MEDICAL HISTORY

"Bonaparte Visiting the Plague-stricken at Jaffa"

By Antoine Jean Gros (1771-1835)

YVONNE HIBBOTT,* A.L.A.

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Few painters have succeeded in representing a dramatic event on a large scale as successfully as Antoine Jean Gros in his painting "Bonaparte Visiting the Plague-stricken at Jaffa." This immense canvas (17 ft. 5 in. by 23 ft. 7 in.; 5.3 by 7.2 m.) hangs in the Salle Daru of the Louvre, Paris.

The event depicted took place during the Syrian Campaign in March 1799. Worried by the fear and loss of morale in his army due to the outbreak of plague, Napoleon decided to go himself to the Pest House at Jaffa. He visited all parts of the hospital, consoling the despairing men and touching many who were very sick. He watched as doctors lanced buboes (inflammatory swellings of a group of superficial lymphatic glands in the armpit and groin). Napoleon (1847) related in his *Mémoires* that in an attempt to allay their fears the soldiers were told that they were not suffering from the plague but from a known fever, "la fièvre á bubons."

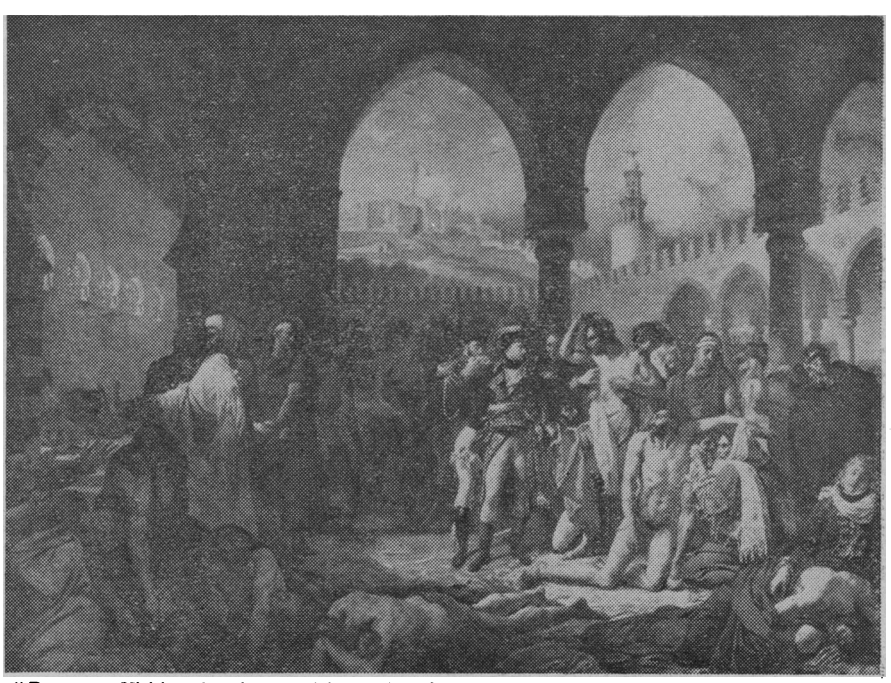
The hospital is shown as a converted mosque. Napoleon stands in the full light, a calm, dignified figure, in sharp contrast to the anxious officials who surround him, and to the suffering plague victims. One of the soldiers has raised his right arm to show the bubo which Napoleon is touching with his ungloved left hand. Immediately behind Napoleon to his left stands Dr. René-Nicolas Desgenettes, who tries to restrain Napoleon's gesture, as also does the soldier kneeling on the ground.

Behind Napoleon, on his right, stands Marshal Jean-Baptiste Bessières with a handkerchief to his mouth, and behind him Marshal Daure, Director of the Hospital, can be seen stealing away from the scene. Bessières has a look of intense fear on his face—this was pointedly intentional, as Gros was taking his revenge on his one-time friend. After being promoted marshal, Bessières no longer recognized Gros, who determined to obtain his revenge. When asked if the officer in the painting was really Bessières, Gros replied: "It is perfectly true," and added, "To defend oneself against an insult, the porter has his fists, the officer has his sword, the writer has his pen, and the painter has his brush" (Tripier Le Franc, 1880).

The plague victims lie on rough straw matting in the shadows in the foreground and in the arcade to the left. Their red, inflamed eyes stare from gaunt faces. A Turkish doctor (in front of Napoleon to the right) is about to lance the bubo of the kneeling soldier who turns towards the General. The shadowy figure in the left foreground, head in hands, is after Michelangelo, and symbolic of despair.

Arab attendants move among the sick distributing bread to those able to eat, while behind them two negroes bear away a body. In the right-hand foreground a young doctor is shown collapsing as he succumbs to the disease while still tending a soldier—this is the surgeon Masclet, a friend of Gros, who died of the plague. Behind Masclet a blind patient feels his way in the direction of Napoleon's voice.

Dominique Jean Larrey (1803), Napoleon's chief surgeon, described the symptoms of the plague outbreak at Jaffa which was killing between 6 and 15 soldiers a day: "Thirst . . . difficulty in breathing . . . headache . . . often colic . . . shivering . . . the face becomes pale, the eyes are dull and without expression . . . vomiting. . . . Several hours after the invasion of these symptoms there is exhaustive heat, which seems to be concentrated in the precordial region; the pulse is raised and quickened; the surface of the skin is burning. . . . The pains in the head increase and cause vertigo; the eyes are wild, the vision is blurred, and the voice becomes weak; the patient grows drowsy and suffers involuntary contractions of the muscles of the extremities and of the face. . . . Delirium follows and is violent in some patients. . . . Further symptoms follow—in the armpit and groin tumours which are called buboes. . . . A favourable crisis is produced when they break out at the commencement of the illness and when they suppurate. In most of the patients that I have treated for plague the pains in the head, the weakness, the nausea and vomiting have occurred in the first twenty-four hours; the fever rages the second day; also the buboes appear, and they become in-



"Bonaparte Visiting the Plague-stricken at Jaffa," by Antoine Jean Gros (1771-1835). Reproduced by kind permission of Roger-Viollet, Paris.

