Édouard Brissaud, Fulgence Raymond and the Succession of Charcot

Laurent Tatu

Departments of Neuromuscular Diseases and Anatomy, CHU Jean-Minjoz, University of Franche-Comté, Besançon, France

Abstract

At the time of his death in 1893, Jean-Martin Charcot (1825–1893) had reigned supreme over neurology in Paris for some 10 years. The problem of finding a successor was not easy to solve, and it was initially agreed that a temporary replacement should be found. Édouard Brissaud (1852–1909), one of Charcot's students and close associates, was charged with this mission. With the support of some of Charcot's other former students, he held the position of chair for diseases of the nervous system for 1 year. In theory, there were a number of potential successors, but only three were officially declared: Édouard Brissaud, Jules Déjerine (1849–1917) and Fulgence Raymond (1844–1910). Other students of Charcot such as Pierre Marie (1853–1940), Alix Joffroy (1844–1908), Joseph Babinski (1857–1932) and Georges Gilles de la Tourette (1857–1904) had to withdraw their candidature for various reasons. The election culminated in the appointment of Fulgence Raymond as Charcot's successor. Although such an impossible succession was beyond Raymond, his work in neurology, which is often unrecognised, made him one of the most important neurologists of the early 20th century.

I have always wondered why Charcot, who up until then had very much been an organic neurologist and had made so many major discoveries in the field, took an interest in the study of neuroses and hypnotism; a slippery terrain of deception which had already led other bright minds astray... I asked some of Charcot's followers what brought about this change, but I was unable to obtain an exact answer from any of them.

Charcot was aware that some of his ideas on hysteria and hypnotism had become obsolete and the subject of criticism, in particular from Hippolyte Bernheim (1840–1919) and the Nancy School. He was also often criticised for the theatrical nature of his lectures, and found himself faced with increasing opposition from within academic and neurological spheres.

In 1881, following the creation of the chair for diseases of the nervous system, Jean-Martin Charcot reigned supreme over neurology in Paris, his work earning him international recognition. However, at the beginning of the 1890s, cracks began to appear in his neurological empire. Several years earlier, Charcot had become increasingly interested in hypnotism and hysteria, devoting less attention to the purely neurological and anatomo-clinical topics that had earned him his reputation. This change in direction began around 1878 and remains a mystery, as described by Georges Guillaum (1876–1961), one of Charcot's successors at the Salpêtrière [1]:
Could the ‘Caesar of Neurology’ Be Replaced?

The year 1893 did not begin well for Charcot. Several of his political associates were compromised in the Panama Canal scandal. Charcot himself suffered the impact of this politico-financial crisis through the advice of financial expert Cornelius Herz (1845–1898), who was implicated in the scandal and then fled to England. The French government called for him to be extradited, but Herz claimed that he was gravely ill. Charcot and medical examiner Paul Brouardel (1837–1906) were responsible for carrying out the medical assessment and confirmed that he was indeed too ill to be extradited. The public and the media, both excited by the size of the scandal, therefore accused Charcot of incompetence, partiality and even political corruption. The scandal took its toll mentally on Charcot, whose physical health was already in a fragile state. As a relentless worker and heavy smoker, he suffered from angina, the attacks sometimes forcing him to interrupt his lectures. Long-standing chronic lumbargia also limited his ability to walk around [2].

In August 1893, Charcot’s wife insisted that he take a break. He was accompanied by two university colleagues, Isidore Staüs (1845–1896) and Maurice Debove (1845–1920) on a trip to the Morvan region. During the night of the 15th–16th August, Charcot experienced acute dyspnoea which turned out to be associated with acute pulmonary oedema. He died several hours later despite the treatment administered by Debove, who diagnosed aortic insufficiency caused by aortic atheroma [3].

The delicate problem of finding a successor for Charcot’s chair immediately arose. The position had been created for Charcot himself in 1881, 4 years after the creation of the chair for mind and brain diseases, a position first held by one of his former students, Benjamin Ball (1833–1893). At the time, Charcot showed little enthusiasm about the idea of medical specialisations and had not pushed for the creation of a neurology chair.

