, during the lecture, from the assemblage of useless details, or superfluous repetitions. On the contrary, his discourse, which flowed from him with ease and fluency, was stored with facts selected from his own practice, and arranged with a clearness that showed how perfectly he understood and had studied every branch of the art. It was chiefly as a clinical professor that he shone; and during twenty years that he gave instructions, the clinical school of the Hôtel-Dieu has produced more brilliant surgeons, and disseminated more new and wholesome ideas on surgery than any other establishment of the kind in Europe. (VIDE LANCET.)—TR.

plains, and the event proves that he has not been mistaken. What an exercise for his faculties was the solution of these problems! The mode he adopted did he reserve to himself? No, he did for his pupils, what Euler did for his; he explained to them the processes his mind had adopted in order to arrive at the truth, being persuaded that he benefited them more by analyzing the workings of his mind, than those of his hand. With regard to the great operations, whatever advantage he derived from his manual dexterity, it was always absolute necessity that made him undertake them. Like Petit and La Peyronie, he first tried every resort, and convinced himself that the restorative powers of nature could not be relied on, before bringing his mind to sanction such an extremity. Moreover, with what vigilance he watched the powers of his patient, the nature of his constitution! He knew too well, that during the prevalence of any dangerous epidemic he could not with impunity employ the knife; and that, the constitution already deteriorated either by bad habit of body or from the poison of the epidemic, wounds sometimes rapidly run to a fatal termination. Thus submitting his surgical talent to sound medical views, and following the example of Sydenham, Stoll, and Desault. But does an operation at length become indispensable? two modes of proceeding he adopts: one, when the operation is of that description which Dupuytren terms the *regular class*, because it is made upon those parts the situation and connexions of which do not vary, therefore the steps of the operation are the same in all cases, and these he performed with a celerity that has not as yet been surpassed; the other method is the one to be adopted in the *irregular class*, as for example, in hernia, or on parts of delicate nature, where the relative size, figure, extent and situation of the parts are

liable to variation, each case requiring special rules, which the operator must lay down for himself; and these Dupuytren did with steadiness, circumspection, and wariness, making his incisions only after he has made good use of his eyes, his fingers, or probe; taking, sometimes, the opinion of his attendants, and abiding by it if he judged it preferable to his own, after well weighing both; whilst, in his celerity and steadiness, attending only to the welfare of his patients, in order to spare them, in the first place, from pain; in the second from the too frequently fatal effects of error or too hasty proceedings. We have seen him stop in the middle of an operation, replace the parts divided, and cover them with dressing, because it appeared to him that further proceedings would be dangerous. We must not, however, suppose that, though so much engaged with his patients, he neglected his duties to his pupils. His minutest operations were to them as so many precepts, for which he gave his reasons, and explained to them their propriety. To these two modes of teaching, viz. by practice and precept, he added a third, which we may call *mixed*, as in effect it comprises both; I allude to the public consultations, which were held at the Hôtel-Dieu, the same as in other hospitals, with this difference only, that the Hôtel-Dieu received several thousands of patients, and consequently a greater variety of surgical cases. Thus, every day, Dupuytren had brought before him, a melancholy numerous host of different kinds of disease, like so many pages on which misery is inscribed, the misfortunes and sufferings of the working classes, and perhaps also the ruinous effects of their own depravity. What a spectacle for the moralist and legislature! and for him who devotes his time to the relief of such numerous calamities! what experience and instruction, not only upon the diseases con-

sequent on peculiar temperament and age, but upon hereditary disorders, upon cachexiæ original or acquired, upon the influence of atmospheric changes, upon the results of the mad impulses of passion, upon the evil consequences of industrious though too laborious and unwholesome employments, carried on in confined abodes, and in an impure atmosphere! Visit these filthy hovels, and you will there learn how your fellow-creatures are degraded by want and starvation; how, in their bosoms the feeling of human dignity is extinguished; how the wounded, sorrowing heart opens itself to dangerous advice; and at what a price the wealth and splendour of the higher ranks are gained! The poor are only rendered independent by labour; and this labour must ever be unequally divided until there is a sufficient remedy, not in laws, but in conduct; and this inequality will be ever a source of dependance, oppression, misery, and degradation.

To return, these public consultations above every thing had the effect of impressing upon the mind the propriety of avoiding operations as much as possible; for often it happens that an affection, supposed to be mortal if no operation is performed, gradually recovers by less severe means, and progresses to a cure. Dupuytren never, when he could avoid, absented himself from them, so strongly he there inculcated his opinions; and if constrained to be absent, his place was supplied by two others who held the same opinions as himself, viz.—Breschet and Sanson.

This was not all. In order to render more complete the instruction of his pupils, and better to prepare the materials for his lectures, he made the five internes, attached to his service, write the history of all severe and uncommon cases. Suppose, for example, the issue was fatal, the observations made included, besides the symptoms, progress,

and treatment, every thing which at the outset was observed, that is to say, the condition and changes peculiar to the disease, and those anterior or concomitant, which had either aggravated its character or accelerated its termination. I have seen ascribed, in some of these observations, no less than three or four causes of death; and it was in deciding in such cases that his superior talent displayed itself. At stated periods, Dupuytren revised these papers; and what guarantees for their excellence is, that he corrected them all with his own hand. They now form a collection of more than a hundred folio volumes. The contents are arranged in alphabetical order, so that whenever an uncommon or difficult case presented itself, Dupuytren could, by means of these tables, refer to the past for analogous cases in order to throw light on the nature and treatment of the one in hand. These volumes are kept in an apartment of the Hôtel-Dieu; and there, we may imagine ourselves to be in one of those temples that Greece consecrated to the Epidaurian god; (*Æsculapius*) in which those archives were collected, the work of ages; and from which Hippocrates acquired the only medical philosophy the world was then acquainted with. If ever this philosophy was destroyed by wars, conquests, fire or revolutions, it was only by parallel exertions that mankind re-established it.

Such was, I repeat, the series of labours which occupied the many hours spent by Dupuytren at the Hôtel-Dieu.*

* All the time that the iron constitution of Dupuytren was able to hold out, and it did so for several years, he spent no less than four or five hours every morning in visiting his patients, in operations, in making preparations, in lecturing, and in consultation. Every evening, at six o'clock, he paid the hospital a second visit, in order to perform any necessary operations. We have seen him when quite unwell—feverish, jaundiced—accomplish, without omitting any thing, the rigorous duties that he imposed on himself.—(NOTE FROM M. LEMAIRE.)

Do not suppose that these numerous duties were performed without due consideration, or in a hasty manner. Far from being anxious to hurry through his engagements, he endeavoured to familiarize himself, to mould himself, so to speak, to the different parts of his duties, in order more readily to accustom the pupils to his turn of mind, his views, the gravity of his manners, and the strictness of his habits and requirements: thus habituating them to, what shall I say? the strange variations of his tempers. He did not lay himself out in order to gain the esteem and applause of his fellow-men; he *relied* upon obtaining them; his actions were performed fearlessly, assured, by the approbation already testified, that his future deeds would meet with the same reward: thus laying, by degrees, the ground-work of his fame; constructing it of the choicest materials, of elements suited to each other, strengthening one another, and forming, at length, a lasting renown, not only throughout this great capital, but throughout France and Europe at large. He seemed, even in this, if we may be excused for making use of professional language, to be a good surgeon, since he contrived, by his judicious conduct, to heal and even efface the wounds that the active hostility of his adversaries constantly made in his reputation.

