



What does the Panama Canal scandal tell us about Jean-Martin Charcot's health in 1893?

(Historical Note)

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Abstract

Two months before his death, Jean-Martin Charcot accompanied the Dean of the Paris Medical School, Paul Brouardel, to England. They had been commissioned by the French courts to assess the health of Cornélius Herz, an unscrupulous financier who had fled after the company that was supposed to build the Panama Canal went bankrupt. The unpublished archives presented here reveal the degree to which the French press slandered the two Parisian medical experts. They were accused of complacency and even corruption. But Brouardel and Charcot had merely confirmed the opinion of their famous London colleagues, who had previously declared that Herz could not be moved for extradition. Brouardel's account highlights the gradual deterioration of Charcot's health; the Master had been suffering from angina and heart failure since 1890. During this final trip, Charcot had difficulty walking, like a patient with lacunar disease, and showed signs of dyspnoea secondary to recurrent pulmonary oedema. Irreversible heart failure took the life of this master and founder of French neurology on 16 August 1893.

Keywords: Charcot's health; Charcot's last trip; Cornélius Herz; Panama scandal

Introduction

By circumstance and not by choice, Jean-Martin Charcot (1825–1893), already ill, found himself involved in June 1893, less than two months before his death, in the press campaign revealing the corruption surrounding the Panama Canal construction project.



Figure 1. Jean-Martin Charcot around 1890 (private collection of the author)

Jean-Martin Charcot's state of health

In 1862, the young and slender Charcot inaugurated his department at the women's nursing home and asylum at La Salpêtrière Hospital. But by 1893, he had become quite portly, to the point of being quite fat (Figure 1). The famous Tuesday dinners at his Hôtel de Varengeville featured no fewer than seven courses and four wines (Thuillier 1993)! Moreover, Charcot had always been a heavy smoker. Léon Daudet (1868–1942) left us an account of the first warning signs, testifying to the deterioration of his Master's health during the dinner on 31 December 1890: "It happened after a particularly cheerful and lively New Year's Eve party at his home on Boulevard Saint-Germain. He appeared relaxed and affable, happy to see all the young people around him, whose fancies amused him. Suddenly, as he returned to his room, he let out a low groan, put his hand to his chest. His face suddenly pale, he fell wordlessly into a chair. One of us rushed to get Dr. Damaschino [François Damaschino, 1840–1889], who lived nearby. I hurried across the way to get Potain [Carl Potain, 1825–1901]. It was two in the morning. My Master, on his way to bed, opened the door in his nightshirt, a candle-holder in his hand. In a few words, I let him know what had happened. He muttered his customary 'Ah! Devil take it!' pulled on a pair of trousers, a jacket, and a fur coat, then flipped up the collar over a white silk scarf. He dashed down after me, four steps at a time, into the freezing night. As soon as he reached his illustrious colleague, he motioned with his hand that they be left alone. A quarter of an hour later, he came out with a short prescription in hand: "It's nothing, really, just a bit of an upset stomach". However, I noticed his eagerness to reassure us and a certain way of plunging his hands into his pockets and widening his eyes, which indicated that he was seriously concerned. As I accompanied him back to

his home, he said to me in a low, barely audible voice: ‘It was necessary to reassure them. He thought it could be *angor pectoris*...’. I don’t know why, at that moment, he used the Latin term rather than the French term, ‘*angine de poitrine*’. Then, after a moment of silence: ‘He was not wrong’ . . . I was terribly moved; the death warrant had been pronounced by the infallible Master of the heart’s ailments. ‘How long, Sir?’ I murmured, shivering with cold and fright. He put his hand on my shoulder, with an infinite kindness all his own. Under his breath, he said: ‘Two years, two and a half years at the very most’” (Daudet 1915, 99-101).

