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Maurice Raynaud, Christian Humanist

William L. Cooke, M.D.

Maurice Raynaud, the great clinician and investigator, occupies a special place in the pantheon of 19th century French physicians. Not only did he describe the Raynaud syndrome (symmetrical digital ischemia and/or gangrene), publish over 50 clinical papers and pioneer the use of therapeutic serum, but he also functioned as a poet, politician, critic, instructor, historian, philosopher and Catholic standard-bearer. Indeed, he might best be regarded as a Christian humanist of the most traditional kind.



Born on July 5, 1834, Auguste Maurice Raynaud entered the medical world when Paris was the Mecca for medical historiographers and the world's clinical testing ground.^{1, 2} Opportunities were abounding and Raynaud was prepared to exploit them. From his surgeon-uncle, Gabriel Venois, he had learned of the Paris clinical school and its many glories. From his father, a professor at the University of Paris, he had learned history, literature and classical languages. In the talented circle of Parisian medical students, he felt very much at ease.

Raynaud was quick to assert himself. After winning the gold medal in the intern competition of 1858, he promptly penned a critical essay about a paper that had just been published by the famous neurophysiologist, Pierre Flourens.³ A masterful investigator who had theorized brilliantly on the unitary function of the brain, Flourens, by mid-century, had begun to reverse himself.^{4, 5} For example, he had attempted to locate within the respiratory center ("*noeud vital*" or "vital knot") of the medulla, the "seat and principle of life" itself. It was this and related contentions that Raynaud decided to challenge:

I [tried] to show that this manner of envisioning life — as a *property* of an isolated point in the nervous system — [was] a hypothesis no less adventurous than [affirming] the vital principle of Barthez. Reduced to its true

proportions, Flourens' principle [amounted] to establishing the *mechanism* which harmonizes, through the mediation of the spinal bulb, the main bodily functions of higher animals 6

The 23 year old Raynaud proved to be more than a formidable critic. An erudite eclectic with a firm grasp of neurophysiology, he was also a pre-Darwinian exponent of evolution with an unashamedly theocentric world view. Even so, Raynaud's was not the aloof orientation of the would-be academician. Not at all. By publishing his essay in the *Correspondant*, a sophisticated monthly edited by liberal Catholics, he lent support to the effort toward gaining Church-State separation, freedom of conscience, extended suffrage and social cooperation.⁷⁻⁹ If he was devoted to the intellectual life, Raynaud was no less committed to the temporal order and to its pressing problems.

From one standpoint Raynaud's decision to bypass the medical journals was unwise. Since the *Correspondant* was not widely read in medical circles, his youthful paper never attracted much attention.¹⁰ But recognition came quickly all the same. In 1861, while completing two ambitious historical studies, Raynaud encountered a 27 year old woman with gangrenous toes, fingers and nose but perfectly normal arterial pulsations. Furthermore, her disorder was not progressive. After two months her premorbid state slowly returned. Clearly this was gangrene of a special sort. But was the disorder truly unique? Yes and no. To his surprise Raynaud quickly discovered five similar cases in Paris and 20 others scattered throughout the literature. Working feverishly, he outlined the cases, analyzed the pathophysiology and took to the publishers three hefty manuscripts, all of which were published in 1862. His first monograph characterized symmetrical digital ischemia and gangrene and propelled his name into the clinical lexicon. His second, written in Latin and entitled *Esclapiades the Bithinian, Physician and Philosopher*, brought into focus the healer from Asia Minor who dominated the Roman medical scene during the first century B.C.¹² After a stormy debate at the Sorbonne, where it was successfully defended, this thesis also brought to its young author a doctorate in letters.¹³ His third, entitled *The Physician During the Time of Moliere*, dealt extensively with the professional and social situation of French physicians during much of the 17th century.¹⁴ With each of the works gaining wide acclaim, Maurice Raynaud became a major presence almost overnight.

Delighted by the success of his most celebrated composition, Raynaud turned almost exclusively to the problems of clinical medicine. Cardiology, hematology, dermatology, infectious diseases and neurology — virtually all of the emerging specialized fields attracted his wide-ranging interest during the next 14 years.¹⁵ And, after successfully competing in the 1865 examinations (“*concours*”), and after publish-

ing the monograph entitled *Regarding Revulsion*, Raynaud moved into the academic establishment as an associate professor (*professeur agrégé*).¹⁶ Initially he taught courses on nervous and mental diseases, on internal pathology and, at the *Hôtel Dieu*, on clinical medicine. It was at the *Hospital Lariboisière*, however, that his teaching attracted the largest and most devoted following. But problems in the social sphere were beginning to surface. No longer could the Paris medical faculty be regarded as the "first faculty of the universe."¹⁷ That much was painfully clear, for the torch of medical leadership was being passed unmistakably to the Germans — unmistakably, perhaps, but not entirely, for medical students and physicians alike were gravitating to the *Lariboisière* in the late 1860's, much as they had done to other Paris hospitals during the 1820's and 1830's. Why? Because of the talented "physician of the hospital" (*Médecin de Lariboisière*) Maurice Raynaud. Students came from France, to be sure; but, as did Clifford Allbutt (who later would function as the regius professor of medicine at Cambridge University), they also came from afar.¹⁸ Thus, with his reputation steadily growing and with membership (as an officer) in the Legion of Honor now secured, Raynaud could realistically wish for a professorial chair.

