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Philippe Ricord – prominent venereologist of the XIX century

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Philippe Ricord is an outstanding figure in the field of scientific syphilology. His work has expanded the knowledge of clinical manifestations, staging, diagnosis and treatment of syphilis. Ricord's critical approach to existing knowledge and careful study of the outstanding issues of sexually transmitted diseases made him a prominent figure in 19th-century European venereology. His contribution to science, despite some mistakes, and his preeminence in the study of syphilis was recognized by his contemporaries. Ricord's work was continued by his students J.A. Fournier, C.-P. Diday and L. Bassereau (among others).

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Prior to the discovery of most pathogens of sexually transmitted diseases and the first laboratory methods to diagnose these diseases at the end of 19th to early 20th centuries, in carrying out their duties doctors could only rely on the works of their predecessors and their observations. During this period, successful scientific and clinical work was performed by French doctors, who set the tone for the development of European dermatovenerology for most of the 19th century – Philippe Ricord (10.09.1800-22.10.1889) was one such brilliant example. (Fig. 1)

Ricord was born in 1800 in Baltimore (USA) to a family of immigrants. He was 20 years old when he first set foot on French soil. In 1821, Ricord became an extern¹ at the Hospital du Val-de-Grâce but he soon left to join Guillaume Dupuytren, (1777-1835), a brilliant but short-tempered surgeon from the hospital Hôtel-Dieu. Ricord worked hard, and in 1822 he passed the internship exams, continuing to work with Dupuytren. [1, 2] However, he thought less of him when he once noticed that his mentor claimed an operation carried out by US surgeons a few years earlier as his own. An acrid remark by Ricord² concerning this fact infuriated Dupuytren and Ricord was fired. The future great venereologist

was allowed to complete his studies at l'Hopital de la Pitie under the leadership of Jacques Lisfranc (1790-1847). In 1826, Ricord received his doctorate. [3, 4]

Ricord had no fixed place of work before 1831, when a vacancy in the Hospital of Venereal Diseases appeared. (Hôpital des Vénéériens; from 1836. – L'Hopital du Midi). By his own admission, he did not have sufficient experience in this field of medicine, but accepted the appointment and as a result remained at the Midi hospital for 30 years. [5] By the early 1830s, venereology was in chaos; the most popular work of that time was that of John Hunter (1728–1793). Many doctors, such as Hunter, believed that all genital ulcers and abnormalities were caused by syphilis ("unitarians") and should be treated with mercury ("mercurialists"). Others believed that mercury was toxic and defended the ancient treatment of bloodletting and sweating ("anti-mercurialists"). Ricord did not have a deep knowledge of dermatovenerology, but decided to carefully evaluate all that he saw and carefully analyzed the results of his observations.

An important achievement by Ricord was to classify into three stages (1858): primary (chancre), secondary (between the third week and sixth month after the chancre) and tertiary (six months after the chancre and congenital syphilis). This classification was based on the work of Thierry de Héry (1505-1599) and Hunter. In his "Practical work on venereal diseases" ("Traité pratique des

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¹ Externs, unlike interns, did not receive an allowance and did not live in the hospitals.

² "Amicus Plato sed magis amica veritas" ("Plato is my friend, but the truth is more important").

maladies vénériennes", 1838) Ricord demonstrated: only syphilis is accompanied by constitutional lesions, which makes it not susceptible to a new dose of poison ("poison" being the name for all causes of disease); progression of the disease occurs in a specific chronology and follows precise rules that "was the order and discipline in which people have not seen anything but trouble and complete chaos."

Ricord also popularized the use of mirrors, outlined a clear distinction between venereal vegetations, balanoposthitis, gonorrhea (divided into virulent infectious and simple irritability) and syphilis. [6]

Ricord was head of the "dualists" who believed that syphilis and gonorrhea were two different diseases. His arguments were based on inoculation (experimental infection): syphilitic chancre could be produced by inoculation and gonorrhea could not. If syphilis occurred in a patient inoculated with gonorrhea, it was believed that this was due to "hidden ulcers in the urethra, the deepest part of the vagina, out of sight, but no less syphilitic and contagious because as a result of it." [7] At that time there was an axiom that only chancres were producible by inoculation, and therefore only it was syphilitic.