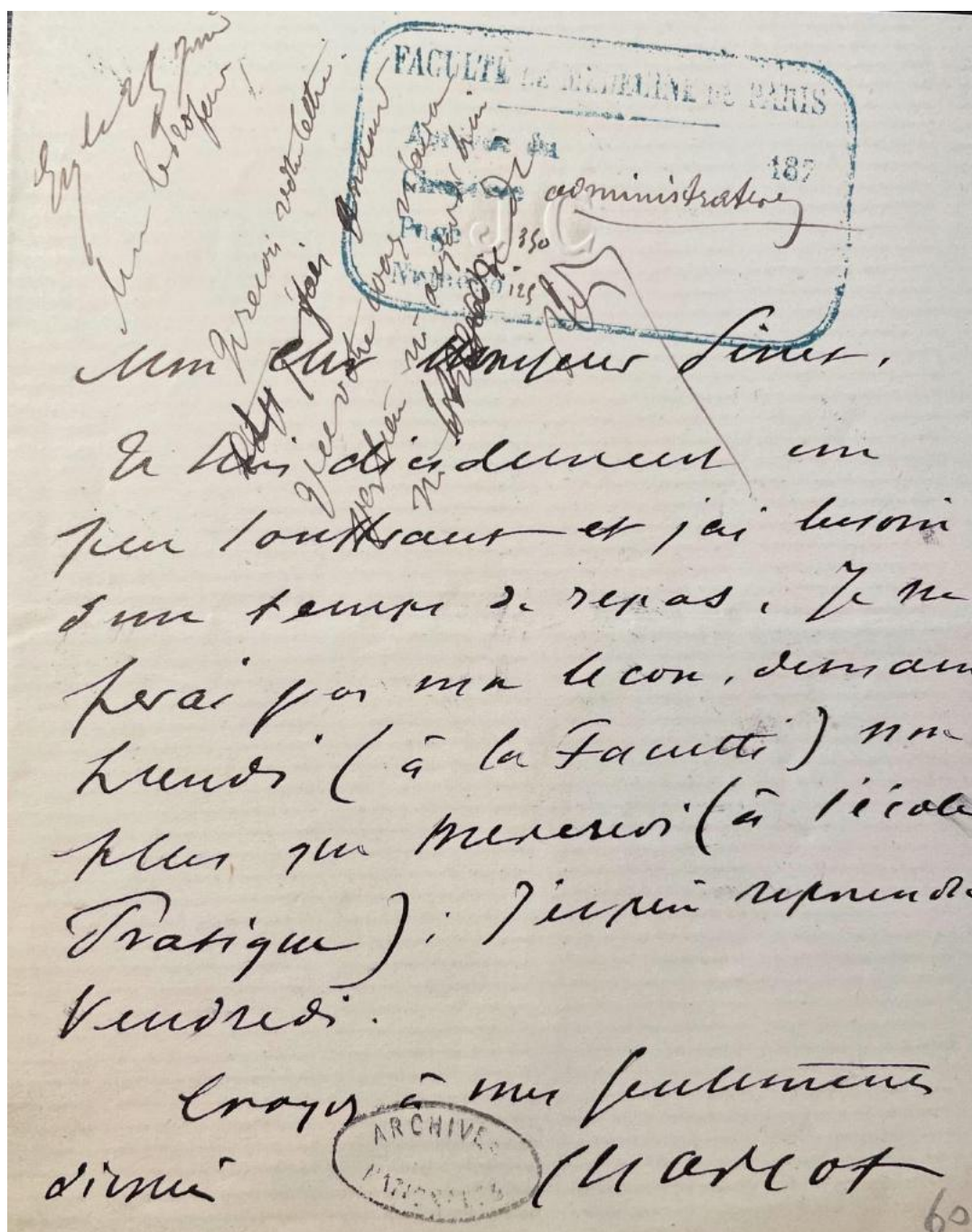


Figure 2. Handwritten letter from Charcot to the administrator of the Faculty announcing that he is ill and unable to teach. Undated, probably around 1875. (Archives nationales)

During the following months, there were repeated attacks. Once he had to interrupt one of these Friday Lessons. In addition, he suffered several brief fainting spells. At that point, Madame Charcot wrote to the Dean of the Paris Medical School to say that her husband could no longer teach (Archives nationales a) (Figures 2 & 3 & 4).