In 1881, the idea of creating a new chair specifically for Charcot came from within the government through the impetus given by some of his associates such as Léon Gambetta (1838–1882), president of the chamber of deputies at the time [4, 5]. The faculty of medicine in Paris was asked directly by the university rector about the value that creating this chair would bring. On 19th May 1881, the chair was approved by the faculty council by unanimity minus one vote [6]. Finally, on 2nd January 1882, Jean-Martin Charcot, having until then occupied the chair of pathological anatomy, was officially appointed holder of the chair for diseases of the nervous system.

When Charcot died, leaving the chair which had been created especially for him vacant, the question was whether or not a successor could and should be found. Clearly, finding a replacement capable of living up to Charcot’s reputation and glory would be difficult and a succession battle was highly likely. No matter who the successor turned out to be, the break up of a neurological empire which had been unilaterally commanded by its leader for more than a decade would be inevitable. A few weeks after Charcot’s death, the authorities initially decided to appoint a temporary successor in order to give themselves some thinking time.

At the beginning of 1894, the decision to permanently maintain the position of chair for diseases of the nervous system was approved. On 11th January 1894, the faculty council was asked to give its opinion and declared itself in favour of preserving the chair as well as the chair of operations and apparatus, which had been left vacant by the death of Professor Léon Le Fort (1829–1893) [7].

Brissaud, the Temporary Successor

Charcot’s chair was temporarily entrusted to one of his close associates, Édouard Brissaud (1852–1909). This decision, which left no traces in the faculty council records, was made in October 1893.
Édouard Brissaud was born in Besançon in 1852 to a family of intellectuals and artists (fig. 1). His medical and university career is well documented. He became an externe des hôpitaux (non-resident medical student) in 1872, undertaking one of his work placements in Charcot’s department. He passed his internat (residency) examination in 1875, before then returning to Charcot’s department for his final work placement. He became a Doctor of Medicine in 1880 having successfully defended his thesis on the contractures in hemiplegia, during which the jury was presided over by Charcot himself. Having served as chef de clinique (chief resident) under Charles Lasègue (1816–1883) and later Sigismond Jaccoud (1830–1913), Brissaud then became médecin des hôpitaux (hospital physician). He passed the highly competitive agrégation examination in 1886 and became chef de service (head of department) at Saint-Antoine in 1889. In February 1893, he co-founded the Revue Neurologique journal [8, 9].

Described as well educated, remarkably intelligent and something of a practical joker, Brissaud was considered to be one of Charcot’s favourite students. He was part of his close circle and remained under his strong influence. In 1930, Léon Daudet (1867–1942) wrote in his mémoires that [10]:

Among Charcot’s students, two stood out for the breadth of their knowledge: Brissaud, who died prematurely before reaching his full potential; and Babinski, still alive, thank God, who is undoubtedly the greatest neurologist in the universe today. Brissaud on the other hand, right up until the end, never completely escaped from Charcot’s sterilising (from a therapeutic point of view) influence.

Brissaud was Marcel Proust’s (1871–1922) doctor, and was also the inspiration behind Dr. du Boulbon in the novel À la recherche du temps perdu [11].
In October 1893, Brissaud’s appointment as Charcot’s temporary successor came about in an abrupt manner (fig. 2) [12]:

One year ago, I was asked to take on Professor Charcot’s chair overnight. I had to give improvised lectures in the lecture hall at the Salpêtrière, in which the echo of Charcot’s voice had previously resounded and would resound for a long time to come... It was a painful obligation that I could not avoid.

Brissaud’s task was not to reform or transform Charcot’s chair, but to keep it functioning in the interim. Therefore, quite legitimately, he was content to adopt the same system that his master had established over the previous decade. He gave around seventy lectures on nervous disorders, of which thirty were published by one of his students, Henry Meige (1866–1940). During the interim period, Brissaud solicited the help of many of Charcot’s former students such as Archille Souques (1860–1944), who he presented as ‘the true head of department during that year’, Georges Marinesco (1864–1938), who took responsibility for anatomo-pathological work, Paul Richer (1849–1933) and Paul Londe [12]. One of Brissaud’s major works, Anatomie du cerveau de l’homme, was also published in 1893, demonstrating both the depth of his anatomical knowledge and his talent for drawing [13].

