

## TEXTS AND DOCUMENTS

### “CITIZENS! DO YOU WANT CHILDREN’S DOCTORS?” AN EARLY VINDICATION OF “PAEDIATRIC” SPECIALISTS

by

SAMUEL KOTTEK \*

When the young French physician Jean-Emmanuel Gilibert (1741–1814) addressed his readers in 1772, he probably had little hope of a positive response. His appeal, quoted from his *Plan de recherches sur l’art de conserver la santé des enfans, de préserver & guérir leurs maladies*, reads, “Citizens! Are you ready to let your children’s doctor collect the data that are required in order to lay the foundations of the huge building that has to be erected?” (p. 268). Such a question might well give the impression that Gilibert’s essay was addressed to the public at large. Rather, it was intended for other physicians who might be prepared to act according to his *Plan de recherches*.

Before trying to show why this little-noticed text in the early history of paediatrics is worthy of special attention, let us briefly look at its author.

Jean-Emmanuel Gilibert, born in Lyons in 1741, studied medicine in Montpellier, where he earned his MD in 1763. The subject of his dissertation was: *On the power of nature in the treatment of diseases*. He settled in the small town of Chazay d’Azergues near Lyons, where he conducted assiduous botanical research, as well as an active medical practice. In 1768 he was offered a teaching position in Lyons, and lectured on botany for several years. On the recommendation of the Swiss scholar Albrecht von Haller, he was called to Poland by King Stanislas Poniatowsky in 1775, and served as Professor of *Materia Medica*, first in Grodno and later Vilnius. On his return to Lyons in 1782, Gilibert was appointed physician at the Hôtel-Dieu. He was also “Médecin des Epidémies”, member of the Academy of Lyons, and Professor at the College of Medicine there.

In 1789 he immersed himself in politics, which endangered his career, and even his life. He was mayor of Lyons for a short period that included the famous siege of the town by the Republican army. When the town was taken in October 1793, Gilibert barely escaped Lyons, and a life sentence. One and a half years later, he returned and resumed his medical career there.

\*Samuel S. Kottek, MD, Division of the History of Medicine, The Hebrew University–Hadassah Medical School, 91120 Jerusalem–Ein Karem, Israel.

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Gilibert was described in several obituaries as an honest, self-sacrificing physician. He died in 1814, having acquired some fame as a botanist (one plant even bears his name: *Gilibertia*). Among his publications were *Les chefs-d'oeuvre de M. Sauvages, ou Recueil de dissertations qui ont remporté le prix dans différentes Académies* (Lyons, 1770); *Flora Lithuanica inchoata* (Grodno, 1781); *Praelectiones Antonii de Haen* (Lyons, 1784); *Caroli Linnaei, botanicarum principis, systema plantarum Europae* (Lyons, 1785); *Histoire des plantes d'Europe, ou Elémens de botanique pratique* (Lyons, 1798); and *Le médecin naturaliste, ou Observations de médecine et d'histoire naturelle* (Lyons and Paris, 1800).<sup>1</sup> However, the work that attracted the attention of Albrecht von Haller was Gilibert's *magnum opus*, *L'Anarchie médicinale, ou la Médecine considérée comme nuisible à la société* (3 vols.), published in 1772 in Neuchâtel. This was a polemical work that raised many questions about the state of the medical profession, and had social and political implications. This may account for the book's place of publication: the third edition of the *Encyclopédie*, and d'Holbach's *Système de la nature*, for example, were also published in Switzerland.

*L'Anarchie médicinale* does not seem to have attained wide fame, and is now seldom cited by historians of the eighteenth century, but it deserves a better fate. The *Plan de recherches* is appended to the third volume, in which it concludes the fifth section entitled, 'Means of bringing medicine to as high a degree of certainty as possible'.<sup>2</sup>

At the beginning of his essay, Gilibert indicates that he decided to give his full attention to children's diseases as early as 1763, the year that he was made an MD in Montpellier: he was then aged 22. Might any of his teachers have spurred his interest? Gilibert could have heard the lectures of François Boissier de Sauvages (1706–67), some of whose works he edited, to whom a brief treatise on children's diseases, of little originality, is ascribed (*Tractatus duo pathologici*, Amsterdam, 1760).<sup>3</sup>

Gilibert's youthful interest in "paediatrics" was not unique, and two comparable, although later, instances may be mentioned here. First, the famous Scottish physician John Cheyne (1777–1836), who later settled in Dublin, was in his younger years most interested in children's diseases. He earned his MD aged 18, served four years in the army, and then spent nine years assisting his father in his practice. His first book, published in Edinburgh in 1801, was entitled *Essays on the diseases of children, with cases and dissections*. In his introduction he stated that "it is only by careful observation, and after years of practice, that this most interesting branch of professional knowledge is to be attained." And he added, "I devoted my chief

<sup>1</sup> J. Raige-Delorme and A. Dechambre, *Dictionnaire encyclopédique des sciences médicales*, vol. 8, Paris, 1882, pp. 686–7. See also Jean Rousset, 'J. E. Gilibert, docteur de Montpellier', *Monspelliensis Hippocrates*, 1962, 17: 11–28.

<sup>2</sup> A title reminiscent of P. J. G. Cabanis's *Du degré de certitude en médecine*, but this work was published 25 years later, in 1797.

<sup>3</sup> In Boissier's *Nosologia methodica* (5 vols., Amsterdam, De Tournes, 1760), diseases were grouped in 10 classes, on a botanical pattern. Although the president of Gilibert's MD ceremony was Charles Leroy, another professor in Montpellier, it is clear from Gilibert's edition of Boissier's dissertations (1770) that the latter had impressed young Gilibert. Boissier could possibly have become interested in children's diseases while he was attached to the Hôpital Général in Montpellier, an important section of which was devoted to foundlings.

attention, therefore, to this subject, and resolved to seek, with unremitting diligence, all occasions of observation and study in a department so intensely connected with the duties which I had undertaken" (p. 2). Cheyne was then aged 24. He was thus about 22 years old, the same age as Gilibert, when he decided to "devote his attention" to children's diseases.

The second author, the Swiss Christoph Girtanner, published his book on children's diseases in Berlin in 1794.<sup>4</sup> He had earned his MD in 1783, and, by his own account, began to treat children in Switzerland in 1784.<sup>5</sup> Books did not help him much: "everywhere I turned, I found inadequacies; nothing exact, very few accurate notions, nothing complete." He therefore decided "to take to observing closely children's diseases", and, of course, to compose a treatise of his own.