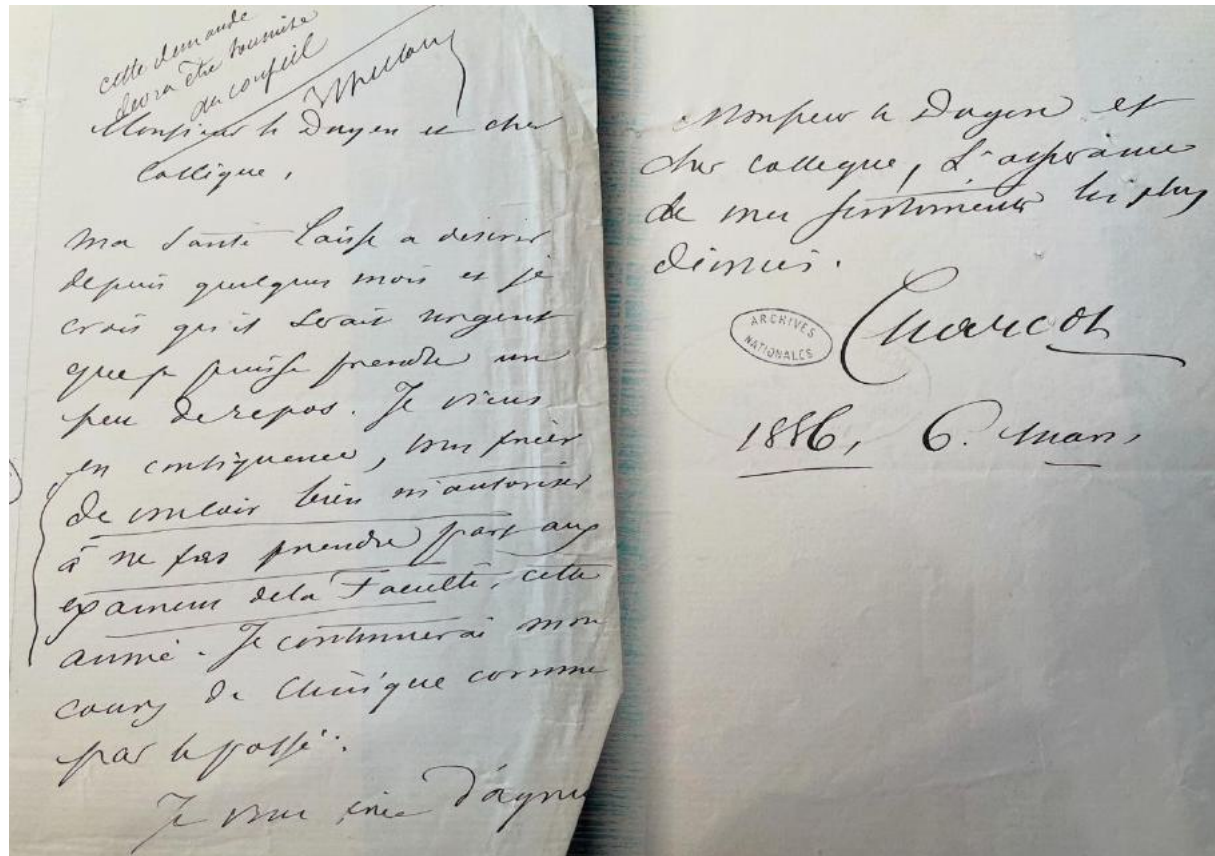


Figure 3. My health has been poor for several months now, and I think it's urgent that I take some time off. Handwritten letter from Charcot to the administrator of the Faculty (1886, March 6). (Archives nationales)

An American from Boston, Charles Francis Withington (1852–1917), described his visit to La Salpêtrière Hospital in May of 1893 this way: “We notice, with regret, that while his intellectual strength has shown no abatement, his physical and nervous forces are greatly shattered. His gait is shuffling and unsteady. He walks with difficulty and finally totters to his carriage and is driven away. Can it be that, as has curiously happened to so many prominent medical men, he will fall a victim to one of those diseases to which he has devoted his special life-long attention? If so, we feel that his self-diagnosis will be accurate, however futile his treatment” (Withington 1893).

In his biography of Charcot, Fielding Hudson Garrison (1870–1935) added: “He became so sedentary that his very gait was regarded as that of a man who could not walk properly because he had forgotten how. With bent back and head thrust forward, he seemed to propel himself by short, quick, shuffling steps. Toward the last, when he mimicked the propulsion in paralysis agitans, he seemed to be the patient. His approach to his carriage became a painful, tottering progress” (Garrison 1925).

17. QUAI MALAQUAIS

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Monsieur,

Je m'empresse de
vous informer que mon
marri est encore trop
souffrant pour pouvoir
faire l'examen ~~le~~
et qu'il vous prie
de vouloir bien le
remplacer
Je vous prie Monsieur
de croire à toute ma
considération

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A Charcot

Figure 4. I hasten to inform you that my husband is still too ill to take the exam on Monday and he kindly asks you to replace him. Signed Mrs. Charcot. No date, probably around 1880. (Archives nationales)

Jane B. Henderson from Brussels spent a few months in Paris at the end of 1892 as a student and noted: "Regarding his personal appearance, the first thing that struck me was the evident fact that he was getting old. He was not tall, and the round back and drooping shoulders took off some of his original height. His well-shaped head, covered with white hair, and his features, which were supposed to bear a striking resemblance to those of Napoleon I, are sufficiently well-known to obviate the necessity of any further description. His movements were active, but his gait was the short, quick step so frequently to be noticed in old people. His speech was clear and distinct, but he was troubled with a cough which appeared to prevent him from making any effort to raise his voice, so that those who had not been fortunate enough to get near the front were apt to be disappointed when they could not hear well enough to follow the remarks. M. Charcot had great powers of imitation, and would at times walk across the

platform to show the gait characteristic of various nervous disorders, or describe with his hands different forms of choreiform movements, but when he was describing the movements seen in paralysis agitans, the symptoms were so pathetically in harmony with his own appearance that one was tempted to believe that he was himself the patient and not merely the lecturer giving a demonstration” (Henderson 1893).