Nevertheless, whatever may be the ability of the greatest surgeon, diseases, the treatment of which he has to undertake, frequently assume a form so mysterious and unusual, that he must always be prepared for disappointment, errors, and reverses. Dupuytren's skill did not exempt him from this general law; but he knew that it was the duty of a surgeon not to conceal his errors, but to repair them by an imperturbable coolness and address. He knew this well, and when occasion required he acted up to

it. There was a case came before him, in which there was a tumour formed; it was an aneurism: Dupuytren does not suspect it; he opens it; a rapid jet of arterial blood flows, and warns him, when too late, of his error. Too late, have I said? No, it was not: self-possessed, master of his actions, Dupuytren, without displaying the slightest agitation at his faux pas, proceeded coolly to perform the operation which, in most cases, such tumours render necessary: admirable presence of mind! which most probably saved the life of the patient: for, by being the least thrown off his guard, by the slightest hesitation or indecision in the operator, most probably the patient, becoming alarmed and excited, had expired under his hands. In this case Dupuytren had to contend against himself, for he was the cause of the mischief.* There is however, in the following case, an example of the bad luck which is attached, more or less, to all professions, and more particularly to surgery. A young girl suffered from a tumour situated in the axilla, and which raised the arm from the side, compressed the vessels and nerves, and impeded the movements of respiration: Dupuytren considered it necessary to remove it; it was removed with his usual skill; in the operation some large veins were divided; the patient,

* Many a fatal accident has happened in consequence of incisions having been made into aneurisms which were mistaken for abscesses. Vesalius was consulted about a tumour of the back, which he pronounced to be an aneurism. Soon afterwards an imprudent practitioner made an opening in the swelling, and the patient bled to death. Ruysch relates that a friend of his opened a tumour near the heel, not suspecting it to be an aneurism, and the hæmorrhage, though suppressed at last, placed the life of the patient in the utmost jeopardy. A person consulted Boerhaave about a swelling at his knee, who cautioned him against allowing it to be opened: it was opened, and the man died on the spot. Even Ferrand, formerly head surgeon of the Hôtel-Dieu, mistook an axillary aneurism for an abscess, plunged his bistoury into the swelling, and killed the patient.—TR.

exhausted, drew a deep inspiration; the mouths of the vessels, empty and gaping, aspire the air; the air, disengaged in the veins, reaches the heart and lungs; the ear distinctly catching the bruit that it produces; the patient swoons and dies. All are astonished, distressed and disconcerted. Dupuytren's mind is filled with intense thought. This unfortunate result, quite capable of justification, confuted by daily observation and by numerous experiments, supplied him with matter for one of the most beautiful lectures that was ever heard. The occasion inspired him; the subject filled his whole soul; and, overcoming his feelings, he enters into the explanation of this tragical event, referring to the capricious laws of nature what malignity imputed to his imprudence. Who can dare to blame him for the regard he then shewed for himself and for his pupils? And what good effect would have resulted from that weak, timid sensibility which, at the very moment in which the energy and learning of our art is most essential, becomes overpowered with alarm, and is thrown into confusion and distress. The practice of surgery requires, like the field of battle, cool courage, devoid alike of either rashness or cowardice.

What a contrast is there between the inadvertent action I have just related—between that momentary carelessness and the extraordinary acuteness which generally characterized Dupuytren in the discernment and diagnosis of disease. What exquisite penetration! What boldness he was wont to display! For example: a man complains of a deep-seated pain in the thigh; others have examined it, discussed upon it, made their conjectures, but have hesitated what to do: Dupuytren examines it; seizes a bistoury, and without saying a word plunges it in up to the bone, and immediately a stream of pus escapes: so deeply

seated was the cause of the pain that no one had been able to recognise it, save Dupuytren. Again, there was a case of a man who had received a violent blow on the head ; no immediate bad effects resulted ; but afterwards, symptoms of cerebral affection develop themselves. Dupuytren trephines. The bone being raised, and the dura mater laid open, no appearance of matter is present ; but he is still convinced, from the symptoms, that an abscess does exist. Dupuytren acts with the brain as he had done with the thigh ; he plunges a bistoury into its substance, and an abundant discharge of purulent matter was the consequence. Boldness unparalleled in the records of our art. Peyronie durst not undertake such a bold step ; and when J. L. Petit did so, he was authorized by the most distinct indications. What do not the delicate impressions of the touch, smell, ear, eye, alone or combined, reveal to him who knows how to attend to them ? But was it by the touch that he recognised the presence of abscesses when deep in the iliac fossa, abscesses so enveloped and profound, nevertheless discovered with the same accuracy ?

We may judge, by the following fact, of the confidence that he himself had in his diagnosis. A case presenting symptoms which lead to the supposition that there is an obstruction to the action of the bowels ; the abdomen is opened on one side ; the cause of this obstruction is discovered ; it is removed ; the symptoms still continue. "The obstacle is double, says Dupuytren, open the other side also." It is operated upon, and the patient is cured. He had paid particular attention to the organization and distribution of parasitical animals, therefore better understood the peculiar symptoms and disorders consequent on their presence, and possessed data on which to ground his diagnosis ; data unknown before that time, and which,

proving by the result that they were correct, gave almost a prophetic character to his opinions. A female presents herself with an inflamed tonsil. It is supposed to be a simple inflammation of the gland. "You are mistaken," says Dupuytren; "there is a living vesicle, a hydatid, a cyst, which it is necessary to remove; but similar vesicles may exist in other parts, more or less remote from the throat; this one removed, the others will have a great tendency to inflame." Having said this, he operates. What he removed proves to be a hydatid. The next day, erysipelas of the face appeared, and pain is felt in one of the kidneys. "The kidney contains a second hydatid," says Dupuytren, "it is inflamed, and may cause the death of the patient." So it happened: after death the body is inspected, and the examination confirms the accuracy of Dupuytren's diagnosis. The whole of his practice was distinguished by similar results.

You have still in your eye the expression, still sounding in your ears, engraven on your heart, the tragic accents of Talma. Before this great actor died, (and he died whilst under the charge of able physicians,) for twenty days his bowels had not been moved. The question to determine was, what caused this obstruction? Was it paralysis, spasm, or intus-susception? Dupuytren is called in. After manual examination and percussion of the abdomen, he discovers a contraction of the gut; he marks its limits, and points out the part of the intestine that is dilated: and his opinion of the case he illustrated by means of a drawing, which represented exactly the state of the parts as found by examination after death. In another case, in which the nature of a dislocation of the thigh is disputed, Dupuytren, as soon as he examines it, immediately pronounced it to be dislocation backwards, and exclaims against the doubts of those previously consult-

ed, with just indignation. The languor even of his latter days neither blunted his delicate tact nor diminished his promptitude. A dislocation of the elbow joint had been overlooked by an able surgeon: Dupuytren, when almost at death's door, recognised it at a glance. Corvisart and Franck excelled in their diagnosis: did they equal Dupuytren?*