Gilibert the Frenchman, Cheyne the Englishman, and the German-Swiss Girtanner: three young physicians who decided, soon after their graduation, to study and practise "paediatrics". None of them apparently remained faithful to his first mistress: was this interest merely a youthful enthusiasm for a branch of medicine that, in spite of the number of publications on the subject, was often perceived as somewhat neglected?

Although the roots of paediatrics lie in the late seventeenth and early eighteenth centuries, "paediatric" literature that combined theoretical and practical aspects developed strikingly through the second half of the century. Among the many eighteenth-century books, essays, dissertations, and pamphlets on children's diseases and management, Gilibert's *Plan de recherches* has several original features. Above all, Gilibert contributed a precise professional typology; he aimed at building up a new speciality. This early milestone deserves uncovering, even if it was probably of little practical influence on contemporary physicians. Only a century later would paediatrics emerge as a recognized speciality.

SCHEME OF RESEARCH  
ON THE ART OF PRESERVING THE HEALTH OF CHILDREN,  
OF PREVENTING & HEALING THEIR DISEASES

[*Italic numbers in parentheses refer to page numbers in the original French text. Responsibility for the translation is mine—S.K.*]

(249) I was convinced of the accuracy of the ideas developed in the preceding dissertation,<sup>6</sup> when I decided, in 1763, to choose a specific branch of medical practice. I selected the one that was closest to my research on the natural progeny of our provinces[ . . . ] Moreover, I felt a

<sup>4</sup> *Abhandlungen über die Krankheiten der Kinder, und über die physische Erziehung derselben*, Berlin, 1794. Girtanner studied medicine in Göttingen, and published extensively on many topics, including chemistry, venereal diseases, Brunonianism, and politics.

<sup>5</sup> *Ibid.*, 'Vorrede', p. v.

<sup>6</sup> The title of the "preceding dissertation" was: 'Dissertation sur la nécessité d'obliger les médecins à cultiver spécialement un petit nombre de maladies' (pp. 220–48). In this essay, Gilibert quoted Baglivi and gave the example of Astruc, who, he wrote, had very thoroughly prepared his treatise on venereal diseases. Then he decided to write on a very wide range of topics, and consequently the quality of his works rapidly declined. Gilibert does not refer to children's diseases specifically in this essay.

special inclination toward those objects [i.e., children], and even, I would say, the necessary tact and instinct<sup>7</sup> that enable an accurate treatment of these first-fruits of society.

(250) Thenceforward, I concentrated my intellectual work on this topic, and, in order to proceed methodically, decided that children should be studied from their genesis. The time had not yet come when the mothers, scorning prejudice and yielding to reason, would tend their children and take care of them by themselves. So I had to look for wet-nurses[. . .] and went to live in the country. Once there, I followed all the children that I could approach, studied them both in health and in illness, recorded all my observations, and compared them with those of my predecessors. It took me little time to discover how much this part of the healing art had been neglected.<sup>8</sup> In most cases, nature expressed itself in a language quite different from that of my teachers. These incongruities, I reflected, could well be explained by the difficulty in making the observations. (251) Those who have never tried it, would not easily believe how difficult it is to register the history of children's health and diseases. One is confronted with a multitude of obstacles, stemming from the mothers, the wet-nurses, and the babies. These impediments are so numerous that the most enthusiastic practitioner<sup>9</sup> might be discouraged. How often did I feel disheartened in my research, how many times did I decide to abandon it? However, it is difficult to fight one's own inclinations, so I never gave up.

After having completed the observations that could be provided by hired [*mercenaire*] wet-nurses, I went back to live in town. I followed children of all ages, sex and condition. As did all my colleagues, I agreed to give consultations to the poor free of charge, but I decided to treat only children.<sup>10</sup> I wrote down, as I still do now, the history of their diseases and the remedies that I prescribed for them. I summoned to my office [*cabine*] those whose diseases demanded a more thorough reflection. (252) I neglected no opportunity to visit the children in town. I consulted the mothers who suckled their babies, and took advantage of their observations. This uninterrupted research over a ten-year period resulted in:

1. Dietary rules that are suitable for children, according to their social status [*condition*], age, temperament, etc.
2. The fact that I had the opportunity of treating, or at least observing, most of their diseases. I studied them under different circumstances:
  - (1) Left to the care of nature alone—as I was very often unsuccessful in getting them to accept the remedies.
  - (2) Under the direction of non-medical advisors: apothecaries, quacks, good women [*femmelettes*], etc.

<sup>7</sup> Twenty years later, the German physician Christoph Wilhelm Hufeland noted: "In order to be a good children's doctor, you need unlimited patience, indefatigable attention and even, I would say, a very particular tact and a semiotic instinct": *Bermerkungen über die . . . Blattern*, Leipzig, 1793, p. 288.

<sup>8</sup> Similar remarks can be found in most books on children's diseases that were published through the eighteenth and the beginning of the nineteenth centuries. One of the first authors of note, George Armstrong, in his *Essay on the diseases most fatal to infants*, (London, J. Cadell, 1767: first ed. published anonymously), wrote in his Introduction: "If we take a survey of the different provinces of medicine, we shall readily discover, that one which happens to be of the greatest consequences to society . . . I mean that which regards the diseases of infants, has hitherto lain uncultivated, or at least been much neglected" (pp. 1–2).

<sup>9</sup> Practitioner: Gilibert uses the word *artiste* quite often in his text. We chose to render it in most cases by "practitioner", although "artist" was still used in this way in eighteenth-century English.

<sup>10</sup> "All" his colleagues treat the poor gratis, according to Gilibert, but he treats only children, although (see p. 264 below) "they are not much worried by losing them". On principle, one-third of his daily practice was devoted to the children of the poor (*ibid.*). This has been documented by M. Garden, *Lyon et les lyonnais au XVIIIe siècle*, Lyon, 1970, p. 385. "Quant aux pauvres, ils savent assez depuis quelques années que son cabinet leur est ouvert gratuitement". The same source also attests that Gilibert indeed treated children: "M. Gilibert, médecin et professeur de botanique, soigne les enfants avec des plantes, ne prend des honoraires qu'après l'entière guérison . . .": *Affiches de Lyon*, 14 Jan. 1769.