These accounts of Charcot’s gait may evoke the short steps of a patient with lacunar disease, but without any apparent intellectual deterioration. As to his little cough, it may have been related to incipient pulmonary oedema. Charcot suffered from angina pectoris, probably due to aortic stenosis, which was the likely cause of his syncopal episodes and/or transient ischaemic attacks, all of which led to episodes of left ventricular heart failure, i.e., acute pulmonary oedema.

The Archives Nationales hold several letters from Charcot, as well as two letters from Madame Charcot to the directors of the Paris Medical School, stating that her husband was indisposed and unable to teach a course or take part in a thesis jury. These letters were sent from the 1870s to the end of the 1880s (Archives nationales a).

In 1892–1893, when Charcot’s health was seriously failing, *La Libre parole*, an anti-Semitic daily run by Édouard Drumont (1844–1917), led a campaign to expose corruption in the construction of the Panama Canal.

“Panama scandal”

The entrepreneur and diplomat Ferdinand de Lesseps (1805–1894) oversaw the design and digging of the canal across the Isthmus of Suez, linking the Mediterranean and the Red Sea. The Suez Canal was inaugurated in November 1869. Ten years later, de Lesseps conceived the idea of constructing a passage through the Isthmus of Panama to link the Pacific and Atlantic Oceans. While the obstacles to be overcome may seem comparable to those encountered in Suez, the climate was quite different, both meteorologically and politically. For although the Central American region was then under Colombian rule, the powerful North American neighbour had, in 1823, proclaimed the “Monroe Doctrine”. By this principle of foreign policy, the United States intended to condemn any intrusion or intervention by another country in the affairs of the Americas (Manigat 1973). By deliberately underestimating the amount of investment required and the duration of the work, de Lesseps imagined that it would be easier to gain acceptance for his project from financial investors. The “*Compagnie universelle du canal interocéanique*” was founded for this purpose. It needed to obtain authorisation to issue a “lottery loan”¹ to attract the savings of the French public, following the model of the similar, successful operation to construct the Suez Canal. Jacques de Reinach (1840–1892), a banker, and Cornélius Herz, an opportunistic financier, both Frenchmen of German-Jewish origin, were recruited to lobby lawmakers to secure a favourable vote in both chambers (Bouvier 1964). The first loan of this type was incompletely subscribed in 1886. It was clear by 1888 that it was not enough to cover the construction costs. A second loan of this type was proposed in 1888. A great deal of reluctance arose, obliging the two lobbyists to engage in ever more corruption and to bribe an ever-larger number of parliamentarians to obtain a favourable vote. However, this did not prevent the company from going bankrupt on 4 February 1889, ruining several thousand small savers. In 1891, the State ordered an investigation into breach of trust and fraud (Conrad 2015). In 1892, four deputies and four senators were brought before the courts. The press campaign revealed the corrupt methods used by de Reinach and Herz. After de Reinach’s death, probably by suicide, on 19 November 1892, the courts wanted to question Herz. But he had hastily left Paris and taken refuge, first in London, then in Bournemouth, a seaside resort on the southern coast of England, in Hampshire. The French courts then issued a request for his extradition. In retrospect, the press campaign launched by the extreme right seems like a rehearsal for the anti-Semitic agitation surrounding the Dreyfus Affair, which immediately followed it.

¹ A lottery loan is a type of bond issue in which the issuer offers, in addition to the stated interest rate, a chance of winning an extra payment awarded by lottery.



Figure 5. Cornelius Herz. (Public domain).

Who was Cornélius Herz?

Cornélius Herz was born on 3 September 1845 in Besançon (eastern France). His parents were German Jews who had taken refuge in France (Figure 5). Unable to lift themselves out of poverty, they immigrated to the United States, where they were naturalised. After growing up across the Atlantic, Herz fled the American Civil War by leaving for Germany, where he began his medical studies at Heidelberg (1864–1866). He then spent a few months in Vienna, which he left after the Austrian defeat at Sadowa on 3 July 1866. He arrived in Paris in October 1866 to continue his studies (Mollier 2021). He passed the “*externes*” examination (for students not yet residing in the Paris hospitals) on 23 December 1868 (Archives AP-HP a). He was assigned a clinical placement at the Hospice de Bicêtre in 1869, then worked as a temporary resident at the Quatre-Mares Asylum (Rouen) in 1870. Upon the recommendation of the renowned alienist Henri Legrand du Saulle (1830–1886), Herz assisted the alienist Édouard Dumesnil (1812–1884), substituting for an absent colleague. But, after borrowing money from both patients and medical staff at the asylum, the discovery of his liaison with a laundress led him to flee (Figure 6) before his official dismissal (Cabanès 1898, Bourneville 1893).

During the Franco-Prussian War, he enlisted on 20 November 1870 and was named assistant medical officer to the Franco-American ambulances of the Loire army. He was assigned to the staff of General Alfred Chanzy (1823–1883) because of his polyglot language skills. Leaving the army on 12 March 1871, Herz was appointed as a

temporary intern at the Berck Hospital by the Assistance Publique (public hospital system in Paris); due to the war, the Assistance Publique had been moved to Versailles. However, he was dismissed and removed from the AP-HP staff list on 8 August 1871, after his affair with a nun at the hospital and the debts he had accumulated were discovered (Archives AP-HP b).