But that wish was never fulfilled. Although hardly unique to the Third Republic, French anti-clericalism grew enormously after the debacle of the Franco-Prussian War. French society badly needed an overhaul, that much was obvious. And to many, the place to start was the influential position of the Church. However, the prospect of a strongly secular France had little appeal to Maurice Raynaud. Separating Church from State was one thing, but shearing the Church of its social influence was quite another. This rationale failed to slow the swing toward anti-clericalism, though, especially in the medical world where Raynaud and others would feel its impact. Indeed, all of this began to occur in 1876 when a position he greatly desired fell vacant. This was the professorship of the history of medicine on the Paris medical faculty. Despite Raynaud's enviable reputation, however, and despite his carefully prepared application, the post was denied him.¹⁹ The reasons why remain poorly documented. It is true that Raynaud's contemporaries maintained that anti-clerical discrimination was to blame. In addition, all latter-day commentators have made the same judgment.²⁰ But all are probably mistaken since they fail to take into account a number of important realities. Consider, for example, Raynaud's shift to an almost exclusively clinical orientation. This left him with few publications devoted entirely to the history of medicine — two to be exact. Consider, too, that his publications, although excellent, compare unfavorably with the majestic tomes of Émile Littré, P. V. Renouard and Charles Daremberg, all his contemporaries.²¹ Thus it must have been clear in 1876, as it certainly is today, that Maurice Raynaud was simply not the most outstanding medical

historian of the French-speaking world. Again, consider that by 1876 anti-clericalism had only begun to gain momentum. Surely this still timid coterie would not have risked reprisal by rejecting a truly outstanding candidate out of bias alone. Finally, we must realize that there was no rashness in Raynaud's part, no personal indiscretion to add fuel to the fire. Unlike some Catholic academicians — such as Albert de Lapparent, Pierre Duhem and Joseph Grasset — who would be disciplined later on by the anti-clericals, Maurice Raynaud was a most discrete physician throughout most of the decade.²² Thus, anti-clerical discrimination alone does not provide a convincing explanation for Raynaud's having been passed over.

He did assume a much bolder stance after the disappointment of 1876, however. When the secularization of the hospitals became an issue and when the Paris municipal elections of 1880 became imminent, Raynaud allowed his name to be entered into candidacy for public office, even though he knew in advance that defeat was guaranteed.²³ What he seems to have embarked upon was not a carefully planned political career but, rather, a series of symbolic protests. Nonetheless, the aftermath in each instance was frustrating and painful.

But Raynaud did not retreat into bitterness and isolation. To his credit, he returned to his academic duties at the usual hectic pace. This intense dedication did not go unrewarded. In 1879, membership in the French Academy of Medicine was added to his many other honors. Nor was Raynaud incapable of again changing directions. For several years he had shared case material and ideas with Louis Pasteur. Now, as the new decade got underway, he began to collaborate ever more closely with Pasteur in the fledgling field of immunology.²⁴ Indeed, it was within this milieu that he carried out the experiments (on heifers inoculated with cow pox) that resulted in the first therapeutic utilization of immune serum.²⁵ Finally, he began to write light-hearted verse which was occasionally used to enliven the dinner parties of physicians and house officers.²⁶ Maurice Raynaud simply would not accept being alienated from the creative center of the medical world because of conflicting ideologies.

Nor would the medical world accept his being alienated. Early in 1881 a friend, Henri Guéneau de Mussy, announced that Sir James Paget was inviting Raynaud to deliver a major address before the Seventh International Medical Congress.²⁷ This meant sharing the podium with Rudolph Virchow, John Shaw Billings, Sir Thomas Henry Huxley and Richard von Volkmann — distinguished company indeed. To no one's surprise, Raynaud quickly accepted and got down to work. Unfortunately he was not destined to complete his address, for on the evening of June 29 he was seized by crushing chest pain and, in two hours, he was dead. Three days later, he was buried by his lamenting friends and colleagues.²⁸ Luckily the address, entitled

"Skepticism in Medicine: Past and Present," was completed by his colleague, Félix Féréol, who then delivered the paper, in French, before the convention in London.²⁹ Five days later the career of Maurice Raynaud effectively came to an end when a commemorative medal was presented to Madame Raynaud.³⁰