## *A vindication of "paediatric" specialists*

- (3) Under the direction of legally authorized practitioners.  
(253) (4) Under my own particular and special direction.

Under the first condition, a long series of observations has shown me how extensive the power of nature is,<sup>11</sup> in the treatment of children's diseases. It very often happened that this tender mother alone cured them promptly and safely, without the frightful torment of annoying them with drugs.

Under the second condition, I have met with only rapid death, degenerated diseases, weakened temperaments.

Under the third, I have witnessed successes that could have been more constant, had the practitioner had a better knowledge of the power of nature.

Under the fourth condition, by complying with nature's views, with the clever precepts of my predecessors, and with my colleagues' advice, adding to all these the modifications resulting from my own observations, I achieved a few successes . . .

*The author has tried to avoid causing any pain to his young patients—"J'ai évité des douleurs aux innocens qui m'ont été confiés". He has announced without dissimulation to the parents the oncoming death, asking their permission to quell the pain instead of advocating active but painful treatment. He has decided, unlike many of his colleagues, never to act according to preconceived notions or routine, or under the influence of any fallacious theory. Rather, he follows his own method, based on fourteen centuries of medical experience—"Je suivrai sans distraction le plan que les grands maîtres ont tracé".<sup>12</sup> However, writes Gilibert, his method, although quite ancient, may seem new to the public. Therefore he feels that he must expose it in order that they may fully grasp its usefulness. He even hopes that some young physicians, being struck by the truth of his rules, will adopt them as a basis for their own practice.<sup>13</sup> (253-6).*

(256) Be this as it may, this is my plan, which I will never change. Being convinced that it is impossible for the most industrious physician to cover the art of healing in all its scope, I shall treat, throughout my entire life, only children's diseases. Nobody will distract me from this object, and I shall reject anything that is not situated within this framework. I say even more: I know of several diseases particular to children, which I shall never agree to take solely under my own management, owing to the fact that their radical cure necessitates the surgeon's intervention.

This now is my method. Whenever a child is brought for a consultation, I question him with the utmost attention, putting down on paper all his answers or those of his mother. (257) I write down what I observe, the symptoms and incidents of his disease, his temperament, his age, his affinities, his habits, his previous diseases, etc. When this is done, if there is nothing

<sup>11</sup> The "power of nature" had already been the theme of Gilibert's MD thesis. The idea was particularly developed in the so-called "domestic medicine literature". Thus Hufeland, in his *Guter Rath an Mütter über die wichtigsten Punkte der physischen Erziehung der Kinder in den ersten Jahren* (first ed., 1799, 3rd ed., Berlin, A. Rottmann, 1803), wrote, "It remains always true that it is far better not to do anything in case of disease, and leave it to the power of nature alone, than to use something unfit" (p. 110).

<sup>12</sup> Gilibert does not say who the *grands maîtres* were. This experience based on "constant observation of fourteen centuries" (p. 254) does not lead us back to any outstanding fourth-century author. Gilibert's use of plants could bring us back to Dioscorides or one of his commentators. Or could it be Oribasius whose commentary on Galen's *Materia Medica* was much praised? See G. Harig, 'Die Galenschrift "De Simplicium Medicamentorum Temperamentis ac Facultatibus" und die "Collectiones Medicae" des Oribasios', *NTM*, 1966, 3(7): 3-26.

<sup>13</sup> A number of "paediatric" authors of the second part of the eighteenth century directed their essays, like Gilibert, towards both the general public, and the physicians, particularly the younger practitioners who were not yet embedded in their routine. "The design of this essay", wrote Michael Underwood in 1784 in his introduction, "is to offer a succinct account of the diseases of children to such practitioners of physick, as may not have had advantage of great experience in the management of their complaints. The work, however is by no means intended solely for their use . . .", but also for parents. *A treatise on the diseases of children*, London, J. Mathews, 1784; 2nd ed., "Adapted to domestic use", 3 vols., 1797.

alarming about the case, I prescribe only the diet that is suitable, leaving the treatment for a later stage, after renewed consideration.

*Then the author applies serious reflection to the symptoms of the disease, to the choice of appropriate treatment, and to the prognostic and estimated duration of the disease.*

By acting in such a way, I avoid the great danger of being too hasty. The practitioner's mind is never sufficiently involved in the first moment to judge with certainty and to (258) consider all the circumstances. I know very well that such a method will at first seem rather strange. But after some reflection you will agree that it is quite beneficial to the patients, and this is what I wish to achieve. I do the same with the patients that I visit at home.[ . . . ] I write down day after day the history of the disease, and decide upon the treatment only after meditating at length on the enemy that I have to fight and the weapons that are to be used. At the end of each disease, I write down the exact history of the symptoms, of other occurrences [*accidens*], of the positive or negative effects of the drugs, and particularly of the achievements of nature. For I am convinced that the main aim of the art is to determine, by a series of observations, the real extent of nature's power in healing diseases. (259) I announce straightforwardly the outcome of the disease, disguising nothing, assuring the honour of the profession by a well-founded prognosis.

*The author intends to present the public, in due time, with these observations, without hiding his failures, as has been done by some colleagues.*

Turning now to therapy, I declare that I use only a small number of drugs: being convinced of the efficacy of nature in the healing of diseases, it happens rather often that I only prescribe an appropriate diet, without even mentioning drugs, especially in acute diseases, which are in most cases particularly amenable to the power of nature.

(260) Even in chronic diseases and in some circumstances of acute ones, I abhor composite drugs. I generally use only very simple and very common ones, that grow in our region: I have learned to refrain from using foreign remedies that, though beneficial to people in their country of origin, arrive in our poor regions in a spoiled and decayed state, thereby acting more like poisons than useful remedies.<sup>14</sup> The long and strenuous study that I conducted on the properties of our region's plants has provided me with plenty of curative means. But I have accomplished even more. From the very beginning of my practice, I was aware that drugs with a bad taste usually do more harm than good to the children that are forced to take them. (261) I therefore searched for others that, having no unpleasant taste or odour, would provoke the same effects, or at least, I tried to devise correctives and excipients capable of removing the inconvenience. This endeavour is a very important factor in success, and I confess that it is perhaps that part of my research of which I am most proud, and that most deserves the attention of experts.<sup>15</sup>

This is what I have done until now. Being aware of the fact that a physician dedicated to his profession should limit the scope of his research, I have specifically selected as an avocation the most difficult, the least developed, and the least lucrative part of the art.