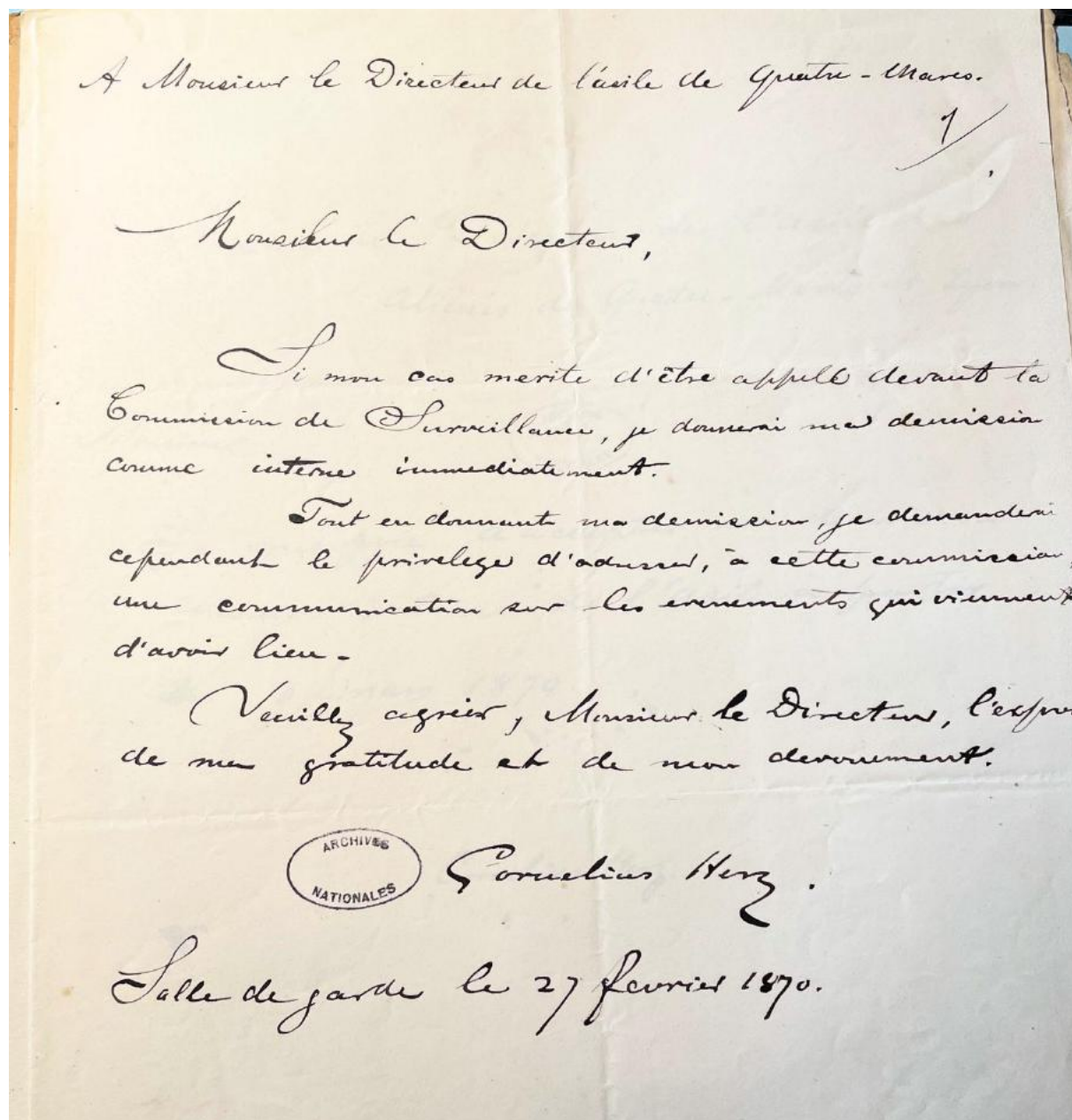


Figure 6. On February 27, 1870, Cornelius Herz sent his letter of resignation as an intern to the director of the asylum of Quatre-Mares (Archives nationales).

