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Original research

A pioneer in medicine and surgery: Charles Sédillot (1804–1883)

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ABSTRACT

Professor Charles Sédillot (1804–1883) is one of the pioneers of modern medicine, surgery, anaesthesiology, histopathology and infectiology. Unfortunately, he remains unknown outside of the circles of French military medicine historians. He was the first surgeon in the world to offer techniques such as coxofemoral dislocation and internal urethrotomy, thus becoming a pioneer in endoscopic surgery. By introducing general anaesthesia in France, he revolutionised patient care. In addition, he laid the foundation for the modern, algorithmic treatment of tumours by adopting the principles of clinical histopathology. Long before the description put forth by Semmelweiss (1818–1865), he foresaw and understood the existence and action of microorganisms, which he termed microbes, in the development of postoperative infections. For his work, he was honoured by his peers in France but remained unknown beyond the borders of his homeland. Here, we present a succinct report of the considerable accomplishments of the life and work of this outstanding physician and surgeon.

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Charles Sédillot is one of the pioneers of modern medicine and surgery and was described as such in 1883 by Jules Chauvel, professor of operative medicine at Val-de-Grâce in Paris: *Endowed by nature with an energetic character, an admirable strength of will, an exquisite good sense and great critical thinking; expert anatomist, brilliant operator, skilled and experienced surgeon, he also had the rare merit, while relying on the tradition of great masters, to never be refractory to modern discoveries.*[1]

1. Sédillot's life

Charles Emmanuel Sédillot was born in Paris on September 18, 1804. Sédillot got his spirit of innovation through an exceptional familial environment. His father, Jean Jacques Emmanuel Sédillot (1777–1834), was an assistant in the Bureau des Longitudes (office of longitudes) at the Paris Observatory. In particular, he assisted the great astronomers Jean-Baptiste Delambre (1749–1822) and Pierre Simon de Laplace (1749–1827) in their research. His mother was the daughter of Colonel Fosse of the French military, an author of reference books on the attack and defence of fortresses. His younger brother, Louis Pierre Eugène Amédée Sédillot (1808–1875), would follow in the footsteps of his father and become a professor at the Collège de France. He would publish many reference books on the mathematical sciences among the Greeks and Orientals and on astronomy. During high school, Sédillot made friends with notable contemporaries. First, his friend Hippolyte Larrey (1808–1895), son of the famous Dominique Larrey (1766–1842), a surgeon who accompanied Napoléon Bonaparte in all of his campaigns, would also become a brilliant surgeon, a surgeon to Napoléon III. In 1821, he enrolled at the school of medicine in Paris at age 17. Charles Sédillot then chose the path of a military surgeon. He completed his medical studies in 1829 and received his doctorate of medicine on December 29, 1829. After his doctorate, Sédillot practiced as a young surgeon, a certified assistant-major in the military hospital of Val-de-Grâce in Paris. After the Paris insurrection of the Three Glorious Days (July 27, 28 and 29) that marked the Revolution of July 1830 and ended the Restoration (1814–1830), Warsaw cadet officers revolted against Russia. With Guyon and Malgaigne, Sédillot wished to leave for Poland to lend a hand to their Polish counterparts during the polish upspring (1830–1831).[2] Appointed surgeon to the 6th *emergency unit*, he immediately went into the combat zones. During this difficult period at the end of May 1831, he succeeded in performing the first coxofemoral dislocation in the world. At that time, cholera was raging within the Polish troops. This was Sédillot's first contact with this disease; he foresaw the contagiousness of cholera and recommended the maintenance of good hygiene and cleanliness and not drinking impure water as a pioneering idea. In December 1836, Sédillot asked to be part of the second expedition to Constantine

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during the on-going conquest of Algeria. Sédillot was assigned under the command of Guyon to direct the *emergency unit* to the forefront of the expeditionary column. The assault on Constantine, undertaken on October 10, 1837, proved murderous. On this occasion, Sédillot collected many original observations that he published upon his return in a valuable work titled *Constantine Campaign of 1837, with explanatory plates*,[3] published in Paris in 1838 (308 p.). This participation in the campaign of Constantine had an essential influence on the orientation of Sédillot's future research in infectious disease. Indeed, during this brief campaign, at the Medjez-Amar camp, he noticed that the real danger was not the enemy's bullets but was instead diseases, particularly cholera and malaria, that decimated the European contingents. His exemplary conduct earned him the title Chevalier of the Legion of Honour on December 9, 1837. He would then be promoted to Officer in 1850 and Commander in 1863 (Fig. 1). Sédillot's unrelenting work and efforts were rewarded with an appointment as professor of surgical pathology and operative medicine at the Hôpital de Perfectionnement (teaching hospital) of Val-de-Grâce in 1838. In 1841, at age 37, Sédillot applied to the open competition for the chair of surgery at the University of Strasbourg. Sédillot was given the chair of external pathology and clinical surgery. During holidays, he travelled to London to see his friend John Avery, a surgeon at the Charing-Cross hospital, who had been his companion in Poland. He aimed to visit a different country every year and actually made several trips to Germany and Italy. In his "Medical letter on London",[4] published in 1847, Sédillot emphasised the benefits of such trips and meetings with contemporary scientists: *To better judge oneself and others, we must occasionally leave our everyday surroundings, compare places and people, look where reputations stop and ponder the human vanities*. In 1856 the city of Strasbourg was designated for the site of the military school of health. The school management fell under the chief medical officer of the military hospital, which was Sédillot at that time. The relationships between the military school, the military hospital and the school of medicine were not easy to manage. At first, these new duties did not appear to have contended Charles Sédillot; however, all the students described Sédillot as a clear and leading teacher. As a thoughtful surgeon, he transmitted his medical philosophy to his colleagues; the Treatise on operative surgery contains many of his philosophical considerations on the practice of surgery.