* Senior Assistant Librarian, St. Bartholomew's Hospital Medical College, London E.C.1.

flamed and suppurate. . . . If the buboes do not suppurate deterioration is rapid, and the patient dies between the third and fifth day."

Rich Venetian colours fill the painting—in the robes of the Arabs and Turks, and uniforms of the officers—reflecting the artist's studies in Italy. The painting marked a turning-point in Gros's career. Previously painting in the style of David's austere classicism, he now broke away to become the precursor of the French romantic school.

Gros completed the painting in less than six months, working alone in his studio at Versailles. He would admit no one, and had no assistance despite his increased suffering from rheumatism. The painting caused a sensation when it was exhibited at the Salon of September 1804, soon after its completion. Fellow artists crowned the painting with laurels, and a banquet was held in Gros's honour.

Vivant Denon, Director-General of Museums, gave a contemporary estimation of the painting which still holds good today. Writing to Napoleon, he said: "This painting is truly a masterpiece; it is so much greater than anything that Gros has done previously, that by this work alone he will rank amongst the most outstanding artists of the French School."

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MEDICAL EDUCATION

The Primary F.R.C.S. Examination—a Fresh Look

The following statement has recently been issued by the Royal College of Physicians and Surgeons of Glasgow.

"At the Joint Conference of Surgical Colleges held in the Royal Australasian College of Surgeons in Melbourne in May 1968 it was resolved—

"That during the period of general concern about the detail for the Primary Fellowship Examination of the Colleges, variations in method and procedures carried out in good faith by the respective Colleges will not prejudice their reciprocal arrangements.

"The Royal College of Surgeons of England introduced an examination for the F.R.C.S. in 1844, and this included an examination in anatomy. In 1867, because of an increasing awareness of the importance of a knowledge of physiology as a basis for sound surgical practice, the Royal College of Surgeons of England introduced the Primary examination in anatomy and physiology. This examination remained largely unchanged in form until 1960, when the present tripartite examination in anatomy, physiology, and pathology was introduced by all four of the British Colleges of Surgeons. A Primary examination was introduced by the Royal College of Surgeons in Ireland in 1888, by the Royal College of Surgeons of Edinburgh in 1949, and by the Royal College of Physicians and Surgeons of Glasgow in 1949.

"Since 1955, representatives of the four British Colleges have met annually to review the working of this examination, and since that time there has been an interchange of examiners to ensure uniformity of practice and standard. These arrangements have worked very satisfactorily. More recently, the Royal Australasian College of Surgeons, and the College of Physicians, Surgeons and Gynaecologists of South Africa, have participated.

"It has become increasingly apparent in recent years that the present examination is no longer completely satisfactory. The vast and rapid expansion of knowledge—particularly of applied physiology, biochemistry, and pathology—have made the scope of the examination very wide indeed. The two main criticisms, however, are, firstly, that the examination is unduly punitive to the young man in training in that it demands a great deal of reading, much of it revision and much of it not of particular application to the specialty he has chosen to follow. This criticism is especially valid in regard to topographical anatomy. Secondly, the examination is not entirely relevant to the clinical situation in which the candidate is working. Only the exceptional candidate can take the Primary in his stride. The majority have perforce to sacrifice time reading for this examination that might better be spent in the wards or laboratory.

"Committees of all the Colleges have investigated and reported and the general consensus of opinion has come to be that the examination should move towards becoming a general examination in the basic sciences relevant to surgery.

"The Primary Fellowship Committee of the Glasgow College reported in July 1967 as follows:

"The Primary Examination should be regarded as a first part of the examination for the Fellowship diploma, which is an essential prerequisite qualification to anyone aspiring to a surgical career in the National Health Service. The scope of the examination would, therefore, be expected to cover a knowledge and understanding of the basic sciences of anatomy, physiology, and pathology as applied to the science of surgery, and with relevance to the clinical situation of a graduate of about two years' standing. The problem presented by the present examination is most real in regard to topographical anatomy. While a detailed knowledge of the anatomy of certain regions and systems is essential background for every surgeon, this is particularly relevant to the branch of surgery in which he chooses to work and might best be tested in Part II of the Fellowship examination. It is necessary to look at the Primary, not in isolation but rather in the context of what has gone before and what will follow. In our view the candidate should be examined on the work in which he has been actively engaged and this in essence will be the application of basic medical sciences to clinical practice, rather than to a re-examination in the basic sciences which he will already have covered in depth as an undergraduate. The divergence between medicine and surgery is at the technical level, and both disciplines demand equally a thorough background knowledge of cell and organ structure and function and of the pathological variations from the normal. It seems reasonable, therefore, to recommend that all who wish to proceed to a specialist career in whatever branch of medicine should sit a common examination in applied human biology. We would envisage that the majority of trainees would be assessed at two years after graduation. Such an examination could replace the Primary F.R.C.S. examination, the Part I M.R.C.P. examination, and perhaps also Part I of the M.R.C.O.G. examination.

"The Royal College of Physicians and Surgeons of Glasgow proposes to introduce a new type of Primary F.R.C.S. examination in May 1969. The present compulsory questions in the written papers will be replaced by multiple-choice questions. The scope of the examination will be broad to cover clinical application of the basic sciences. There will be no lowering of standards. After an appropriate period the intention is to introduce an increasingly objective type of examination.

"The first new type of Primary examination will be held in Glasgow on 19 May 1969."