Herz immediately embarked for Chicago, where his parents lived. Claiming that all his certificates proving his doctoral degree in medicine had been destroyed in the huge fire that ravaged Chicago on 9 October 1871, he took advantage of the distress and confusion to open a medical practice there, even though he did not have any of the required qualifications (Anonyme 1871). For obscure reasons involving fraud and illicit cohabitation, he hastily left Chicago in April 1873. He then found a job as a physician at Mount Sinai Hospital in New York, from which he was dismissed at the end of 1873, not only because he failed to provide a genuine French doctoral diploma, but

also because of his poor medical skills (Mount Sinai 1869). This failure led him to enrol at the Medical College of Northwestern University, where he received his medical doctoral degree in 1875 (Mollier 2021). Armed with this valuable credential, he entered into partnership with an elderly physician in San Francisco, where his family had established a business. He spent three years there. He innovated by treating his patients with electricity, a novelty that was in vogue at the time. His medical and social activities enabled him to engage in financial dealings, which, unfortunately, only led to further debts (Chicago Medical College 1875). He nevertheless learned, on his own, the practice of lobbying. On 28 September 1877, he returned to France with plans to set up telephone and electrical systems, which were still virtually unknown on the French side of the Atlantic. He demonstrated them at the Universal Exhibition in Paris in May 1878. For a dozen years, Herz established business contacts with both engineers and politicians to promote the patents he had brought back from the United States. He also developed other inventions related to electricity. Employing his interpersonal skills and his gift of the gab, he quickly became very wealthy, living the high life in the affluent neighbourhoods that were rapidly expanding in western Paris (B.G 1893). Thanks to the reputation he had acquired, he was called upon to ensure the success of the loan for the excavation of the Panama Canal.

Cornélius Herz's state of health

On 20 November 1892, the day after his partner's death, Herz went into exile, first briefly in London, then in Bournemouth at the Tankerville Hotel. On 18 January 1893, the French courts requested his extradition. Herz was notified of his arrest by the English authorities on 19 January 1893; he was bedridden at the time. He then provided a certificate stating he was physically unable to travel to London or to be moved at all. William Frazer (1851–1905), Herz's physician in Bournemouth, received Sir Andrew Clarke (1826–1893), who had been commissioned to give an expert opinion on 12 April 1893: “We found him in a state of extreme constitutional prostration, his condition being markedly aggravated by mental agitation and by physical exertion. The patient's urine contains large quantities of sugar as well as traces of albumin. The action of the heart is rapid, feeble, intermittent, and readily disturbed and still further enfeebled” (Archives nationales b) (Figure 4). Then other British medical luminaries examined Herz, such as Sir Thomas Lauder Brunton (1844–1916), David Ferrier (1843–1928), and Malcolm Macdonald McHardy (1852–1913). All these experts concluded that Herz was not transportable and could not appear before the court with a view to extradition (Anonyme 1893). The French press never ceased to ridicule these experts and their alleged servility (Pelletas 1893, Royer 1893). The French government thus sent the Dean of the Paris Medical School, Paul Bouardel (1837–1906), to examine Herz and determine whether he could be brought back to mainland France (Figure 7).



Figure 7. Dr Frazer, Professors Brouardel and Charcot at Hertz’s bedside. *Le Petit Parisien* 1893, July 2 (Private collection of the author).

Horace Bianchon, pseudonym of Maurice de Fleury (1860–1931), then a columnist for the newspaper *Le Figaro*, published on 5 October 1893 the interview he had conducted with Brouardel, which recounted his visit to Bournemouth in the company of Charcot (Bianchon 1893). He began by situating this visit within the context of the ongoing press campaigns: “Two rather unflattering hypotheses emerged: one suggested that Mr. Charcot and Mr. Brouardel were victims of a sleight of hand, with a lookalike substituted for the real Cornélius; while the other suggested that the two French physicians showed at least servile compliance with their country’s government, perhaps motivated by self-interest”.

Traduction

Boulevard de la République, 11 Avril 1893

Je certifie par les présentes avoir visité
aujourd'hui le D^r C. Herz, l'avoir trouvé en état
de grande prostration et obligé de garder le lit.
L'action du cœur est faible et intermittente;
parfois des attaques d'angine éprouvent sérieuse-
ment le malade et épuisent ses forces. La rate
est toujours beaucoup grossie et extrêmement
douloureuse (au toucher). On ne peut exercer de
pression sur cet organe sans provoquer de fortes
nausées suivies de vomissements.

Le diabète a continué d'affaiblir le
malade et il se ressent beaucoup de cette
atteinte portée à son système. Je ne vois pas de
possibilité prochaine pour le D^r Herz de
quitter le lit sans courir des risques sérieux.

Signé:
William Fraser

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Figure 8. French translation of the certificate written by Dr. Frazer regarding the contraindication for transporting Herz.
(Archives nationales F/7/15969/2).