One of this great surgeon's happiest resources, was one that he put into practice in the treatment of dislocations. It has been customary, it is said, with the inhabitants of some countries, to make a person, suffering from a dislocation, inebriated, in order to overcome the resistance of the muscles, as in this state they become enervated and relaxed, and yield to the least extension. To produce in the muscles a condition so favourable to the attempts at reduction, and whilst the patients were using all their efforts to resist his endeavours, it was often the practice of Dupuytren to distract their attention by a startling ques-

* This great surgeon, however, was not infallible; and it is a reproach on his name that he did not evince always that frankness of manner and readiness to acknowledge the commission of an error, which should distinguish all men, and especially surgeons. So far from exhibiting a willingness to admit the commission of a blunder, Dupuytren was not ashamed to resort to unblushing falsehood to conceal it. On one occasion, for instance, at the Hôtel-Dieu, where the intestine had been opened during the operation for strangulated hernia, Dupuytren, when showing the piece to the class, forcibly thrust his fingers through the incision, and dilated with eloquence on the curious way in which gangrenous inflammation sometimes cuts *through the intestines like a knife*, although the interne, by his side, (at the risk, as he himself said, of being kicked,) now and then gave the professor a hint that he was mistaken, and that the opening which he demonstrated was not due to inflammation, but to the bistoury. Traits of this kind were not unfrequent. The *amour propre* of Dupuytren even pushed him to the publication of inaccuracies where he was certain of being detected. Thus in his "Leçons Orales," and long before them, in 1824, he boasted that the mortality of the Hôtel-Dieu was reduced to one patient in twenty, one in nineteen, or one in eighteen, as a mean term; but authentic documents, since published by the authority of the council-general of hospitals, showed that at that very period the mortality amounted to one in fourteen.—VIDE LANCET, 1835.—TR.

tion, or exclamation of astonishment, fear, or anger; and, during the anxiety of the moment, the muscles being relaxed, to accomplish the reduction.* It was in this manner that a poor woman, who had her arm dislocated, was treated, as the action of the muscles resisted all attempts at reduction. "According to your account," said Dupuytren to her, "your accident arose from a fall you have had; but you did not add that you were drunk at the time; your son, however has told me so." At these words the indignant mother is so overcome as to faint away, and the arm is replaced. "Cheer up, exclaims Dupuytren, you are cured; I know that you drink nothing but water; your son also told me this." By means so simple he contrived to reduce luxations of long standing. Art taught him how to extend his resources; but he well knew that it was to expect most from himself.

It is due to you, gentlemen, that I should give this sketch of Dupuytren's numerous qualifications; a sketch, doubtless, very imperfect; and truth, nevertheless, constrains me to shew both sides of the picture. His wonderful power of diagnosis he employed, it is said, not unfrequently for the purpose of embarrassing his colleagues, whom he wished to dazzle and astonish with his skill, and put them out of conceit with themselves. He held little communication with his pupils; instead of treating them

* To whom the merit of this ingenious ruse de chirurgie is *originally* due, I am not aware; but it is well known that Sir A. Cooper has long recommended it, and relates a case, illustrating its success, in his Treatise on Dislocations, and his Surgical Essays. Notwithstanding, it is possible that the idea was original with Dupuytren. Mr. S. Cooper's Surgical Dictionary also contains the following passage: "Sometimes the resistance made to reduction, by muscles acting in obedience to the will, may be eluded by the patient's attention being suddenly taken from the injured part; at which moment the action of those muscles is suspended, and a very little effort on the part of the surgeon will reduce the bone."—Tr.

with the amiable and kind familiarity of J. L. Petit, he affected to keep them at a distance, almost disdainful of their questions, and only answering them by his general lectures.* Is it true, besides, as some persons have stated, that he could not witness, without chagrin, rival talent elevate itself around him; and that he soon took secret measures to remove them; like the eagle, while soaring in the air, delights to cast its eyes over the desert which surrounds it; and would fain allow in its wide domain neither rivalry nor participation.† Many situations were offered to

* "On rare occasions he descended so far as to joke with a patient; but towards the students, and even to his own dressers, he was cold, ironical, capricious, and tyrannical to the last degree. Frequently did it happen, on questioning a patient for a few seconds, that, if the answers were not given as clearly and precisely as the inquiries, he would punish the unfortunate *malade* by a shrug of his shoulders and a departure without a moment's further attention to him. Not easily shall we forget the day, when the mother of a child, whose leg he was about to amputate, having forced her way into the amphitheatre, suddenly interrupted the operation: the self-command of Dupuytren left him, and forgetting what was due to humanity, to a woman and a mother, he turned out the agonized parent from the room, with a *coup de pied dans le derriere*. Dupuytren never tolerated the slightest suggestion or contradiction affecting his measures or opinions; and, as we have remarked, his treatment of the pupils who were placed under him, in the hospital, was marked by the utmost austerity. The number of his dressers at the Hôtel-Dieu amounted to *twenty-six*. At six o'clock every morning he called over the list, and no excuse for absence was admitted. More than once he has publicly degraded an *externe*, who had disobeyed his orders or showed some symptoms of insubordination, by tearing off his white apron and other such insignia; and on one occasion it is said, that he so far forgot himself as to strike the apothecary of the hospital, giving the offended pharmacist, however, the honour and 'satisfaction' of a meeting next day in the Bou de Boulonge; but the duel was, we believe, prevented by the police."—(VIDE LANCET.)—Some of these remarks scarcely agree with what M. Pariset says of Dupuytren's invariable kindness to his patients, or of his willingness to benefit by the suggestions of his assistants. In an Eloge, however, we must expect the good qualities to be somewhat exaggerated, whilst faults and failings are apt to be overlooked: but to understand a person's *real* character, we must know the bad side as well as the good.—TR.

† Thus, of five or six competitors, who originally opposed him, he succeeded in placing one at Clermont, one at Rouen, and one at Strasburg; and he finally van-

Dupuytren, which he refused to accept; capital appointments, which other surgeons readily accepted, and whose names might be very worthily coupled with his own. What are we to conclude from this? A remark, which had escaped the patron who never failed to patronise him, will explain this circumstance. The university of Montpellier, wishing to obtain Dupuytren, sent him an invitation to join it. "All the treasures of Montpellier are not worth such a man," exclaimed Thouret. Like Thouret, his rivals well knew that Paris was the place for Dupuytren, and one part of it particularly so, viz. the Hôtel-Dieu: the Hôtel-Dieu, where he was without an opponent, where he was master, where he acted up to his favourite maxims without restraint; where his superiority, his example, and sovereign will, kept all in order, alike insuring the welfare of the patients, and the excellency of the instruction. Had this unity been broken, what would have been the result? Conflict, discord, confusion, scandal, disadvantage to both patients and students, and the name of Dupuytren might scarcely have entered into the memory of man.

