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JEAN-NICOLAS MARJOLIN: DESTINED TO BE FORGOTTEN?

JEAN-NICOLAS MARJOLIN is described in the Dictionnaire Encyclopédique des Sciences Médicales¹ as one of those figures who are quickly forgotten: his work, it says, was not for posterity. But eponymous fame is capricious and today the British Medical Dictionary² has an entry defining Marjolin's ulcer as a 'squamous carcinoma developing in a chronic benign ulcer, e.g. a varicose ulcer, an old unhealed burn, or a wound scar'. Marjolin would probably be as surprised as his biographer of 1872 at such a memorial.

It is somewhat startling to observe the sparkle of Marjolin's early career in view of his failure to leave a distinct mark on history. He was born at Ray-sur-Saône in 1780, made a false start as a lawyer, served for a short time in the Army, and began medicine in Commercy Hospital, from where he was sent to Paris by his mother in 1800 with a letter of recommendation for Boyer. In 1803 he came third in an examination out of which Magendie emerged seventh. The following year he carried off a first prize after only three weeks' preparation. The subsequently famous Dupuytren thereupon took him under his wing and recruited him to his new 'Société Anatomique'. Marjolin was a very active member until his teaching finally absorbed all his attention. From interne at the Hotel-Dieu, Marjolin became successively assistant in anatomy (1805), prosector (1806), and qualified as M.D. in 1808. During a period when private medical schools flourished he established one of his own in 1810, and soon made it one of the most popular; in 1812, for instance, he had on his roll 227 students for anatomy and 130 for surgery. The generosity which marked his character throughout his life was already made evident by his practice of admitting poor students free. Marjolin the brilliant teacher clashed with the ambitious Dupuytren in 1812 and saw his friendship utterly shattered. The Chair of Operative Surgery finally went to Dupuytren after a series of incidents which throw a vivid light on the characters of the two men. The date for submission of theses was delayed because of a trumped up excuse by Dupuytren than an accident in his rooms had interfered with his work; for support he persuaded some workmen to sign an affidavit. During the oral examination he tried to turn the argument to a weak spot in Marjolin's thesis, but the latter gave him the very reply with which he himself had earlier hidden a chink in his own armour, viz. that a chapter had been inadvertently left at the printers. Triumphant in spite of all this, he was never again to treat Marjolin as a friend, and when the latter became his assistant at the Hôtel-Dieu in 1816 he found nothing more encouraging to say than: 'Monsieur, take an apron and do your rounds. It is intended that you take my place when I am absent or ill. Let me inform you that I am never absent or ill'.

Marjolin was to have more than average success in spite of his bloody encounter with Dupuytren. His reputation as a teacher was high and in 1818 he resisted the competition of Larrey, Magendie (again!) and J. Cloquet to carry off the Chair of External Pathology. This he held for thirty-two years until his death in 1850. During this time he produced contributions to the Bibliothèque Médicale, a preface to the Mémoires de l'Académie de Chirurgie³ which is virtually a history of French eighteenth-century surgery, a manual of anatomy, and thirty-two articles for the Dictionnaire de Médecine. In 1828 his section on ulcers appeared in this dictionary where he described four examples of a type of ulcer to which he gave the name ulcère verruqueux. The description occupied twenty-six lines, about half a page. It did not say that the ulcers were malignant, nor did it associate them with scars or pre-existing chronic ulcers.

It was in 1850, the year that Marjolin died, that Robert William Smith⁵ who had

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recently been made the first Professor of Surgery to Trinity College, Dublin, identified the ulcers that sometimes developed in the scars left by burns, floggings and severe lacerations, with the 'warty ulcers' of Marjolin. Such ulcers were locally destructive, frequently caused pathological fractures, and, in two cases, caused metastasis to lymphatic glands.

Smith died in 1873,6 and Marjolin was again forgotten until thirty years later when John Chalmers DaCosta—Professor of Surgery at Jefferson Medical College, Philadelphia, and later the first Gross Professor of Surgery in that college?—described two cases of carcinomatous change in chronic varicose ulcers of the leg8 as examples of Marjolin's ulcer. He wrote that: 'The two cases cited above are instances of chronic ulcers of the cutaneous surface which became carcinomatous. The characterization of this condition as Marjolin's ulcer I think to be proper, because it was first carefully studied and accurately described by Professor Marjolin, of Paris, over fifty years ago.'

This meaning of Marjolin's ulcer was used by Fordyce, and DaCosta the definition to include malignancy arising in sinuses as well as malignancy in scars and chronic ulcers. These two influential books appear to have established the modern meaning of Marjolin's ulcer, and to have recorded the name of Marjolin for posterity.

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ERRATUM

We apologise for the omission in the caption to Fig. 7, bottom left, of Dr. Mary Brazier's article on 'The History of the Electrical Activity of the Brain', in the July 1963 issue, opp. p. 206. Included in this issue is a slip with the corrected caption which may be attached over the original.