Brouardel gave a detailed and factual account: "On 26 June, I received from the Minister of Foreign Affairs the invitation to the journey of which you are aware. I considered it advisable not to undertake the journey alone. So, I asked Potain [Carl Potain] to accompany me, but he declined, having been Cornélius Herz's physician until the

time of his flight. Then Bouchard [Charles Bouchard, 1837–1915] refused the invitation because he had been on bad terms with Herz for several months. Charcot gave in to my pleas; at least he was sure he had never met the famous wheeler-dealer. At nine o'clock in the evening, we arrived in Bournemouth, and without having dinner, we went straight to the Tankerville Hotel. Three renowned English physicians awaited us: David Ferrier, Broadbent [William Broadbent, 1835–1907], and Andrew Clark of the Royal College of Physicians. These gentlemen did not wish to accompany us to see the patient and merely offered to provide us with any further information we might require . . . We found Cornélius Herz in his bed; he looked very ill. Formerly a stout man, he had become very thin. He had a rather handsome Jewish face, in the style of Rembrandt, with a curly beard that had come in since his illness and a domed forehead. His mind was perfectly clear, and his voice quite firm (Figure 8).

He greeted us, then, turning to my colleague, said, 'Don't you recognise me, Mr. Charcot?'. And Charcot asserted he had never seen him before. 'But', continued Cornélius, 'in 1867 you were substituting for Dr. Marotte at La Pitié Hospital, and I was a *roupiou* [non-resident medical student] in the department. I can still see you making a drawing of a clot in the femoral vein with embolism in the pulmonary artery for Dr. Ball's thesis [Benjamin Ball, 1833–1893]; and I can hear you saying, 'It's a clot shaped like a snake's head'. Charcot had to acknowledge the accuracy of this account, and both he and I believed that a false Cornélius could not have been so precise. Moreover, our English colleagues had just provided us with a detailed observation of the disease, recorded daily since Herz's arrival in Bournemouth. To question the identity of our patient, one would have to suspect these three men, who are the pride of English science, of fraud and abetment" (Bianchon 1893).

Herz was inventing stories, as he never worked under Marotte. He was probably just an occasional listener to a lecture given by Charcot, not in 1867, but in 1857, when Charcot was a physician at the Central Office. Not yet having his own department, he was filling in for absent hospital physicians. Herz must have heard Charcot talk about pulmonary embolism, as Charcot and Benjamin Ball (1833–1893) published the first description of this condition in 1858 (Charcot 1858).

According to Brouardel, Herz then explained that after his mother was diagnosed with diabetes, he and his father were diagnosed with the same disease: "Cornélius excreted 310 grams of sugar in 24 hours. Potain had been treating him . . . He caught a chill during an ill-advised carriage ride. In this diabetic patient, this brought on an acute aortitis, an inflammation of the great artery issuing from the heart; from this, countless clots arose—just like those Charcot had drawn in 1867—together with several emboli. One of these had produced a cooling of the left side of the body as compared with the right. The patient had sugar and albumin in the urine" (Bianchon 1893).

In their expert report submitted to the authorities, Brouardel and Charcot specified that the patient was "in a state of weakness that prevented him from standing or sitting up in bed without the risk of immediate fainting" (Archives nationales c). The patient, only forty-eight years old, looked at least ten years older.

