



JEAN MARTIN CHARCOT

The Doctor's Page

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(1825-1893)

Jean-Martin Charcot was born in Paris on November 29, 1825. His father was a man of moderate means, engaged in the coach-making business. One of four sons, Jean-Martin showed unusual aptitude for study and for drawing at a very early age. His father, taking into consideration the various tendencies of his sons, decided that Jean-Martin should continue his studies and later choose between painting and medicine as his life's work. Jean-Martin, accordingly entered the Bonaparte lycée for his secondary education. After his studies here were over he chose the career of medicine, not without considerable deliberation. In 1844, when he was 19 years old, he began his study of medicine. Four years later, fate led him as interne to la Salpêtrière, which he was destined later to make a center of great renown. Here it was that he collected the elements for his doctor's thesis: "Study of the History of the Affection Described under the Names of Primary Asthenic Gout, Nodosities of the Joints, Chronic Primary Form of Articular Rheumatism." At this time he realized what could be gotten from the variety of nervous diseases observed there and expressed the desire to return later to la Salpêtrière.

Head of the Clinic in 1853, Charcot was appointed physician to the hospitals in 1856. He was then but 31 years old. In 1860 he was named Fellow of the University after presenting a thesis on chronic inflammation of the lungs. In 1862 he was appointed head physician to la Salpêtrière. His first years here were spent in familiarizing himself with all the chronic diseases represented in great numbers in the dormitories. The study of chronic rheumatism, of chronic affections of the pulmonary parenchyma and the description of "Charcot's crystals" at first held his attention. Gradually, however, the neurological appetite took possession of him: Bouchard's thesis on the "secondary degenerations" was the initiating factor; there followed the study in collaboration with Bou-

chard of "miliary aneurysms in the nervous centers;" and shortly thereafter, in 1868, the description of multiple sclerosis. From this moment, Charcot had found his true vocation. It is true that patches of sclerosis on the surface of the nervous centers and in their interior had been noted and pointed out by various pathological anatomists, notably by Cruveilhier, but they were merely regarded as a curiosity of the autopsy. No one had thought that there could be the possibility of making a diagnosis in the living patient of the lesion characterized anatomically by patches of sclerosis. It was here that the clinical genius of Charcot intervened; he took note of the principal symptoms of his patients. He observed that certain ones among those between 20 and 30 years of age were affected by a peculiar tremor when making voluntary movements, that they likewise had a trembling manner of speech and sometimes also of the eyes, and that their walk was uncertain. An autopsy occurred which permitted him to specify the lesions and establish the clinical entity of multiple sclerosis for once and for all.

By his anatomico-pathological researches, Charcot aided effectively in the establishment of present day knowledge of cerebral and medullary localizations. His lessons on localizations in diseases of the brain were translated into English, Russian and German. Other works had preceded it, such as those on softening of the brain, miliary aneurysms as cause of hemorrhage, cerebral atrophy, aphasia and secondary degenerations of the spinal cord. Charcot's favorite principle was "We must think pathologically and physiologically," and he incorporated this into his anatomico-clinical studies. He described lateral amyotrophic sclerosis; he discovered the character of intermittent claudication; he described tabetic arthropathy (Charcot's joint disease), tabetic laryngeal, gastric and renal crises; spasmodic tabes dorsalis and hypertrophic cervical pachymeningitis; he deep-

ened our knowledge of medullary syphilis, of the pains in tabes as initial symptom, of infantile paralysis, athetosis, muscular atrophy, paralysis agitans, multiple sclerosis, Basedow's disease, myxedema, syringomyelia, Menieri's vertigo, Jacksonian epilepsy, Thomsen's disease, Friedrich's disease, Morvan's disease and explained the forms of nervous disease called "arrested." Charcot also furnished a solid foundation for the study of the influence of heredity on the origin of nervous disease.

His studies on hysteria include a whole series of independent monographs on the differential diagnosis, the paralyses, the contractures and hysterical anesthetics, ovarialgias, ischuria, achromatopsy, mutism, blindness, aphasia, tremor, contractures of the tongue and facial muscles and blue edema in hysteria, as well as on hysteria in men and traumatic hysteria. Moreover, he wrote psychiatric and psychological works on the obsessional states.

When in 1870 he commenced his account of the nervous diseases, his name was already known throughout the world. During the war of 1870 he had to interrupt his courses and devoted himself exclusively to the care of the wounded stationed in la Salpêtrière. In 1872, came his appointment as professor of pathological anatomy on the Faculty of Medicine, succeeding his friend Vulpian who now became professor of experimental medicine. This same year, Charcot was elected to the Academy of Medicine; eleven years later, to the Institute. In 1882, the chair of the Clinic of Diseases of the Nervous System was created for him at la Salpêtrière.

It was no easy matter to give proper attention to pathological anatomy and neurology at one and the same time, but Charcot was well qualified for the duty. In this chair which he occupied for about ten years, he showed all the resources of his intellect and all of his great qualities as investigator and teacher. He is said to have been one of the most remarkable professors of pathological anatomy the Faculty has known.

In his lessons on the diseases of the brain, Charcot took care, before any description of the disease, to give his listeners the indispensable ideas of anatomy and general topography, and as his conceptions were always so concise and clear, so appropriate for the study of cerebral pathology, they have formed for several generations of students and practi-

tioners, the basis of their knowledge of the normal anatomy of the brain. Charcot spoke little during his daily lessons for the students of the service, but he knew how to fix his gaze and make others see what he himself noted. In the tiny office in which he held his clinics Charcot would be seated at his table whence he would observe the patient to be examined. His internes would examine the patient before him, following the indications which he gave and he would merely *look on!* Sometimes, when the patient could not be transported from the dormitories, or in a case of urgency, Charcot would go there himself; but his manner of walking with short rapid steps, with his head and the upper part of his body inclined forward, made these transpositions across the vast spaces of la Salpêtrière very disagreeable to him; he preferred to remain in his office and have the patient brought to him.

On Fridays, in the amphitheater, Charcot gave his official lesson. He was not an orator, but his elocution was perfectly distinct, without a trace of hesitation; his sentences short and clear. What added to the perfection of the demonstration was the "action" of the master in passing from one patient to the other, directing the attention of his hearers to the form of a limb or extremity, an attitude, a peculiar walk, and even, in the heat of the lesson, mimicking what he wanted them to see and understand. The world renown of Charcot attracted a considerable number of foreign physicians to la Salpêtrière, and it was almost a rule then for every neurologist worthy of the name to have passed through la Salpêtrière, "that Mecca of Neurology," as the foreign colleagues called it. Charcot's service at la Salpêtrière was wide open to all who wished to see and learn. His house was equally open, with the most generous hospitality. Here every Tuesday evening he was surrounded by everyone bearing at that time a name in the sciences, in medicine, in literature, in the arts and even in politics. Mme. Charcot was gracious and good. There were two children—a son Jean and a daughter Jeanne.

Charcot was the most sought after physician not only in his own country but in the whole world. Yet at the height of his glory and riches, he lavished his care on rich and poor alike. He died suddenly of pulmonary edema, on August 16, 1893, during a trip which he had taken with two friends in the Morvan.