Candidates That Never Were

In theory, there were a number of potential replacements for Charcot, but only three were officially declared: Édouard Brissaud, who temporarily held the position, Fulgence Raymond (1844–1910), the eldest of Charcot’s students, and Jules Déjerine (1849–1917), Charcot’s strongest rival in neurology. For various reasons, several other potential replacements did not submit their candidature in the end.

Two of Charcot’s brilliant former students and chefs de clinique, Joseph Babinski (1857–1932) and Georges Gilles de la Tourette (1857–1904), failed to succeed in the agrégation examination in 1892, which eliminated them from any possibility of replacing their mentor. The title of professeur agrégé (associate professor) had been a mandatory requirement for holding the position of chair since 1823. Babinski and Gilles de la Tourette unfortunately bore the brunt of the power struggle at the faculty of medicine in Paris between Charcot and another one of his former students, Charles Bouchard (1837–1915), who was also president of the jury for the 1892 agrégation competition. Together they defined the ‘Charcot-Bouchard aneurysms’ as an entity responsible for certain types of cerebral haemorrhage. With the support of Charcot, Bouchard was appointed professeur agrégé in 1869, but following this, the destinies of the two men took them in decidedly different directions. A quarrel began and Bouchard set up his own school, supporting the progression of his students while ignoring the recommendations of his former master [14]. At the 1892 agrégation competition, only Bouchard’s candidates were successful. The competition was conducted in controversial conditions and sparked several appeals, one of which led by Babinski, which had no impact on the end result [15]. Babinski and Gilles de la Tourette were therefore prematurely excluded from the race to become Charcot’s successor.

Pierre Marie (1853–1940) was another one of Charcot’s brilliant students. He became an interne (full resident) in 1878, médecin des hôpitaux in 1888 and professeur agrégé in 1889, and was one of the youngest agrégés amongst the potential candidates. Being a fatalist, he decided not to apply, considering his chances to be poor faced with the seniority of the other candidates. In 1896, in a letter to his Hungarian colleague Erno Jendrassik (1858–1921), he recalls his decision [16]:

Concerning the succession of Monsieur Charcot, as with every position at the School, there is not much room for surprise; professors are hardly ever appointed for any reason other than seniority or camaraderie. Raymond was our elder, I didn’t even apply; what I am saying is that I was neither offended nor surprised in any way.
Pierre Marie was appointed professor of pathological anatomy and finally occupied Charcot’s chair when Déjerine died in 1917. He was then 65 years old.

When Charcot died, Alix Joffroy (1844–1908) had just been appointed holder of the chair for mind and brain diseases following the death of Benjamin Ball. On 29th June 1893, at one of the last faculty councils that he ever attended, Charcot was nominated rapporteur on Joffroy’s candidature [7]. Joffroy planned to later request a transfer to take up the vacant chair left by Charcot. This is confirmed in a confidential letter addressed to Joffroy in the autumn of 1893. The letter was probably written by Antoine-Auguste Pierret (1845–1920), one of Charcot’s students and professor at the faculty of medicine in Lyon [17]:

I saw Straus yesterday evening, who came to Lyon incognito (when you see him, don’t let on that you know for I repeat that this letter is confidential). He informed me about the possibility of your transfer and told me that (1) Debove would never compete against you (as you probably know); (2) your transfer was strongly opposed by Raymond’s friends... Straus was shaken, and despite his very keen affection for you, feared that this would end in failure. By way of encouragement, I painted a picture for him of the Raymond I know and in short, when we shook hands to say goodbye, he told me he was going to campaign in your favour. I therefore advise you not to prepare your first lecture and to pay your friends a visit to firmly request your transfer. It is in your best interests and I would be happy to know that I had made a contribution.