Pierre Louis Alphée Cazenave, (1795–1877), head of Dermatology and Venereology at St. Louis Hospital, said: "Ricord readily avoided the old axiom; he did more than argue, he boldly asserted instead of trying to



Fig. 1. Philippe Ricord (10.09.1800-22.10.1889)

convince; where science was bound in the Gordian knot, he cut it rather more than tried to untie it." [8]

However, Ricord was wrong in certain matters of the pathogenesis of syphilis, assuming soft and syphilitic chancre to be one disease and believing that secondary syphilis never developed if the chancre was destroyed by cauterization or excised in the first five days. [9] Another confirmation of Ricord's theory – the non-contagious rash of second period, which was derived from the axiom that only chancres were were producible by inoculation. Ricord defended his theory against many

of his contemporaries (P. Bazin, A. Velpeau, G. Vidal and J-A Auzias-Turenne) throughout most of his career. In 1858, the Committee of the Medical Academy of France resolved to consider secondary syphilis infectious. Conclusive proof

was the infection of healthy people. The reason for Ricord's misunderstanding was ethical principles: he refused to inoculate healthy volunteers, unlike many of his contemporaries. [4]

With regard to his acceptance that syphilis' secondary period was contagious, Ricord said: "A man who never changes is absurd." He said the same thing when he acknowledged the work of his pupil Leon Bussereau (1810-1887), who claimed that the hard and soft chancre were different diseases. [10]

An important aspect of Ricord's work were his publications, which were characterized by brilliant

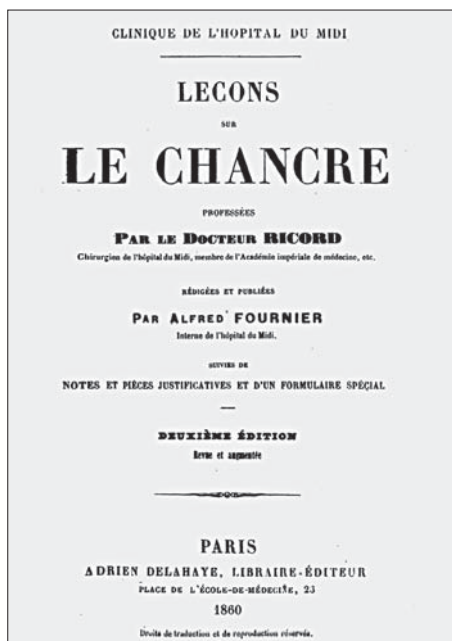


Fig. 2.

clinical descriptions. His most famous and influential works include "A full treatise on venereal diseases" ("Traite des maladies veneriennes," 1838) and "Lectures on chancre" ("Leçons sur le chancre", 1858; Fig. 2), which were reprinted and translated into foreign languages, including Russian. They contained delightful and clever descriptions of the clinical manifestations of sexually transmitted diseases and the most up-to-the-minute treatments. Ricord's work returned to favor mercury treatment, which was rejected at the beginning of the 19th century.

Ricord was a skilled clinician, as evidenced by his thorough examination of the patient, the detection of lesions undetected by other doctors and the correct interpretation of the findings.

Ricord was known as a wonderful teacher; his lectures combined expertise and wit. These lectures, held under the lime trees or arcades of the Midi hospital, were widely known. According to his contemporaries, they were like a friendly conversation: they were conducted with understandable phraseology, replete with an artistic approach and shining examples of cases from hospital and private practice. His ironic instructions on how to find a carrier of gonorrhoea has been cited: "Choose a woman with a pale lymphatic temperament – preferably a blonde and white as possible. Treat her first to oysters and do not forget the asparagus. There should be a lot of beverages: white wine, champagne, coffee, liqueurs – these are all very good. After dinner – dancing with friends. If the evening will be hot, cool thirst with copious beer. Conduct the night bravely – two or three times at least (the more the better). In the morning, take a long hot bath ... and if

you do not get the clap, it will be a miracle." [11] Behind such instructions was hidden what was later called a provocation for the diagnosis of gonorrhoea.

Ricord, showered with honors, left his work at the hospital in 1860. The first meeting of the new French Dermatological Society ("Société française de la dermatologie") in 1889 took place in his richly furnished house. He was also president of the Academy of Medicine in 1868, and honorary chairman of the International Congress of Dermatology and Syphilology in 1889 – surrounded by many students.

Admittedly, after his founding works, he produced few original works, and over the years, like many people, he was impervious to new ideas. But he laid the tradition of studying syphilis and founded a scientific school, and his disciples, among them Alfred Fournier (his favorite), Charles-Paul Diday and Leon Bussereau, were one of his important discoveries. [2, 12]. They developed the ideas of their teacher, studying issues of contagiousness and developing new methods of treatment and prevention of sexually transmitted diseases, which boosted French

venereology's fame.

Ricord's renown, thanks to his medical practice, was so great that, along with Richard Wagner, Otto von Bismarck, and other prominent figures of the time, a caricature of him appeared in a weekly newspaper. (Fig. 3)

Ricord's death heralded the end of an era in clinical observations and experiments. However, it ended earlier – when Albert Neisser (1855-1916) discovered the gonococcus (1879). From this point on, advances in venereology depended more on the laboratory than on the consulting room, and leadership in venereology, which until the middle of the second half of the 19th century



Fig. 3

belonged to Paris, moved to the opposite side of the Rhine.

Ricord holds an esteemed position among doctors due to his well-known classical works, which describe the phasic flow of syphilis and its manifestations, the introduction of a thorough

examination of all the patient's skin and all visible mucous membranes, the definitive distinguishing of syphilis and gonorrhoea as different nosology, and his talented pupils who continued the work of their teacher.

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