Notwithstanding, this jealousy of another's fame did not close his eyes to the merit of other men's works, or to the value of their inventions. However avaricious of praise he might be, we have heard him, in a crowded theatre, highly commend Roux's work on staphylophary; also that of Malgaigne on uterine polypi; and when lithotripsy was first discovered, far from combating it by arguments in favour of the old practice of lithotomy, he invited this happy and beautiful new invention to introduce itself before his own class, and in the midst of his own astonishing performances. He, about this time, composed an essay upon the bi-lateral

quished the rest, (Roux, Margolin, and Delpech) in the celebrated concours for the chair of operative surgery, in 1812.

operation for stone ; but, before proceeding further, he wished to form a just estimate of an operation which might have the effect, we may say, of rendering useless and casting into oblivion all those minutiae necessarily attendant on the operation of lithotomy. Meyrieux, Heurteloup, Leroy d'Etiole, exhibited before him the steps of the operation, which he now wished to learn. He tried to imitate them ; but now puzzled by instruments, the use of which he was generally as completely master, he failed in his attempts. He blamed not the method, but only his own inexperience ; and every year, in the reports of the institute, upon the price of Montyon,* he proposed to allow the authors of this valuable discovery, rewards proportionate to the improvements made by each. In addition to the high commendations bestowed on them, he did what was most creditable to himself and flattering to them : he formed a committee, which was to examine and determine in what cases the operation of lithotrity was preferable to lithotomy, and vice versa ; so that data might be furnished which would prevent the advocates of the two different modes injuring medical science by their exaggerated pretensions ; and might render them allies, as it were, the two together increasing the value, and adding new lustre to the science of surgery, whilst furnishing the public with new pledges of its powers.

But you will ask, what has Dupuytren himself invented? What has he discovered? What has he done for science?

* This noble philanthropist founded prizes for virtuous actions, to be annually bestowed and awarded by the French academy ; besides leaving sums to be bestowed on those who invented improvements in mechanics or agriculture, and on those who discovered efficacious remedies to prevent the danger to which many workmen are exposed in carrying on their several occupations, he left legacies to hospitals, and for other charitable purposes.—Tr.

It is difficult to answer these questions: for every thing connected with this man was contradictory and paradoxical. No one has done *more*; yet, in some measure, we may say, no one has done *less*. Dupuytren, with a mind so well stored, with powers of observation so deep and acute, with a genius so pliable and fruitful, has scarcely written any thing. To be sure we must not forget the early productions of his youth; his several isolated theses; that beautiful one on lithotomy; besides a few memoirs, written in his maturer years: as for example, that upon fractures of the tibula; that upon artificial anus, for which shocking infirmity his genius discovered a remedy;* also, some reports of the institute; eloges on Corvisart, Richard,

* Mémoire sur une méthode nouvelle pour traiter les anus accidentels. (Mémoires de l'Académie royale de médecine. Paris, 1828, tom 1, pag. 259 et suiv.)—His *enterotome* is sufficient alone to have immortalized any reputation; "Indeed," says the author of the memoir before alluded to, "we should be inclined to place his operation for artificial anus after that of lithotrity; and it is infinitely more successful. Thus, up to 1824, forty-one operations, the greater part of which had been rendered necessary by gangrene of strangulated hernia, were performed with the enterotome. Of these only three were unsuccessful; the remaining thirty-eight patients were cured without any accident or risk. Since 1824, at least one hundred operations of the same kind have been performed, and with similar results."—Dupuytren's method of treating this loathsome disease consists in compressing the septum, which in some cases exists between the two extremities of the tube above or below the aperture, between the blades of forceps, made to meet very accurately in a parallel direction, one being received into a groove of the other, and regulated in their approximation by a screw. The pressure is thus completely under control, and can be increased, diminished, or altogether withdrawn, according to circumstances. The blades of the forceps should be at first very gently approximated; and never tightened so as to occasion any disagreeable symptoms. When the piece included is detached by ulceration, and the forceps fall off, the case must be treated by gentle pressure and attention to the bowels, as if the septum had not existed. Dupuytren also, for the purpose of making the sides of the fistula remain in contact, or making them approach each other, sometimes applied an ingenious little instrument consisting of two pads, which, by means of a screw, can be made to embrace the part. (For information on Dupuytren's method of treating artificial anus, vide Cooper's Surgical Dictionary; Symes' Principles of Surgery; Breschet, in the Sur-

and Pinel; but whatever may be the value of these productions, what are they in comparison to the legacy posterity had a right to expect from him? Fortunately, others have written for him—his pupils, friends, and admirers: Breschet and Royer, in the “*Répertoire d’anatomie*;” Buet and Brière de Boismont, have published four volumes of his clinical lectures; Sanson and Bégin, in their edition of the “*Médecine opératoire de Sabatier*,” have identified the proceedings of the two professors; Roche and Sanson, in their large work, in five volumes,* (*New Elements of Medico-chirurgical Pathology*) have, as it were, written a complete history of his opinions, intermingling his doctrines with their own: a plan which may be compared to a noble design worked in magnificent materials. In every page of these volumes, and almost in every paragraph, you meet with the name of Dupuytren; his ideas upon the nature and progress of different diseases; his new methods of treatment, and the ingenious modifications which he introduced into so many surgical operations. Even in those departments in which little that is novel can be introduced, he contrived to add something new. He marked out a path of his own by the side of the great masters of our profession; and often has it happened, that the pupil outstripped the teacher. But these topics will only lead us into details which we have not time to enter upon. Let us, however, notice what must ever entitle him to the gratitude of man. In fractures and gunshot wounds, complicated with aneurism, he substituted ligature of the artery

gical Journal of Messrs. Graefe and Walther; Dr. Reisinger’s Account of Dupuytren’s treatment; “*Médecine Opératoire*” of Sabatier, as edited by Messrs. Sanson and Roche; Malgaigne’s Operative Surgery, &c.)—Tr.

* *Nouveaux élémens de pathologie médico-chirurgicale*, par L. Ch. Roche et L. J. Sanson, troisième édition. Paris, 1833, 5 vol. in-8.

for amputation of the limb: a practice then almost unknown, but now constantly acted upon.* In division of arteries, by fire-arms, he proposes the ligature, according to Anel's method: a plan previously dreaded and even forbidden, but adopted now, by a surgeon of Lyons, in all wounds of arteries; and, according to Malgaigne, attended with more or less success, in proportion as the wound is old or recent. Before us the English had tied the principal arterial trunks. Thanks to Dupuytren, and some other bold operators—the common carotid, the subclavian, the ext. iliac, have been tied with success in France: the last named operation we owe to the skill of M. Lisfranc; in fact, all the arteries that have been tied in England, have been tied in this country, excepting the *arteria innominata*, and the aorta, the taking up of which only served to hasten the death of the patients. It appears that it was in obedience to the timid or envious will of the senior surgeon, which was the cause of Dupuytren's losing the honour of first passing a ligature round the subclavian: this was one of his grievances against Pelletan. For aneurismal varix, Dupuytren advised, contrary to Anel's method, that the artery should be tied both above and below the tumour: the merit of these two modes of treatment involves a ques-

* Instances in which the extremity of fractured bone may injure an artery, and give rise to an aneurism, are recorded by Pelletan, (*Clinique Chir.*) and by Duverney, (*Traité des Mal. des os*, t. 1.). In Pelletan's case, the disease followed a fracture of the lower third of the leg. An aneurism of the anterior tibial artery, from such a cause, is also described by Mr. C. White, (*Cases in Surgery*, p. 141); and there are several cases recorded in Dupuytren's *Leçons Orales*. To quote a part of Dupuytren's lecture, he says, "To sum up, in a few words, I think that when the artery of a limb has been injured by a splinter of a bone in fracture, or by a gunshot wound, the ligature of the principal artery, between the injured point and the heart, ought to be substituted for the ligature of the two ends of the vessel, which is often impracticable, and for an amputation, which has hitherto been regarded as the only resource in this species of injury."—TR.