Several transfers of this nature had already taken place over the years. For example, in 1883, Professor Sigismond Jaccoud (1830–1913) resigned from his position as chair for medical pathology to take over the position of chair for clinical medicine, which had become vacant following the death of Professor Charles Lasègue (1816–1883) [7]. Alix Joffroy eventually abandoned his plan and took over the position of chair for mind and brain diseases in November 1893.

Choice of a Permanent Successor

When Napoleon I established the University of France in 1808, he wanted the attribution of chairs to be determined by a competitive examination. These examinations were abolished in 1815 during the Restoration. Under the pressure of the lecturers themselves, they were then re-established in 1830, only to be abolished once and for all in 1852. The ministry of public instruction was then responsible for electing chair holders from a list of candidates presented and ranked by the faculty council housing the vacant chair.

The administrative process of electing Charcot’s successor began in March 1894, 2 months after the official decision not to abolish the chair. In accordance with the protocol, a record was made of the candidates on the list, and a rapporteur then designated for each candidate. The rapporteurs were responsible for assessing the positions held by each candidate and their scientific work in order to steer the council vote.

Three candidates were officially named: Édouard Brissaud, Jules Déjerine and Fulgence Raymond. The rapporteurs were named on 8th March 1894: Professor Debove for Brissaud, Professor Carl Édouard Potain (1825–1901) for Déjerine, and Professeur Alfred Fournier (1832–1914) for Raymond [7]. They were required to present their reports the following week at the beginning of the meeting during which the vote would take place.

There are few witnesses of the campaign that preceded the vote at the faculty council. E. Gauckler, Jules Déjerine’s biographer, wrote that [18]:

Déjerine, one of the candidates for Charcot’s chair, talked in the department about the results of his efforts. All the professors that he visited recognised Déjerine to be the best qualified. Some of them promised him their vote.

In the session of 15th March 1894, in the presence of all the professors except Professor
Simon Duplay (1832–1924), the faculty council listened to the reports on the activity of the three candidates. In the absence of any particular questions, they proceeded to the vote. In the vote for first place, Raymond gained thirty votes and Déjerine just one. Professor Odilon Lannelongue (1840–1911) had to leave the session and was therefore absent during the vote for second place. Déjerine won twenty-six votes and Brissaud four. Finally, Brissaud unanimously won the vote for third place. The faculty council ultimately ranked the three candidates in the following order: (1) Raymond, (2) Déjerine, and (3) Brissaud [6] (fig. 3).

Raymond was the least controversial candidate and seemed to be the chronological choice, precluding any eventual discussions or disagreements. He was the eldest of Charcot’s *internes* and the eldest *agrégé*. The seniority criterion, which was often applied in the Paris faculty of medicine, therefore probably prevailed. Raymond himself tried to legitimise his appointment when, during the first lecture he gave, he recounted the details of an interview with Charcot [19]:

> Five days before he died, in the final conversation I had with him, Charcot talked about some of his future projects, about the future he dreamed of for the students he held dearest; he told me of his desire to see me take his place, next to him, at the Salpêtrière, and of his hopes that I would one day become his successor.

The appointment of Jules Déjerine, a powerful figure in neurology, head of department at Bicêtre hospital, and an opponent of the school at the Salpêtrière, would have been seen as a disavowal of Charcot’s work. It was therefore well known that Déjerine’s chances of being appointed were slim. In November 1893, his wife wrote the following to Professor Auguste Forel (1848–1931) in Zürich [20]:

> You are aware, are you not, that my husband will be applying for the chair of Mr. Charcot, but here in Paris, people’s work and merits and unanimity of opinion seem to count for less than seniority. On top of that, the question of emotion plays a large role in this campaign. My husband is still being accused of having an attitude towards Charcot yet for the last twenty years, my husband has been a victim of Charcot, not an enemy. The elections will not take place until June 1894. I hope that tempers will have calmed by then.

Déjerine held the position of chair for diseases of the nervous system when Raymond died in 1910.