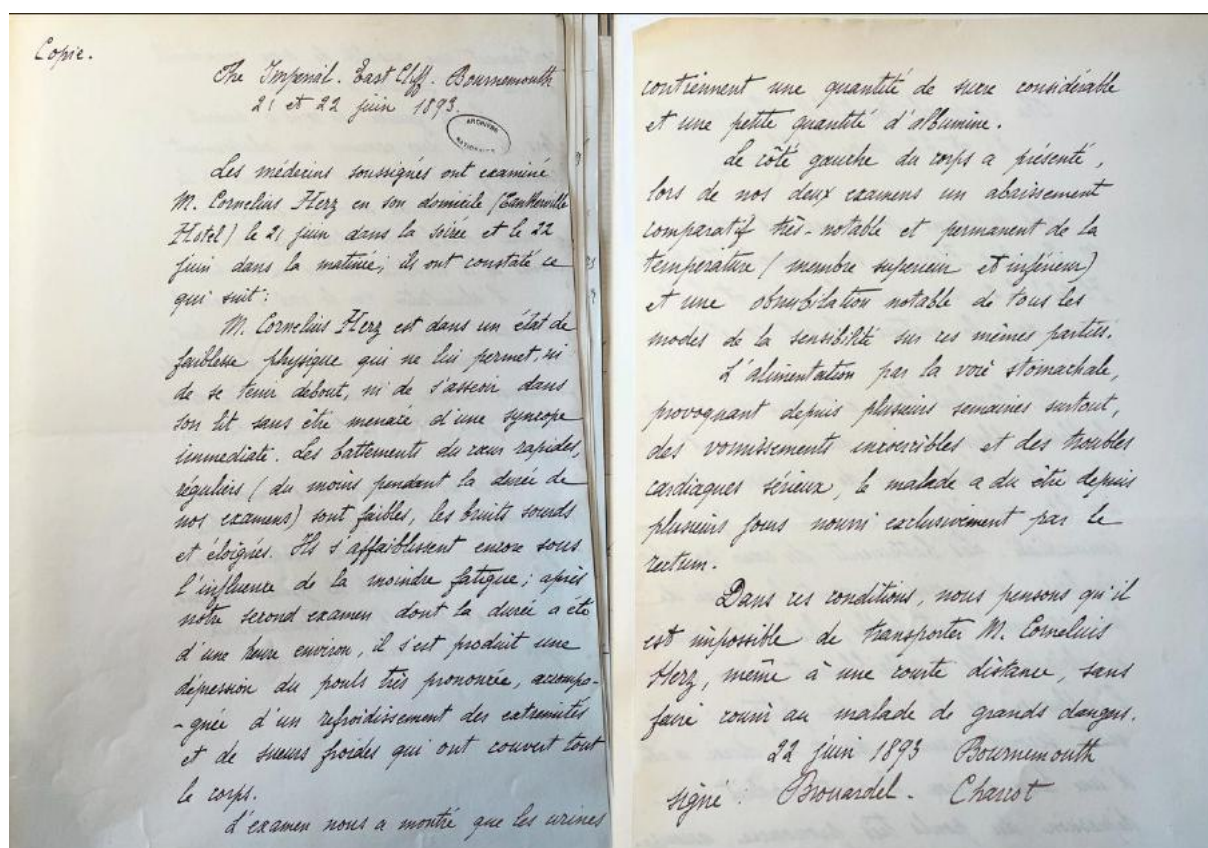


Figure 9. French translation of the certificate written by Charcot and Brouardel, regarding the contraindication for transporting Herz, on 1893, Juni 21 and 22.

Brouardel then commented on the observation of significant albuminuria: “He exhibited all the symptoms of gastro-intestinal uraemia. These symptoms were so grave that we were unable to help Herz sit up in bed in order to auscultate the posterior chest. As Andrew Clark had said, none of us, because of the uraemic symptoms and the clots resulting from the aortitis, would have dared to take responsibility for moving Herz to the next room. That evening, our examination lasted an hour and a half” (Bianchon 1893). The following day, Brouardel and Charcot re-examined the patient at length, performing the biological analyses themselves. Charcot then refused to examine one of Herz’s daughters, fearing he would be accused of corruption if he accepted payment. Brouardel continued: “Charcot and I spoke at length in hushed tones in the window alcove; at one point, since Charcot was feeling short of breath, he opened the window, and we continued talking, deeply absorbed in the matter at hand . . .” (Brouardel 1893a) Charcot was already showing symptoms of dyspnoea secondary to heart failure. Following their examination, the two Parisian experts concluded, like their London counterparts, that Herz could not be moved. But despite the severity of his condition, improvement remained possible through “absolute rest and a strictly milk-based diet”. They believed this could help dissolve clots, relieve uraemia, and reduce albuminuria. Finally, Brouardel did not fail to note that Charcot died without ever having received any reimbursement for his travel expenses.

Brouardel would return to examine Herz in Bournemouth on 2 November 1893, accompanied this time by Georges Dieulafoy (1839–1911) and a former resident who served as translator, Charles Barbé (1854–1906). At the request of the President of the Council (roughly equivalent to today’s French Prime Minister), who was seeking to quell the controversy, Brouardel and Dieulafoy attempted to read their report on Herz’s examination before the Academy of Medicine. Their efforts were in vain; the academy members refused this clear violation of medical confidentiality. The text in question, published in a few medical journals, informed the authorities that Herz’s health had improved. They now considered him fit to be examined in London with a view to his extradition (Brouardel 1893a, Brouardel 1893b). Herz died on 6 July 1898 without ever being brought back to France. His death came five years after that of Charcot, who died on 16 August 1893, and Andrew Clark, who died on 6



November 1893. Some journalists were quick to point out this apparent paradox: the patient was more resilient than the physicians who came to examine him.

Conclusion

When Charcot set out for England, his last voyage abroad, his health was already very poor. During Herz's examination, he experienced shortness of breath and had to open a window to get some air. Once back in Paris, the press campaigns, which were disparaging towards him and Brouardel, must have hurt his pride. He was a man of integrity who had not even been reimbursed for his travel expenses to Bournemouth. Did the emotional repercussions exacerbate the extreme fatigue that led Madame Victoire-Augustine Charcot (1834–1899) to organise a holiday for him in the Morvan region? She invited a few students who were regulars at the Tuesday dinners: Isidore Straus (1845–1896), Georges Debove (1845–1920), and René Valléry-Radot (1853–1933). On the night of 16 August 1893, Charcot died at the age of sixty-seven from acute pulmonary oedema, evidence of left ventricular failure due to an infarcted myocardium. According to an anecdote, Herz did not fail to send a wreath of flowers to join in the mourning of the Charcot family.

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