tion in surgical science which is still undecided; though one would think that there can scarcely be two opinions on the subject since the results furnished by Sanson and Bégin's experiments. Dupuytren's essay on fractures of the tibia, contains also a description of the dislocations of the ankle joint. By the mode of treatment he invented, and which during the revolution he put into practice, both reduction of the dislocation and the fracture are accomplished at the same time, with this great advantage, that all the indications of treatment are at once carried into effect; and that an accident formerly considered so severe, that permanent lameness and deformity must be inevitably the result, is now as well cured as the most simple cases, and without leaving any bad effects.* This same memoir contains a new theory in reference to sprains; also his true and correct views upon the nervous delirium, (traumatic delirium,) which too frequently accompanies surgical

* We hardly need remind the reader of Dupuytren's simple though efficient mode of treatment of fracture of the tibia, with luxation of the foot, as it is now so generally adopted; though many surgeons in this country, (Sir A. Cooper, for example,) prefer Pott's method, with the addition of a foot-piece to the splint. Dupuytren's mode consists in placing on the inner side of the fractured limb a thick compress, to which, after having been secured in its place by means of a roller, a wooden splint, long enough to extend beyond both the foot and knee, is fastened; and then applying a bandage at each extremity of the splint, so as to draw the limb towards it, and effectually counteract the distortion which is caused by the weight of the foot, and the action of the peroneal muscles. Dupuytren says, that the surgeon must not confine himself to drawing in a perpendicular line under the limb; it must be brought as much inwards as it had been turned out by the peroneal muscles. After the foot has been retained a good while in this forced state of adduction, if it should not return to its ordinary position, the defect may be easily remedied by applying the preceding apparatus to the outer surface of the leg and foot. Of 207 cases of fracture of the tibia, comprising all the varieties of this accident, treated in the above way, by Dupuytren, 202 were cured; the remaining five died: three of them from the consequences of the injury itself, or from complications independent of it.—(Vide Dupuytren's Memoir on this subject in the *Annuaire Medico-chirurgical des Hopitaux de Paris*, 1819.)—Tr.

operations, on the character and treatment of which Dupuytren threw great light.* His observations upon fractures of the patella; upon those of the neck of the femur and olecranon, taught him that fractures of this kind ought to be kept at rest for a much longer time than those in other situations, in order to allow time sufficient for the formation of permanent callus. The bandage that Petit invented for rupture of the Tendo-Achillis, Dupuytren so modified as to allow the patient to walk whilst under treatment. Again, in those fractures which are liable to be mistaken for luxations, more particularly in children, as for example, those of the condyles of the humerus, and those near the wrist joint, in which latter case the bones of the forearm may be broken when supposed to be dislocated: an error loudly condemned by Dupuytren, though committed from time immemorial, and even by Astley Cooper himself.† We know, moreover, that in the treatment of the different fractures, he constantly laid down new and important rules; and which he never did more successfully than when having to act on the spur of the moment. It is known, also, that he was a great advocate for the bent position in the treatment of fractures. He laid the foundation, also, of that admirable series of successful experiments on the treatment of congenital dislocations, which have immortalized the name of Humbert de Morley:‡ Humbert, who dared

* His treatment of traumatic delirium consisted in the administration of a few drops of laudanum in a lavement; five to twenty drops of laudanum, introduced in this manner, he states will have more effect than three times the dose if given by the stomach. The clysters should be repeated every six hours, two, three, or four times; and if they are retained, do not fail to remove the most furious delirium.—(Vide his "Leçons Orales de Clinique Chirurgicale.")—TR.

† This is M. Pariset's statement, though we cannot vouch for the truth of it.—TR.

‡ Essai et observations sur la manière de réduire les luxations spontanées ou symptomatiques de l'articulation iléo-fémorale; méthode applicable aux luxations

to undertake what no one, not even Bichat dared to imagine; who conquered difficulties by which even he was arrested. In the different amputations, again, there are numerous methods to which the name of Dupuytren is attached; but of all the operations of this kind, the newest and boldest is that of amputation of the jaw, which he first performed in 1812; an operation which then horrified and astonished, but is now frequently performed, and which Lisfranc has perhaps surpassed, by carrying his dissections even as deep as the anterior part of the pharynx. What improvements has he made, and what wisdom did he display in all his operations for hernia? What a happy idea it was which led Dupuytren to perform an operation for the relief of imperforate anus; and for that of prolapsus ani, by the excision of some of the folds of skin around the verge of the anus:* a most afflicting infirmity, but which

congéniales et aux luxations anciennes par cause externe;—par F. Humbert. Paris, 1835, in-8, avec atlas in-4.

* Here, again, M. Pariset, by his mode of expressing himself, would lead us to infer, that Dupuytren was the first to discover and perform these operations, which is not the fact: for a long time back, numerous surgeons, in this country, have been in the habit of operating for imperforate anus. I need only allude to B. Bell, C. Hutchinson, Cooper, Wayte, &c.; in other countries, Hildanus, La Motte, Roonhuysen, &c. As regards the operation for prolapsus ani, it is well known that the late Mr. Hey first suggested this mode many years ago, and carried it into practice, with the best effects. Dupuytren, in his clinical lectures, says there is a distinction between his operation and that of Mr. Hey; but in my opinion the practice is similar, with the exception, that in some cases the French surgeon cut off more or less of the internal membrane of the rectum: but this plan he gave up, as bad consequences ensued; and he was afterwards content to remove the folds of skin at the margin of the anus; or, when the prolapsus was consequent on piles, he excised the margin of the anus. It will only be fair, however, to quote Dupuytren's own words: (see report of his Clinical Lectures in the *Lancet*)—"I have now been in the habit of employing this operation for ten years, (this lecture was given in the session of 1833,) and always with the same success; indeed, I remember only one case of relapse, and there, the operation had been imperfectly performed, in consequence of the impatience and struggles of the child on whom it was practised. The operation

is cured now, without danger of recurrence, by a very trifling operation. In cases of polypi of the uterus, what evils have been saved the sufferers, by substituting excision for the ligature: a proceeding simple, rapid, without pain, and almost without danger.* We have not time to dwell upon his operations for goître;† neither of his mode of treating

practised by Mr. Hey, for the cure of a patient affected with piles, complicated with prolapsus ani, differed from mine in many essential particulars; in fact, we may deduce from the observations of the English surgeon, and of those who afterwards followed his example, that the patients were accidentally cured of the prolapsus by an operation which was exclusively directed against the hæmorrhoidal tumours, and which is only applicable to cases where the descent of the intestine is a consecutive effect of the hæmorrhoidal affection. My conviction is, that nothing but the excision of the margin of the anus can radically cure this disgusting infirmity." Cases are then narrated, shewing the success of his treatment.—Tr.

* In this country the majority of practical surgeons and accoucheurs prefer the ligature, as applied by Levret's instrument, which has been more recently modified by M. Cullerrier. In France, excision is often preferred, since Lisfranc's and Dupuytren's recommendation of it.—Tr.