<sup>14</sup> This is not, apparently, a reference to the old theory of sympathies, according to which remedies should be found close to the diseases they are supposed to treat. Gilibert here applied his botanical knowledge; and aimed at treating his patients as easily and cheaply as possible.

<sup>15</sup> The difficulty of administering drugs to small children was stressed by a number of authors, particularly James Nelson, himself an apothecary: he was presumably a specialist in this matter. He wrote in the Introduction to his *Essay on the government of children* (London, Dodsley, 1753): "But what can Physicians, Medicines, Nurses, all avail, in the Disease (otherwise ever so curable) of an untoward Creature, against whom perhaps there are great Odds that it shall not be conquered to swallow the least Portion of the most absolutely necessary Remedy . . ." (p. 14). Years later, in 1805, the German author August Friedrich Hecker wrote that children's doctors should be what he calls *geschickte Ärzte* (able physicians), not such doctors "that evoke at once big flasks or evil tasting drops, detestable powders and pills", which usually had to be forced down the childrens' throats: *Die Kunst unsere Kinder zu gesunden Staatsbürger zu erziehen und ihre . . . Krankheiten zu heilen*, Erfurt, 1805, p. 81.

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I just said: *the most difficult*<sup>16</sup> part. New-born babies show their diseases through rather imprecise signs; their moanings are their sole language. (262) Only the very thoughtful use of our senses will allow us to grasp the diagnosis of their diseases. Somewhat older children express their ailments in a perplexing way, their minds being insufficiently developed to enable them to distinguish accurately the diverse symptoms and to present the practitioner with a faithful account [of their diseases].

*The author adds here that children usually attach little importance to their own ailments.*

*Moreover, drugs work quite differently when applied to children.*

It would require an entire volume to present clearly and to demonstrate all these aspects adequately, in order to allow an appreciation of the many difficulties confronted by the children's doctor in his practice.

(263) One will find in the medical literature only fragmentary information on the art of preserving the health of children, and on preventing and treating their diseases. It will become obvious that most authors who have written on this topic were neither engaged with it long enough nor in a specialized way,<sup>17</sup> they only transferred the practical notions provided by the examination of adults onto children's diseases.

*Here the author makes a stand against the dogmatists who fill up the gaps that have been left in certain branches of the profession with fruits of their imagination, instead of relying on observation of facts.*

I would like to add that I have elected as my task an activity with rather *limited benefit*. Simple people, among whom children are considered a burden rather than a comfort, are not much worried by losing them. You must, so to speak, help them against their will. (264) I have been aware of this sad reality for several years, and have therefore decided, as a permanent rule, to devote to the poor one-third of my daily practice. I was particularly inclined to follow such a schedule, owing to the fact that common people strikingly neglect their offspring.

*Here the author lists a number of diseases that he discovers daily which, being left untreated by the parents, have become hopeless—such as glands ("écrouelles"), rashes, consumption, whooping-cough, chronic fevers ("fièvres lentes"), and ill-treated cases of smallpox.*

I think I have presented ample evidence of the fact that plain people do not have enough of an appreciation of children to make great sacrifices for the treatment of their diseases.<sup>18</sup> (265) Therefore, young physicians who are courageous enough to proceed in the same career, should be warned not to cherish any hopes of becoming rich; they can only aspire to the glory of being useful to mankind by improving the most difficult branch of their profession. If they are bold enough to do this, let them calmly despise those mean physicians whose hooting voices strive at ignominiously deriding their projects and their intentions. The scope of children's medicine is much broader than is generally thought.<sup>19</sup> The physician who limits his activity to this branch

<sup>16</sup> Our emphasis.

<sup>17</sup> Pierre Brouzet, one of the early authors, wrote in 1754: "Physicians are loudly taxed with inexperience in the diseases of children". The real reason, he wrote, is that they have been deprived "of the opportunity of collecting those observations they would otherwise have made": *Essai sur l'éducation médicale des enfans et sur leurs maladies*, 2 vols, Paris, J. T. Hérisant, 1754; from the English translation, London, T. Field, 1755. On the other hand, another French author, Alphonse Leroy, stated in 1803 that his *Médecine maternelle* had been written after 36 years of study, teaching (he taught midwifery, together with Baudelocque, at the Maternité in Paris), and experience in children's management: *Médecine maternelle, ou l'Art d'élever et de conserver les enfans*, Paris, Méquignon, 1803, Introduction, pp. xv–xvi.

<sup>18</sup> Poor people are not ready "to make sacrifices" in order to treat their sick children, wrote Gilibert. This means that they simply could not afford the fees of a physician, unless he offered—as Gilibert allegedly did—his help free of charge. Even well-to-do parents were often reluctant to "make sacrifices" for the health of their offspring (see below, Gilibert's text p. 276 and note 27).

<sup>19</sup> Children's medicine, wrote Gilibert, begins even before the child's birth. This is not really original, but was only mentioned sporadically in eighteenth-century literature. Brouzet (op. cit., note 17 above) had already stressed that the woman should be closely followed-up during pregnancy (Introduction). Jacques Ballexserd began his *Dissertation sur l'éducation physique des enfans depuis leur naissance jusqu'à l'âge de*

should cover it in all its breadth; the most minute detail must be familiar to him and this can only partially be learned from books.

1. He should be acquainted with the temperaments of fathers and mothers, their mores, their way of life: these factors have a great impact on the children.
- (266) 2. He should follow the mothers during pregnancy and record any accident that happens to them. For children's medicine begins in the very first days following conception. He should therefore have sufficient knowledge of women's diseases and of the diet suitable to them.
3. The children's doctor should gain knowledge about the precious seeds of society [*les précieux germes de la société*] from their very entrance into life. He should observe attentively any incident occurring at birth. This item alone could be described in detail.
- (267) 4. Infant nursing and its related topics provide a great number of questions to resolve. Should well-to-do women living in large cities suckle their babies as a rule? Who are the ones who can do so? What are the negative aspects of hired wet-nursing and the means of correcting them? What is the best method of nursing infants? Does such a general method exist at all, or should it be adapted to each individual, according to his temperament, his infirmities, etc.? . . .<sup>20</sup> All these questions have until now been dealt with only on a theoretical basis and have not been based upon a sufficient number of well-observed cases, examined critically and impartially.
5. Weaning requires even more extensive guidance. What are the consequences of the suppression of milk? What kind of food should be given to the recently weaned child? How should one prevent the many diseases that endanger children at that period, etc.?
6. After weaning, begins the real period of infancy. Observation should teach us how to dress children properly, and how to feed, to instruct and to provide physical exercise for them, etc.