Today, Raynaud's career does not easily lend itself to a matter-of-fact approach. For one thing, his personal papers vanished at the time of his death and have never been recovered. Second, a similar fate befell the biography which his widow allegedly wrote.³¹ Third, most of his papers, including his major historical studies, remain untranslated. And fourth, his life and work have been ignored by serious scholars of every kind, including the French and the Catholics.³² Therefore, many questions about the man simply cannot be answered. But a fresh appreciation of Raynaud can be acquired all the same. For one thing, medical and cultural historians have gone far in illuminating the milieu within which he moved. For another, translators have made available English versions of his first essay, his final essay and the eulogies which were delivered at his tomb. These papers throw considerable light on a variety of his attitudes and values. Finally, there are the insights of the late Sir Francis Walshe, insights which became especially fruitful when applied to the task at hand. In the 1950 Linacre Lecture, which he delivered before the master and fellows of St. John's College (Cambridge University), Walshe contended that medicine, when worthily conceived and practiced, integrates into a harmonious whole three distinct elements — humanism, history and natural science.³³ Furthermore, he defined humanism, which "the Christian world inherited from the ancients," as a cultural ideal consisting of "a speculative aspect, the aspect of truth, *veritas*; a moral aspect, the ideal of virtue, *virtus*; and an oratorical or literary aspect, *eloquentia*."³⁴ Of course, the term "humanism" is also used to designate ideals other than this one, such as those relating to classical education, to intellectual excellence considered as an end in itself and to a pervasive concern for human well-being. To all of this he carefully alluded. But for Walshe, as for his mentor, Kenelm Foster, O.P., humanism in the most traditional and valuable sense revolves around the "belief that man as man can and should achieve a certain excellence in thought, word and deed."³⁵ In addition, Walshe insisted that humanism must always be considered within a specific socio-ideological context. Thus, in order to grasp firmly the achievement of Thomas Linacre (as well as that of his youngest pupil, St. Thomas More), one must employ a specifically Christian frame of reference.³⁵

This scheme of things allows us to return to the life and work of Maurice Raynaud with renewed confidence. Indeed, neither his kaleidoscopic interests nor the paucity of source material deters us once we are within the rich perspective of Christian humanism. Here we can see

that Raynaud's achievement, like that of Linacre and of More, sprang from a balanced cultivation of "the lower reason," *scientia*, of "the higher reason," *sapientia* (or wisdom) and of practical wisdom in the moral realm, *prudentia*.³⁷ Thus he was able to situate the pursuit of knowledge within a framework that embraced virtually every aspect of living. No less than Linacre and More, Raynaud possessed

... an eager zest for the things of the mind and a fine sense of proportion . . . a clear sense of the limitations of the state . . . the courage to resist tyranny . . . a clear and unfailing vision of what lay behind finite values and the grace to look beyond these to the hope of a greater experience in another sphere of existence.³⁸

An extrapolation such as this can easily be misleading, however. If Raynaud's orientation had about it a certain timelessness, and it did, his various approaches bore a 19th century imprint for all to see. For example, his naive confidence in the redeeming value of science, his nationalistic ardor and his disdain for the Middle Ages all illustrate the contemporary mindset. His political bearing, too, was quite characteristic of at least one contemporary phenomenon, the liberal Catholic movement. Apparently he truly hungered for "a free Church in a free State." But like his fellow ideologues, he was never able to bring about the desired transformation.³⁹ Perhaps he was deterred by the demands of professional life; he surely could have been. But as were the others, he too was probably stymied by the magnitude and complexity of the problems. We just do not know.

About his conviction, though, there can be little doubt. The character of his personal life and the strength of his political commitment both bear eloquent witness to his fervent and profound Christianity. And so, too, do his writings. For even though his readers were for the most part unsympathetic, he nonetheless included occasional passages which directly reflected his explicitly Christian vision. His final essay provides a good example. While reflecting upon the arduous task of seeking the truth, he remarked that this undertaking, "like the Kingdom of God, suffers violence."⁴⁰ This is no casual figure of speech. Indeed, the phrase refers to the 12th verse of the 11th chapter of St. Matthew's gospel. According to the late Flannery O'Connor, St. Thomas and St. Augustine both felt that "the violent [whom] Christ is here talking about represent those ascetics who strain against mere nature."⁴¹ Now Maurice Raynaud is not generally regarded as having been an ascetic. All the same, he did "strain" like an ascetic — against the mystery that surrounds obscure disease processes; against the temptation to be skeptical and slothful; against the mischief that slipshod thinking perennially causes and against the modern tendency to discount the sacred and glorify the secular. Furthermore, this same "straining" bore much demonstrable fruit. If he was a lesser clinician than Laennec or Charcot, a lesser historian than Daremberg or Littré

and a lesser philosopher than Cabanis, he nonetheless achieved a balanced excellence in all of these endeavors that was unmatched in France during the 19th century. Most importantly, he exemplified a Christian humanism about which all physicians, regardless of orientation, can justly admire.

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