+ We may here add, by way of a note, that in the two cases of goître operated on, by Baron Dupuytren, the *result was fatal*; but, of course, such a remark would not figure well in an eloge. I cannot, however, refrain from alluding, at some length, to this operation, as I saw it performed at the Hôtel-Dieu, Paris, by the celebrated surgeon M. Roux, and attended with the like unfortunate result. An account of the case appeared in the *Lancet* for April 30th, 1836, taken from the *Archives Générales de Médecine*, a few particulars I shall here insert. The man operated on was 22 years of age, his brother and grandmother had also the same complaint; when 10 years old he presented symptoms of scrofula, these were removed, but an enlargement of the thyroid gland followed soon afterwards, which continued gradually to increase in volume. At the time of his reception into the Hôtel-Dieu, the tumour was of considerable size, I should say as large as an infant's head, it extended from an inch below the chin to the sternum, towards which it was carried by its weight, for it was easily raised from that bone. The tumour did not produce any urgent symptoms, there was no undue pressure on the trachea, no difficulty of breathing, yet M. Roux consented (or perhaps and most likely proposed) to perform one of those operations de complaisance, to which he is too much inclined. It was the right half of the gland which was so much enlarged, and this was removed in different portions, about a pound and a half of blood was lost, *from forty to forty-seven ligatures* were applied on the arteries and veins, chiefly the latter; the patient of course was exceedingly exhausted after the operation, which took upwards of an hour. For a short time he appeared to be

nasal polipi with ligature; neither of his observations on the arsenical paste; neither of his uncertain and painful plan of treatment for the cure of the nail when growing into the flesh; neither of his classification of burns, so simple yet in every respect so complete; neither of the two angry discussions which he had with Delpesch upon the treatment of cicatrices, &c.; but we must not forget to mention how much he has done for the treatment of cataract, and for the cure of fistula lachrymalis. He revised the method of retaining the canula, a simple, expeditious plan, which relieves at once, and without pain, excepting any accidents may arise from a peculiar state of the parts; this mode is indeed the only one which ought to be adopted when the nasal canal is completely obstructed.

What else remains to be said? I have spoken of the

doing well, but died suddenly after a lapse of 56 hours, with some symptoms of difficult respiration, and after death, *nothing was found* but some slight traces of lobular pneumonia. In my opinion the operation was most unjustifiable, for saving the inconvenience of the tumour's size, and its appearance, it was in no wise injurious to him. The fatal termination of Dupuytren's cases should have made M. Roux very loath to undertake such an operation. Indeed unless very urgent symptoms are present, caused by the pressure of the tumour, the highest authorities in our profession consider no surgeon warranted in performing such an operation. It is true, *Hedenus* of Dresden is said to have extirpated the thyroid gland six times successfully, but the accounts of the cases are not at all satisfactory, or sufficiently authenticated to bring conviction to my mind of the propriety of the operation. *Vogel and Thoden* are said also to have operated with success. *Desault* operated twice, once successfully. *Gooch* mentions two cases operated on in England, one only with success. *M. Brun* speaks of a case operated on by a country surgeon, which terminated fatally on the spot. *M. Rullier* mentions a similar occurrence. I think from these statements we may aptly conclude in the words of Professor Syme, "that the deep situation, muscular covering, firm connexions and large blood vessels of bronchocele, forbid excision; and the attempts which have been made with this view afford a sufficient warning against their repetition, by the fatal issue which has almost invariably and often immediately followed them." The length of this note my readers must excuse, for I felt so strongly at the time the barbarity of performing this operation, that whenever the word goitre presents itself to my eyes, M. Roux's bloody operation stares me in the face. TR.

bilateral operation in lithotomy; by this method we open to the calculus, a more direct, free, easy, and safe passage, because the vessels are less likely to be wounded. The idea of this operation may be traced as far back as to Celsus. Was this operation the secret that the unworthy Rau concealed from the profession. However that may be, our colleague Ribes was the first to call our attention to it. He made it known to Chaussier who transmitted it to Morland, who inserted it, in the form of a note, in his thesis written in 1805. Dupuytren was aware of this, and after long consideration he was the first to put it into practice upon the living; but in so doing he did not take the credit to himself of having first recommended it; for in a full meeting of the Institute he openly declared that the credit was due to Ribes; and by this public avowal, and the use he made of the discovery, doubly complimenting M. Ribes. He commenced a work upon this method of operating for stone which he did not conclude. Two of his friends, Bégin and Sanson, being commissioned by his will to finish it.* It

* "Memoire sur une manière nouvelle de pratiquer l'operation de la pierre, terminé et publié par L. J. Bégin et L. J. Sanson. Paris, 1836," in folio, accompanied with six beautiful plates; with this epigraph: "I leave to Messrs. Sanson senr. and Bégin, the charge of concluding and publishing a work, already partly printed, upon the Lithotomy of Celsus, and of adding to it the description of a new method for arresting hæmorrhage." (Testament de Dupuytren.)

The peculiarity of this operation consists in cutting the prostate on both sides equally, which is effected by an instrument constructed for the purpose and composed of a sheath containing two blades, that can be made to project laterally more or less as may be required. (It is in fact a bistourie cachée with two blades.) This instrument, being conveyed into the bladder on the groove of the staff, after the preliminary incisions have been made in the perineum, is expanded and withdrawn in this state, cutting the gland to the requisite extent. In this method the vasa deferentia, rectum, transverse arteries of the perineum, and the pudic artery are avoided. Regarding the merits of this operation, we may here insert the opinion of Professor Syme, "Many objections might be urged against this method, but it is sufficient to mention, that the result of experience is not in its favour." When the stone is large,

is the will of Eudamidas ; and we know with what zealous care and with what talent the two friends have fulfilled the wishes of the testator. Read Celsus, said Rau. Read this book, say I, to any one who wishes to examine thoroughly a surgical question. and to furnish himself with a model for imitation.

In 1814, Dupuytren exposed himself to the fire of the enemy, in order to study, and treat gunshot wounds. In 1830, our civil discords caused a great number of wounded to be sent to the Hôtel-Dieu. Dupuytren studied the character of these wounds, and, under his direction Marx and Paillard wrote a treatise on this subject, which would not discredit our greatest military surgeons,* though it can never have the effect of rendering their works less valuable. Lastly, to put an end to this enumeration of labours, already so long, nevertheless so incomplete, I must not forget to mention, what to him alone is due, viz. the honour of having given an almost perfect explanation of the manner in which permanent retraction of the fingers takes place ; nearly perfect I have said, because Goyrand has more recently shewn that this retraction does not depend altogether upon the palmar aponeurosis, but also upon the formation of new bands.†

or when the prostate is enlarged, and the width of the urethra diminished, the bilateral operation seems to me to be the proper one. TR.