The mere transgression of one of these rules is sanctioned by death, or by the physical deterioration of the individual. Parents who follow blind routine should refer to our case records; they would be appalled at the sight of the ills they prepare for their children.

(268) Citizens! Are you ready to let your children's doctor collect the data that are required in order to lay the foundations of the huge edifice that has to be built up?<sup>21</sup> You should [first] be sure of his mores, his ability, and his inclination towards this important part of the art. Inquire about his resources and his integrity, and then, grant him your confidence. You will eventually discover that the medical upbringing of children and the art of healing them, will rapidly proceed toward perfection. If his medical practice is his sole pleasure, if his studies and research, far from being cumbersome, are obviously enjoyed by him, he will easily be able to help you.

His art may aptly be divided into two general parts: the prevention and the healing of diseases. The first of these is the most certain, the second is less developed and offers a multitude of difficulties that will have to be overcome.

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*puberté* (Paris, 1762) with a chapter entitled 'Du Régime de vie du père & de la mère, jusqu'à la naissance de l'enfant' (pp. 4–12). Later, Johann Peter Frank also developed the way in which the uncultivated field of children's diseases should be cleared, and mentioned "premièrement, les fautes et les vices des parents": *Abhandlungen über gesunde Kindererziehung nach medizinischen und physikalischen Grundsätzen*, Leipzig, 1794, from the French translation by M. Boehrer, Paris, an VII, Introduction p. xiii.

<sup>20</sup> When he wrote about adapting the method of nursing to each individual, Gilibert was probably thinking about intervals between meals, about adding some gruel, or medicines against hyper-acidity, incriminated as the main cause of problems in infant feeding, since Walter Harris's *A treatise of the acute diseases of children*, first Latin ed. 1689, English translation by John Martyn, London, T. Astley, 1742.

<sup>21</sup> Now Gilibert turns to the public, or pretends to do so, apparently with two purposes. On the one hand, he wishes to bring forward some ethical and professional principles; on the other hand, the active involvement of the *citizens* is a prerequisite to the acquisition of paediatric experience: cf. note 17.

(269) Till this very day, the art of preserving the health of children and of preventing their diseases has not been taken seriously into consideration; routine and tradition have been followed exclusively. It has not been taken into consideration that physicians own a very ancient and well-founded body of knowledge. However this craft [*cet art*] actually exists and if people would only submit to its laws, they would avoid a great portion of the ills that afflict them.

It is this important art that the children's doctor is called upon to practise. In order to do it efficiently, he should establish visitation schedules for nurslings [*il doit établir des abonnemens pour les enfans en nourrice*],<sup>22</sup> who may be divided into two categories: 1.—Those nursed in town by their mothers. 2.—Those nursed in the country by hired nurses [*des nourrices mercenaires*].

A woman thinks she is pregnant. She calls her children's doctor, entrusts her secret to him, and begs him take care of the tender fruit of her union. (270) The physician [. . .] accepts her in his roster and pledges himself to take care of the child till the age of puberty.

This means that he will have to visit the mother during her pregnancy at least once a week. He will show her how to submit, without discomfort, to plain but necessary advice in order to enjoy nine months of complete and stable health. He will also demonstrate the mutual relationship that exists between herself and her fruit, the evils that threaten both of them, and the means of preventing them. In addition to such medical advice, he will bring forward some observations which will be the precious seeds of a well-conceived education.<sup>23</sup>

At the birth, the physician is confronted with a new mission. He will teach the mother to consider birth as a simple operation of nature, and not as a disease. He will show how that tender mother [i.e., nature] works safely without professional support, that very few women perish in childbirth, (271) that these misfortunes are always caused by the mother, or those who assist them; that except for anatomical abnormalities, which may be diagnosed by the practitioner, very few women would die if they only submitted to the ways of nature. Our physician, who will have studied all the rules of the art of midwifery [*l'art d'accoucher*] and will thus be able to judge those who practise it, will give useful advice regarding the choice of the practitioners who deserve to be trusted.<sup>24</sup> Being present at birth, he may be of some help to the

<sup>22</sup> The periodic checking, first of the pregnant woman's health, then of the nursling (see p. 275 of French text), and the supervision of the nurse, deserve several remarks. The *weekly* visits of the pregnant woman are obviously excessive and unpractical. Even for an accoucheur this would have seemed strange. This is one of the places where Gilibert appears as a somewhat eccentric character. On the other hand, the close follow-up of nurses and infants was advocated by several authors, most of them writing after Gilibert. J. J. Gardane (who was trained in Montpellier, like Gilibert) reformed the Nurses' Office in Paris in 1775. Pierre François Nicolas, in his *Le Cri de la nature en faveur des enfans nouveaux-nés* (Grenoble, Giroud, 1775), pleaded for the establishment of a *Bureau des Nourrices* in every provincial town. Nicolas was then in Grenoble—not far from Lyons—and his book was ready for the printer in 1772 (Visa of Censor). A much-cited pamphlet cannot be omitted in this context, although it was published six years after Gilibert's essay: Prost de Royer's *Mémoire sur la conservation des enfans*, Lyons, 1778. Ballexserd in his two "paediatric" dissertations (the *Dissertation sur l'éducation physique*, op. cit., note 19 above, 1762, and the *Dissertation sur cette question: quelles sont les causes principales de la mort d'un aussi grand nombre d'enfans*, Geneva, 1775) had urged parish priests to instruct the nurses. In case they were not willing to do this, "I would like to invite the Chiefs of Government to distribute in the districts under their jurisdiction, a sufficient number of physicians or surgeons, who would be perfectly capable of carrying out properly this important function" (1762, p. 82).

<sup>23</sup> These early conversations on "education"—which still had the more general meaning of "upbringing"—together with what Gilibert added below (p. 272) on the study of the character and temperament of the child, are to a certain extent original. Psychological and educational principles were often mentioned in the treatises on "Medical (or Physical) Education of Children" (see, e.g., Ballexserd, op. cit., note 19 above, pp. 123–33, 165–8, 172–4). However, the preparation of the pregnant woman for her rôle as a mother was seldom mentioned in "paediatric" literature of the time.