In 1870, at age 65, Charles Sédillot was still professor at the school of medicine in Strasbourg but had been retired from his military duties for over a year. The war of 1870 would give him the sad occasion to delve back into war surgery. Sédillot said: *Everywhere we see hospitals, emergency units, villages and cities congested. From the eighth to the twelfth day, we recognise the places where the wounded stay from the smell of suppuration and gangrene that emerges. A few days later, the infection is widespread and causes huge mortalities. The medical and hospital staff does not escape this*

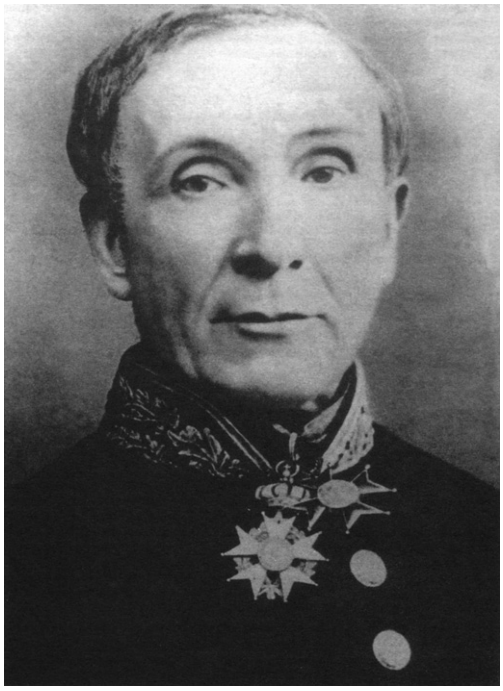

Fig. 1. Charles Sédillot (1804–1883) in uniform as a medical inspector (=General) bearing the cross of Commander of the Legion of Honour and Commander of the Pontifical Order of St. Gregory-the-Great.

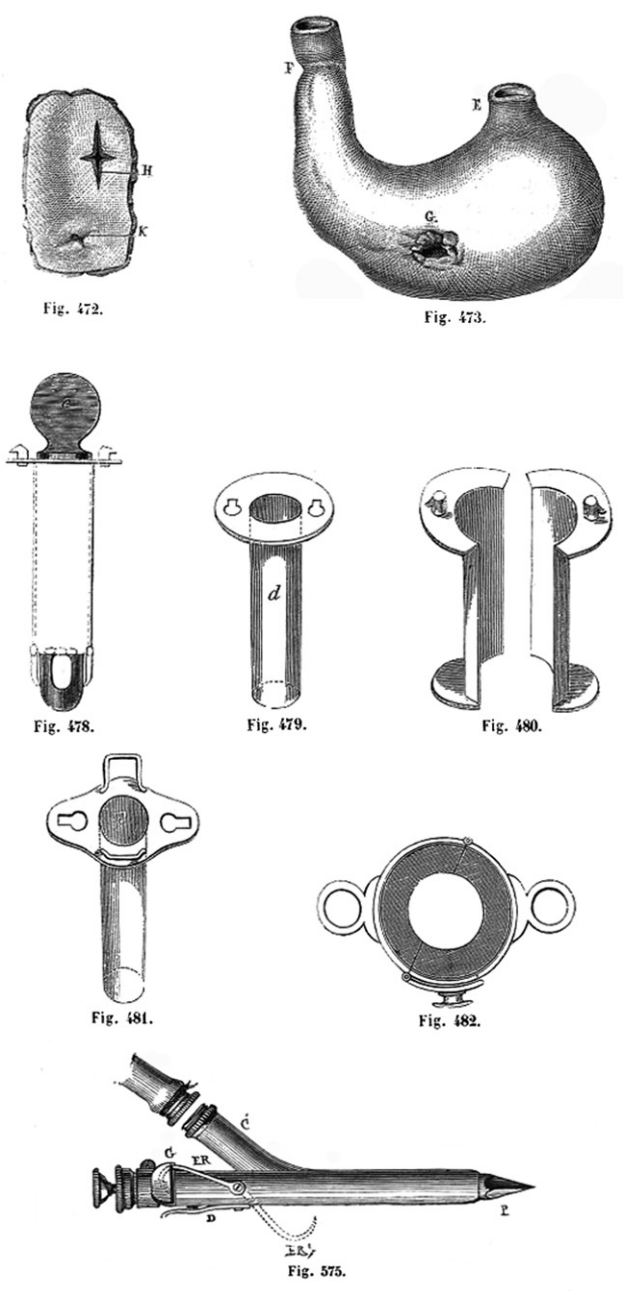

Fig. 2. Woodcut illustration of the publication by C. Sédillot, *Contributions to surgery* (1862). Skin and stomach incisions (472, 473), gastrostomy cannulae (478–482), and endoscopy trocar cannula (575).

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