* *Traité des blessures par armes de guerre, rédigé d'après les leçons cliniques de Dupuytren et publié sous sa direction par les docteurs A. Paillard et Marx, 1834, 2 vol. in 8.*

+ *Mémoires de l'Académie royale de Médecine. Paris, 1834, 3rd vol. the 489th and following pages. Vide also his Clinical Lectures.*

This retraction of the fingers had, previous to Dupuytren's investigations on the subject, been considered as dependant on the action of the flexor muscles ; (though this is denied by some English writers who state that Sir A. Cooper, many years ago, described this affection and pointed out its true cause,) who ascertained that

I know that Dupuytren's most beautiful inventions have been disputed, and have been referred to others. Those to whom the priority has been given, are Pellier Ledran, Hey, Smalkalden, Astley Cooper, and certain German surgeons, who had before 1812 amputated the jaw. But, in this dispute of priority, what judge is to prove the dates and details of the case? What tribunal will dare to weigh the testimony and give judgment? Who is there that can flatter himself on doing any thing strictly original? Paschal revised Euclid, and, nevertheless, he invented. In all times, in all places, the problems of surgery have presented the same data; in all places, in all times, genius has been able to give the same solutions to them. What is there wonderful in meeting, at London, with what we meet with at Paris; or in seeing, at Paris, what we see in Berlin? If to perfect is to invent, it will follow that Dupuytren was as great a genius as any that ever adorned surgery, and considering that he commenced his career after such men as he did, even J. L. Petit himself did not surpass him.

Dupuytren was professor of the Faculty of Medicine, Paris; surgeon-in-chief of the Hôtel-Dieu. He was attached to the conseil de salubrité, and to the university, in capacity of inspector-general; he was, from the first, member of the Royal Academy of Medicine; in 1825, he became member of the Academy of Sciences; he had been surgeon-in-chief to two kings. Created baron, decorated with several orders, he was sought after in the highest classes of society; he was respected by his pupils; cele-

retraction of the fingers depends on a gradual shortening of the palmar aponeurosis, and chiefly that part of it which is prolonged on the base of the fingers, and that this deformity may be cured by the transverse section of these slips, or ligamentous bands, and of the fascia which furnishes them. TR.

brated throughout Europe; loaded with glory and riches. What more was wanting to make him happy? But happiness is not to be found in station alone; it depends, in a great measure, on the character and disposition; and Dupuytren was not born to be happy. Every thing he wished, he had in profusion; but all was esteemed empty and worthless.* In 1833, his health began to give way. In

* A domestic affliction, of the most trying kind, (the infidelity of his wife, it is said,) will account for, in a great measure, this discontentedness of disposition, as well as his frequent ill temper, harshness, suspicion, and haughty contempt towards others; indeed, he himself acknowledged, on his death-bed, that this circumstance had the effect of embittering the rest of his life, of unhinging and unbending his gigantic mind.

As regards the account of his illness, M. Pariset is very brief: I shall, therefore, insert a few additional particulars, as detailed in the *Lancet* about the time of his death; this account, it will be observed, in one part contradicts M. Pariset, who states that Dupuytren left Paris for Italy, in the spring of 1834, and returned the same spring, which is very unlikely; and therefore, I am inclined to think, it is an oversight of M. Pariset, or an error of the press. In November, 1833, the health of Baron Dupuytren first gave symptoms of decay. On the fifth of that month he was seized with a slight fit of apoplexy, which soon passed off, but left behind it some difficulty of speaking, and caused a deviation of the mouth towards the right side. The warning could not be mistaken; but Dupuytren, whose mind was always of a most determined nature, insisted on continuing his duties at the *Hôtel-Dieu*; and it was only by force that his friends and family carried him to Naples, at the end of November. He returned to Paris in May, 1834, and immediately resumed his visits and lectures at the hospital; but there presented nothing but the wreck of former greatness, struggling against a fatal disease, and determined to hold out to the last. His tongue, once so eloquent and polished in its language, now faltered at every sentence; whilst the remnant of distortion in the mouth gave the most painful expression to his once handsome but cynical countenance. The fatigue consequent upon his attendance at the last concours was, in all probability, the immediate cause of his death, by developing a pleurisy, which was at first overlooked, the brain being considered to be the only organ seriously affected. The existence of effusion, however, soon became too manifest to be denied; and then were every means, that art could suggest, employed to ward off the threatening result, but all without success. The fatal disease gradually gained ground; and after eleven days of painful suffering, which was borne with the most heroic indifference, terminated his existence on the 8th of February, 1835, at three o'clock in the morning. Dupuytren preserved his intellectual faculties to the last; and never ceased for a moment to give proof of the possession of that well tempered courage, and disregard of death,

the spring of 1834, he took a tour into Italy; and this journey was to him as an anticipated triumph, which his fame had prepared for him. At this time, also, our re-

which were to be expected in a man of his character and disposition under almost every possible variety of circumstance. He continued his consultations until within a few days of his death; and the evening before the occurrence of the fatal event, he made his domestic read 'the paper,' as usual, 'that he might carry the freshest news out of the world,' (*Afin de porter la haut des nouvelles de ce monde*). Hardly ever was the ruling passion stronger."

We shall here, also, insert a few particulars regarding the personal appearance, dress, &c. of Dupuytren, taken from the same source. "It is not easy," says the writer in the *Lancet*, "to convey a personal idea of Dupuytren. He was one of those individuals whose countenance always struck observers as emblematic of a mind whose exact character was not expressed in words. The contemplation of his features left a "je ne sais quoi" impression on the feelings of even the most acute physiognomists,—half pleasurable and half dissatisfied, a sensation at once of admiration and dislike, for which it was impossible to account. Dupuytren was a man of middle stature; brown complexion and strong make. In his youth he must have been extremely handsome. Those who possessed the personal acquaintance of both, must have seen some resemblance between Dupuytren and the Professor of Anatomy in the University of Dublin. The striking magnificence of forehead, expressive of intelligence of the highest order, and the small dark piercing eye, which distinguished the one, had their rival in the other; that eye, oftenest twinkling with playful malice in the one, and the other darting those stern annihilating glances which rendered the presence of the great surgeon of the *Hôtel-Dieu* so imposing, and frequently so oppressive, to those that fell beneath his scrutiny. "His eye," says a French author, "was enough to terrify a Corsair." But it was to the peculiar expression of his mouth that the physiognomy of Dupuytren owed its characteristic cynicism and appearance of universal distrust. Viewing the upper part of his face, and particularly his broad fair forehead, covered by a thin white *cheveleure*, the figure was that of a man imbued with feelings of benevolence, and accustomed to exert the most untiring patience. But soon would the impression be destroyed by a sudden curl of the lip, an almost imperceptible compression of the mouth, a fastidious though polite shrug of the shoulders—tokens of mental storm within—which, with calm exterior, he was disdainful to show, refusing to let his fellows become witnesses of, any one feeling that governed him. Without the appearance of avoiding society, though present at all the learned meetings of the French capital, at the Faculty, at the Court, at the reunions of private life, Dupuytren was, intellectually speaking, a perfect anchorite. Admired by all, the friend (perhaps) of a few distinguished men, there was not one who could say, "I know him."