<sup>24</sup> This is one of the problematic points in Gilibert's essay. In the late eighteenth century things went the other way around: accoucheurs cared for the women and, after attending the birth, supervised the care of the infant. Many, if not most of the "paediatric" treatises of the eighteenth century were written by such

practitioner in charge, not because he is more expert, but because he will be prepared, being a cool-headed bystander, to remind the accoucheur of the procedure indicated in the present case [*les moyens indiqués pour le cas présent*].

He will then give his advice regarding the early care required for the newborn. (272) He will be instrumental in avoiding all those superstitious practices that insult reason, and those purely theoretical practices that are eschewed by sane medical doctrine as being useless or noxious. He will [. . .] teach the mothers to study the character and the temperament of their children. They should realize that a well-grounded upbringing [*éducation*] begins at a very tender age and that the mind [*l'âme*], while developing with the body, shares its weaknesses and its defects.

Starting from the principle that upbringing [*éducation*] is intimately related to well-founded medical principles, (273) he will relate the story of the blunders committed by mankind when they have abandoned the ways of nature.<sup>25</sup> He will teach mothers how to recognize the early symptoms of diseases [*les germes des maladies*], and to report to the practitioner in order to stop them at their outset, without modifying the temperament of the children. Every day will bring to the mothers eager to learn, a new useful lesson, whereas the practitioner, himself learning from their observations, will tell them how to respond adequately. Dress, food, instruction, lodging, are themes that will have to be discussed in turn.

As for mothers who will be unable, for legitimate reasons, either practical [*politique*] or physical, to nurse their children themselves, the physician will acquaint them with those nurses whom they can trust. He will show them that the attributes of a good nurse are easy to grasp, and are verified by experience over many centuries. He will be able, (274) through his acquaintances, to recommend those who seem to him apt to fulfil this noble function of nursing. In these matters, several problems have to be considered. Does the nurse have sufficient resources? Does she have morals, religion, probity? Is she in good health, or conversely, is she suffering from diseases that might endanger the nursling? Is her milk of a good quality, in general, and in the particular case of this child, taking his temperament into consideration? Does she have a calm nature, is she affectionate and capable of becoming attached to the child? Is the village in which she lives salubrious, or else, infested with deadly miasmas? All these details have to be duly observed by the children's doctor, for it is the most troublesome part of his work. He must achieve a detailed knowledge of the villages surrounding the city, being familiar with their location, the quality of the air, the waters, the inhabitants' resources and mores.<sup>26</sup>

When the child has been taken away [to the wet nurse], (275) he should not forget him. He should locate informants in the nurse's village, in order to receive unbiased reports. He should guarantee a monthly visit to the nursling, providing on this occasion simple and brief advice to the nurse, adapted to the temperament of the child. He should peremptorily command her—by means of persuasion or threat [*par caresses ou par menaces*]<sup>—</sup>to notify him of the slightest onset of any disease. In such a case he should be spirited enough to depart at once, in any kind of weather or season, *occasio praeceps*.

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accoucheur-surgeons as, in England, William Moss (*An essay on the management and nursing of children in the earlier periods of infancy*, London, J. Johnson, 1781; 2nd ed., “*designed for domestic use*”, Egham, C. Boulton, 1794) and Michael Underwood (op. cit., note 13 above); and, in France, Alphonse Leroy (op. cit., note 17 above) and F. A. Deleurye fils (*Traité des accouchemens en faveur des élèves, dans lequel sont traitées les maladies . . . des petits enfans*, Paris, M. Lambert & F. Didot, 1770). But here Gilibert advocates the close involvement of the “paediatrician”, to parallel the accoucheur's care: this sounds rather revolutionary, and was most probably not to the taste of the accoucheurs.

<sup>25</sup> This principle had been stated earlier by d'Aumont, in the *Encyclopédie*: “Il est donc du ressort de la médecine de prescrire la conduite que doivent tenir les personnes chargées d'élever les enfans, et de veiller à tout ce qui peut contribuer à la conservation et à la perfection de leur santé” (1755 ed., vol. 5, p. 652).

<sup>26</sup> This remark on medical topography is very much in tune with the eighteenth-century concern for environmental factors (cf. the Hippocratic “airs, waters, places”). The *Société Royale de Médecine*, founded by François de Lassone in 1776, particularly stressed these aspects. As early as in 1762, Ballexserd, when writing on the choice of a wet-nurse, insisted on topographic details: op. cit., note 19 above, p. 51.

## A vindication of “paediatric” specialists

*Here, Gilibert adds that a practitioner that is accustomed to searching for local plants or minerals will more readily than another depart for a distant call, even in the midst of winter.*

The anticipation of gaining a new observation of children’s diseases, the comforting prospect of assisting a poor wretch, (276) together with the hope of discovering [during his errand] some [new] plant or mineral, will prompt him to mount his horse at any time.

He should always bear in mind that his main incentive is the performance of good deeds, whereas profit can only be of secondary consideration. Were he to ask for high remuneration, even well-to-do parents would refrain from seeking his help: children are not that precious in the general opinion to justify the spending of a great amount of money to save them. He will therefore settle for a moderate honorarium.<sup>27</sup>

It would even be worthwhile if, whenever a well-to-do citizen requests that he visit his child, (277) he would readily inform poorer people who should provide him with the list of their children that are raised in the same village. It would then not be too burdensome to visit five or six children, while already being in this village. This very important item may one day come to the attention of the public ministry [*du ministère public*].<sup>28</sup> In this case it would be easy to establish useful regulations for the children of the poor, as I have shown in my essay on the depopulation caused by hired nurses.<sup>29</sup>

*Such a schedule of work, writes Gilibert, is incompatible with laziness, but nothing will hamper the energy of a physician who aims to alleviate human misfortunes.*

How beneficial it would be if the authorities showed their interest in this practitioner’s activities and helped him in his endeavours, by granting him an allowance proportionate to the most limited ambition, which would obligate him to devote his time without any restraint on behalf of the children of the poor; the latter are more precious to the state than those of the rich, who will never fall short of assistance.<sup>30</sup> Being thus honoured and stimulated, (278) his life would be devoted to research which, although difficult and tiring, would be the source of the truest delights. This is well-known to the sages: artists in various domains, experience the most