Fig. 3. Results of the faculty council vote for the permanent successor of Charcot’s chair. Archives nationales Paris: AJ/16/6283, with kind permission.
Brissaud’s clear defeat did not come as a great surprise; in fact, it was probably to be expected. His fate was in some ways sealed when he became Charcot’s temporary successor. He had had the honour, as compensation, of provisionally occupying the chair, but the intention had never been to appoint him permanently. Gauckler [18] confirmed that there were only really two candidates in the electoral campaign. Nevertheless, Brissaud did have a brilliant university career as holder of the chair for the history of medicine and then for medical pathology.

Raymond, the Atypical Successor

Fulgence Raymond began his new role as holder of the chair for diseases of the nervous system during the faculty council meeting on 8th November 1894 [21] (fig. 4).

As the eldest of Charcot’s chefs de clinique, he did not follow a typical career path [22–24]. He was the only son of a farmer and was born in 1844 in a small village in central France. Initially interested in veterinary science, he entered the Maison-Alfort veterinary school in 1861. It was there that he was appointed head of anatomy and physiology in 1866.

However, his intention had always been to practice human medicine. He began studying Latin, Greek and philosophy, and obtained his baccalauréat, gaining him access to the faculty of medicine. He enrolled at the Paris faculty of medicine at the age of 24 years, when he already had a family to look after. The concrete knowledge that he had acquired at veterinary school, his memory, intelligence and optimism, all enabled him to advance quickly in his studies.

During the 1870–1871 Franco-Prussian war, he was part of the ambulance service, accompanying the march battalions in their combat under the walls of Paris. During the bombing in January 1871, he helped to quickly transfer patients from the Salpêtrière to a place of shelter away from the bombing zone.

At the end of the war, he lost his wife, but still managed to finish second in his internat examination. A student of both Alfred Vulpian (1826–1887) and Charcot, he was awarded the médaille d’or in 1875. The following year, he defended his thesis on hemichorea and trembling (fig. 5). He was appointed chef de clinique under Professor Germain Sée (1818–1896) at Hôtel Dieu hospital in 1877, then médecin des hôpitaux in 1878, and finally professeur agréré at the Paris faculty of medicine in 1880. He practised at Lariboisière hospital in 1893 when Charcot left the scene.

Raymond was described as an optimistic, likeable and happy person who made his interlocutors feel at ease. He was interested in archaeology, but his greatest passion was for hunting. From his first lecture as holder of the chair for diseases of the nervous system, Raymond announced that he intended to follow the same timetable that had been established by Charcot, with clinical lessons on Tuesdays and neuropathology on Fridays [19].

During the 16 years he spent as holder of the chair, Raymond demonstrated his eclecticism by
publishing not only material on the whole range of organic neurological diseases, but also on the psychological aspects of nervous disorders with Pierre Janet (1859–1947) [25, 26]. In 1895, he entered the Académie nationale de médecine and in 1899 became one of the founders of the Société de neurologie de Paris.

The decision to elect Raymond as Charcot’s successor was sometimes criticised due to his lack of charisma when lecturing [27]. Indeed, he was not dogmatic like his master. Henry Meige wrote [23]:

But if Charcot sinned through oversimplifying, his successor could be accused of attention to unnecessary detail. He stated everyone’s opinion with such impartiality that it was difficult to conclude anything.

Over time, however, Raymond gained real international recognition. In particular, he became one of the editors of the Epilepsia journal and was made a doctor at the University of Oxford in 1908.

Raymond also had to face health problems. In 1886 his life had already been threatened by a serious cardio-circulatory problem. During his time as holder of the chair, he once again suffered from poor health, which forced him on several occasions to be replaced in his university functions [21]. It was during a bout of his cardiac disease that he died on 26th September 1910.

Fulgence Raymond may have been stretched too far in the face of an impossible succession, but he still deserves to be recognised as one of the most important neurologists of the early 20th century.

**Acknowledgments**

I would like to give particular thanks to: Jacques Poirier for reviewing the manuscript and for providing information on Édouard Brissaud; Julien Bogousslavsky for his helpful comments and for the Fulgence Raymond iconography; Denis Tiberghien for the useful details he provided on Alix Joffroy; and Melanie Cole for translating the original text into English.
References