The dress which Dupuytren invariable wore was very peculiar. At the Institute or the Faculty, in town or at the Court, in summer and in winter, he was always

spected colleague, Esquirol, travelled to the same place, and for the same object: they met at Rome. Dupuytren shewed himself impatient to return. What occasion to hurry? asks Esquirol. I think of the Hôtel-Dieu, answered Dupuytren. You have left it in able hands, says Esquirol. Yes, replied Dupuytren; but my duty! a word characteristic of the man, and honourable to him. In fact, he returned the same spring, looking better: but the symptoms of his disease did not fail to return: they became worse; and, notwithstanding the distinguished medical skill of Husson, Broussais, Cruveilhier, Bouillaud, so ably seconded by Marx and Sanson, after much suffering—but preserving unto his death his clear intellect, cool fortitude, and striking expression of countenance—he expired on the 7th of February, 1835, at the age of 57 years and a few months. At the post mortem examination, a considerable effusion into the cavity of the chest was found; and in the brain some traces of apoplectic cells.*

clothed in a little round-cut green body-coat, to which, when he visited the hospital, was added a small green cloth cap, of a cut altogether original. Those who have at any time followed his clinique, at the Hôtel-Dieu, will remember the slow, the almost jesuitic pace, with which he entered the amphitheatre; the brim of his green casquette turned from his forehead, the white apron in front, his right hand thrust into the bosom of his coat, and his left constantly applied to his mouth; for, no matter in what society he found himself, whether in public or in private, at the hospital or presiding at a concours at the Faculty, Dupuytren had a habit of constantly gnawing the nails of his left thumb and index finger, like one who suffers from some intense bodily or mental pain. When seated in the professor's chair, he never addressed himself to more than a fraction of the audience; his back was turned upon at least three-fourths of the assembly; and he commenced with a low and indistinct muttering, which afforded little indication of the splendid and, on many occasions, truly eloquent discourse that was to follow."—Tr.

* According to the account published in the French journals, the following were the most striking morbid appearances:

Cavity of the thorax.—The right side of the chest more developed than the left. On plunging in a trocar, about four pints of troubled serum were evacuated. The

His funeral was most imposing. There were seen a prodigious concourse of men of all classes, and of all professions: peers of the realm, savans, physicians, authors, artists, and even common labourers, who spoke of him with regret, for no name had become more popular than his. Deputies from the societies of which he was a member; Orfila, for the Faculté; Larrey, for the Institute, delivered addresses on the occasion; and I have presumed, in the name of the Royal Academy of Medicine, to mingle my feeble voice with theirs, and that of the students who deplored with us the common loss and disputed the honours of carrying his remains to their last long home. Thus was extinguished

pleura on this side evidently inflamed, and the lower portion of the lung changed into a condensed fleshy mass, totally impervious to air. The left side of the chest contained about half a pint of clear serum, and the lung was healthy. The heart was strong and sensibly hypertrophied; the cavity of the left ventricle might contain a large hen's egg. The cavity of the right ventricle was still larger; its parietes were three lines in thickness; that of the left one, six lines; the other parts of the heart were healthy. It is a curious circumstance, that Dupuytren always believed that the heart was the seat of his disease. "Let them examine my heart well," he said, "and they will there find the seat of my complaint, the injury produced by my sorrow and my torments."

Cavity of the skull.—Before opening the skull its external measures were taken with great exactness. The whole showed that the dimensions of Dupuytren's head were much larger than those of ordinary heads. The posterior superior portions of the brain were particularly developed. The external appearance of the brain was healthy; but before being examined, it was given to an artist to prepare a cast. After the mould had been formed the brain was necessarily drier; it weighed, with the cerebellum and medulla oblongata, two pounds fourteen ounces. The ventricles contained no serum; but near the commencement of the digital cavity was observed a kind of spot or yellow cicatrix, one inch long, and half an inch broad. This alteration was superficial; for when raised upon the point of the scalpel, the medullary substance below was seen healthy. In the centre of the right optic thalamus was a small nucleus of extravasated blood, as large as a grain of hemp-seed. In the part of the corpus striatum, outside the thalami, on the right side, was found an excavation, of a brown colour and broken edges, that would contain a filbert; and in the corpus striatum of the left side, an apoplectic cavity of the same magnitude; in both were recognized some cellular filaments intercrossing one another.—Tn.

this great light of surgery; a man of a most powerful mind, whose fame will be perpetuated by his pupils; but a man of a complex character; too sensible of the traits of malevolence ever to forget them;* and, when occasion required, punishing an injury with the most cruel disdain, without any regard for rank, reputation, or authority; ever affectionate to his friends, entering into their grievances, and using all his endeavours to console them. Who knew how to do so better than he? And how delightful is it to me here to render public testimony to his memory! With what affectionate care did he watch over the only child, which heaven had bestowed on him, when the sickness and sufferings of infancy tormented its little frame! His disposition and feelings, so apt to be reserved and cool in presence of strangers, were all animation at the sight of a child; touched by its innocent playfulness, he gave himself up with delight to the lively mirth, the artless joy, of early days.

Born poor, like Chaussier, Vauquelin, Fourcroy, Corvisart, he was of too anxious a turn of mind, to remain so long; nevertheless, when rich, he could be generous and disinterested beyond measure. He was full of contrariety.

* The following example will shew to what an extent he carried this dominant morbid feeling, and of the manner in which he avenged himself. "In Charles the Tenth's Court flattery and hypocrisy was the order of the day, and the royal favour could only be obtained beneath the guise of professed religion. Dupuytren was accused of mingling with the crowd of flatterers; and malice went so far as to declare that he had dropped expressly from his pocket a little prayer book within the precincts of the royal apartment. Innumerable epigrams sprang from the alleged incident, but equally insignificant as the charge, they were soon buried in oblivion. The memory of the affront, however, never passed from Dupuytren's mind; and years afterwards, on being accidentally called on to attend the daughter of a countess, the supposed authoress of the story, he avenged himself by the infliction of treatment the most cruel and heartless on the mother at the death-bed of her daughter."—*(Vide Lancet.)*—Tr.

But who amongst us can boast of being, in all things, consistent? Various and unstable are the components of both our bodies and our minds; therefore, the more necessary mutual indulgence and good will towards each other.

Dupuytren left a larger fortune than Leibnitz, and one at least equal to that of Boerhaave, which has been estimated at £250,000; and out of this product of his savings and industry, he left, by will, a sum of 200,000 francs for the establishment of a chair of Pathological Anatomy. This was closing his career as he had commenced it. At the wise recommendation of Orfila, and with the consent of the testator, and the government, this benefaction was turned to a different account, though, at the same time, the original design was carried into effect; for the Chair of Pathology has been founded by the government, and Dupuytren's legacy has been dedicated to the formation of a museum, which, under the superintendence and skill of Orfila, has been commenced, carried on, elegantly decorated and completed in fifty-five days, in the ancient convent of the Cordeliers, or Grey Friars.* In this museum are now arranged, after extraordinary industry and trouble, the most curious and rare specimens of Pathological Anatomy, all prepared with great neatness, placed in elegant cases, and conveniently arranged for examination. Ere long a drawing of each preparation is to be made and engraved by the best artists, and afterwards published along with an annexed history and description of the case. The consequence of this will be, that a number of the works, being distributed throughout Europe, will serve as so many portable museums, to acquaint the world with the treasures of the Parisian School of Medicine; of the vigilance of those

* The Museum is conveniently situated, being in the same street as the School of Medicine, and no great distance from the Hôtel-Dieu.—TR.

attached to it; and of the genius and munificence of Dupuytren: monuments, to use the words of the poet, which will be more lasting than brass, and doubtless not less so than the poet's verse. It is known, moreover, that a part of his brilliant fortune he laid, as an offering, at the feet of an august exile: a deed without parallel in the history of the world; not less honourable to our species than to Dupuytren himself; and which the noble and generous hearts which now hear me would not have pardoned, had I deprived them of so legitimate a subject of praise.

FINIS.