<sup>27</sup> We could add here George Armstrong’s statement in the 1783 edition of his *Essay on the diseases most fatal to infants* (first ed., London, T. Cadell, 1767): “Children . . . are not thought of sufficient consequence to be much attended to . . . This secret has sometimes come out in my hearing, even by persons who were not reckoned poor”. He added: “I believe, however, such cases very seldom occur in this part of the world” (p. 6). Many years earlier, in 1748, William Cadogan, who toiled in the London Foundling Hospital, asked: “How it comes to pass that People of good Sense and easy Circumstances will not give themselves the Pains to watch over the Health and Welfare of their Children”: *An essay upon nursing and the management of children, from their birth to three years of age*, London, J. Roberts, 1748, p. 27, 2nd ed., 1749, (both editions published anonymously). But Cadogan’s remark was rather directed to those who “send infants out of doors to be suckled or dry-nursed”. Incidentally, the tenth edition of Cadogan’s *Essay* was published in 1772. A French translation appeared in 1752 and again in 1768.

<sup>28</sup> See note 22.

<sup>29</sup> This *Dissertation sur la dépopulation causée par les nourrices*, appended to the *Chefs d’oeuvres de Monsieur de Sauvages* (Lyons, 1770), at the end of vol. 2 (pp. 253–334), has many points in common with the regulations concerning the *Bureaux des Nourrices* advocated in 1775 by Gardane, in Paris, and Nicolas in Grenoble. But Gilibert introduced the term “children’s doctors”. The latter, he suggested, should visit the various districts of the province four times a year and check the state of the nurslings (item 14, pp. 331–2). The country surgeons should be instructed and examined with regard to children’s diseases (item 16, p. 332). The children’s doctors should examine and treat all children that are in the hospitals—foundling hospitals included (item 17). The whole text of Gilibert’s detailed suggestions, which he lists in a rather sceptical way (“*nous le proposons d’une manière problématique*”), deserves study in the original French.

<sup>30</sup> Philippe Hecquet (allegedly a model for Dr Sangrado in Lesage’s *Gil Blas*) wrote in the third edition of his *La Médecine, la chirurgie et la pharmacie des pauvres* (Paris, 1749; first two eds., 1740, 1742): “The poor have certainly many more children than the rich; therefore, in pleading for the poor I am serving the interest of all citizens” (vol. 2, p. 280).

delightful feelings, whereas any other [normal] man under the same circumstances would consider them painful.

But let us return to our object. It cannot be expected that the children's doctor should extend his practice very far into the country. Working primarily in town, he can hardly devote to the countryside more than two half-days a week. This means that he will not be able to extend his activity farther than three miles<sup>31</sup> around town. As a matter of fact, the majority of children of well-to-do families are being nursed within this district.

This is, generally speaking, what a children's doctor should do and how the public might collaborate efficiently. (279) It seems to me that in a sizable town a physician may find sufficient life-long work, while restricting his activity to this sole branch of the art. I even dare say that in a town like Lyons, ten such physicians exclusively active in this field would be necessary in order to perform the job as it should be done. Such figures will be considered accurate by those who know that there are more than one hundred and thirty thousand inhabitants in this town, that children aged from birth to puberty form at least one-sixth of the population,<sup>32</sup> and that this age is more exposed to diseases than any other.

*The author then proceeds to the last part of his essay, in which he speaks of his own experience.*

I have been taught by long experience that it is advisable to limit one's activities not only in their scope, but also in their number. The more limited our studies are in scope, the more elaborate and distinct is the knowledge we acquire. (280) This is the reason for which I have, for many years, confined my studies in medical theory to the natural history of our province, without paying any attention to foreign products.[. . .] I am interested in the edible and medicinal plants that grow in our province, and have never ceased to study them. Other matters that are merely noteworthy, such as uncommon plants, or insects, or some minerals are for me an object of entertainment: I study them with pleasure in my moments of leisure. But they never infringe upon the work directly related to my function: I leave them without grumbling as soon as I am called [*lorsque l'utile m'appelle*].

The same attitude has prevailed for my everyday practice. (281) Not only did I restrict my business to children's diseases, I also decided to take care of no more than a very small number of patients. I feel, like several renowned physicians did, that a practitioner in town can hardly treat methodically more than ten patients in one day. It is not enough to visit the sick, to climb up to their lodgings; he has to identify their diseases, to confront them with his own experience, and with that of his predecessors. He must have a clear understanding of the analogies [*il faut saisir les analogies*]<sup>33</sup> in order to offer the most appropriate help. All this requires reflection, time, and patience. I would even maintain that it is not advisable to start, on one and the same day, the treatment of more than five serious diseases. With regard to my previous statement about ten [cases a day], these included diseases already under way or close to their conclusion, and others which, being very common and well-known, require less time.

(282) However, I do not intend to reproach those practitioners who are used to taking charge of a greater number of patients. But this essay is only addressed to those whose work is aimed at passing on useful observations to their successors; to those who, continuously combining their practice with study in their reading-room, are more involved in testing the authentic treasures of the art and in enlarging the accumulated wealth of [medical] data, than with amassing what is called gold.

I would like to repeat that this is the only way of perfecting medical practice. Obviously, its progress is slow and tedious; but this is the sole method acceptable to any practitioner who

<sup>31</sup> In referring to quacks in another part of *L'Anarchie médicale* (vol. 1, ch. 2, p. 254), Gilibert asserted that their domain began "at a distance of three miles around town". This distance was considered, at least in his eyes, to be the limit of the influence of academic medicine.

<sup>32</sup> Gilibert thus estimated that there were 22,000 children in Lyons in 1772. Accordingly, there would have been, if his proposal had been accepted, one "paediatrician" for 2,000 children, aged from birth to puberty.

<sup>33</sup> *Il faut saisir les analogies*: This means that the physician should be aware of the likeness of his patient's symptoms to known diseases, in order to achieve an exact diagnosis.

loves his profession. I have followed no other [rule] until now, and shall follow no other throughout my entire life. I therefore declare that if someone were ever able to charge me with having treated more than ten patients in one day, or with having gone beyond the limits that I set for my practice, (283) that is, to deal specifically with children's diseases,<sup>34</sup> then I would certainly have become overpowered by routine, treating my patients without [sufficient] reflection. It would then be obvious that I had abandoned any pretention at perfecting the branches of medicine that I selected.

[Even if the physician does not finally succeed in his endeavour], he will nevertheless have performed a useful task if he is courageous enough to draw an outline of the works that are wanting on the art of preserving the health of children and of preventing and treating their diseases.

1. He should read with the utmost attention everything that has been published on this branch of the profession. Every rule [*tous les dogmes*] should be weighed according to wise Pyrrhonism [i.e., scepticism]. All the propositions, together with their verification, should be classified according to their degree of utility and reliability.
2. He should call attention to the gaps that may be (284) found in the chain of medical principles [*la chaîne des vérités médicales*], discuss and criticize severely all his predecessors' affirmations. He should promulgate those practical rules that are the result of observation, as well as those which originated from merely theoretical or rational principles.
3. He should show how deficient is our medical knowledge regarding the properties of edibles and drugs, especially with respect to children's diseases. In fact, there is hardly one single rule that could not be rejected by a well-directed Pyrrhonic scrutiny.
4. Such reflection will lead one perforce to verify all the facts. Guided by [the principle of] analogy and by rational empiricism, he will neglect no opportunity of shattering and dispelling the obscurities that conceal the part of the art that he has chosen to foster.
5. After having carried on this study for several years, (285) he might accumulate enough material to write several works on a scheme [that may seem] quite new: (1) The history of childhood,<sup>35</sup> applied to anatomy, physiology, etc. (2) The art of preserving the health of children. (3) The history of their diseases. (4) The methods of healing them, that is, the history of the substances that are supposed to act upon them, their properties, etc.

But in order to achieve even a mere outline of these works, in accordance with the strict rules of medical logic, our practitioner should enjoy all possible facilities in carrying on his research without distraction. He should avoid any loss of time, which occurs quite frequently in daily practice, particularly when going beyond the sole treatment of poor and plain people.

One could believe that genuine physicians who are devoted entirely to their office and are unhappy with any interruption of their studies and observations, are eagerly hunting for so-called rich patients. (286) But this is not the case. Of course, well-to-do patients pay better than simple people. But this fee has to be gained at heavy cost. For there, not only the patients must be contented, but also the attending nurses and even the lower personnel. You must flatter friends and good women [*les commères*], and provide everyone with the answers he wishes to hear. How often is the practitioner obliged to swallow his own pride in order to deal with the attendants' inanities. How often is he compelled to provide idle theories in order to answer the questions of all and sundry? With every visit that he makes in one of these good houses, many precious hours are stolen from him, which could have been better used in observing patients and pondering his observations.

<sup>34</sup> There is documentary evidence (see note 10) that Gilbert indeed treated children, at least in 1769, but we do not know whether he actually followed these rules throughout his medical career, besides teaching botany and materia medica. Anyway, he certainly did *not* perform that "useful task" that he describes as a basic necessity at the end of his essay: writing a series of works delineating all aspects of children's physio-pathology, as they appear *after* years of practical experience.

<sup>35</sup> The history of childhood [*histoire de l'enfance*] is to be understood here as a record of facts, a systematic written account, of anatomy, physiology, prevention, pathology, and therapeutics as applied to children.

This is the reason why you will often find in large towns well-learned physicians who avoid practising medicine in the best houses, preferring service to poor and plain people to prominent and rich patients. (287) They even attest to the fact—which I think is true—that in addition to the saving of time, their honorarium is large enough to provide an income that matches their expectations.

I would say even more: Practising medicine among the poor is perhaps not the most profitable factor for the progress of the art. Let us suppose a physician impassioned with his profession. This man will obviously not strive to accumulate a fortune. His ambition will lead him toward finding means of gathering more knowledge. I know of no better way of doing so than to serve in hospitals.<sup>36</sup> I have always thought that these public institutions could be the real haunt [*les vraies retraites*] of those practitioners who are devoted to public well-being, if they were to be managed according to the rules of sound medicine [*la saine médecine*]. However, who could claim that the hospitals' directors ever adopt a system that would be the most profitable to their patients and to the public?

<sup>36</sup> Until the beginning of the nineteenth century there were no children's hospitals. Undoubtedly the foundation of such hospitals as the *Hôpital des Enfants Malades* in Paris, 1802, played a central role in the subsequent development of the paediatric speciality. However, in Gilibert's time, paediatric experience could be gained all over Europe in foundling hospitals that employed physicians and surgeons. This was clearly stated by William Cadogan in 1748: "The *Foundling Hospital* may be of more Use to the World, than was perhaps at first imagin'd by the Promoters of it": op. cit., note 26 above, p. 3. In France, Joseph Raulin wrote in 1769 that more than 4,000 foundlings were annually hospitalized in Paris: "On reçoit tous les ans, dans les Hôpitaux de Paris, plus de quatre mille Enfants Trouvés": *Traité de la conservation des enfants; ou Moyens de les fortifier de les préserver & de les guérir dans leurs différentes maladies*, 2 vols., 1768–9, (2nd ed., Paris, Saugrain & Lamy, 1779), vol. 2 (1769), p. 266. "Malgré tous ces soins paternels, on perd un grand nombre d'Enfants Trouvés; ce malheur est général; il est le même à Paris, à Rome, à Naples, à Londres, à La Haye, à Amsterdam, à Lyon . . ." (pp. 268–9). William Buchan showed an early interest in children's management. His MD thesis was entitled *De infantum vita conservanda*, and he was for several years physician to the Foundling Hospital at Ackworth. He wrote: "The observations relative to Nursing & the Management of Children were chiefly suggested by an extensive practice among infants, in a large branch of the Foundling Hospital, where I had the opportunity not only of treating the diseases incident to childhood, but likewise of trying several different plans of nursing, and observing their effects": *Domestic medicine, or the family physician*, Edinburgh, 1769, 1795 ed., p. vii. Buchan also published *Advice to mothers, on the subject of their own health and . . . of their offspring*, London, T. Cadell & W. Davies, 1803. Another noteworthy institution was the Dispensary for the Infant Poor, opened in London by George Armstrong in 1769. Some 35,000 children were cared for over a period of 12 years. In the 1783 edition of his *Essay*, Armstrong stated: "At this Dispensary a particular account is kept of all the children's cases, together with the method of treating them, which is not done at any of the other charities": op. cit., note 8 above, p. 199.