Summary

The term mycosis fungoides was first used by the French dermatologist Baron Jean-Louis Alibert (1768-1837). He suggested that name because the skin lesions had mushroom-like appearance. Working ceaseless with both patients and collaborators, Alibert brought fame to the Parisian Saint-Louis Hospital as a worldwide training center of dermatology, founding thus the French School of Dermatology.

Key words: Alibert-Bazin disease, mycosis fungoides, cutaneous peripheral T-cell lymphoma

Baron Jean-Louis Alibert (1768-1837) and the first description of mycosis fungoides

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Introduction

Mycosis fungoides is a non-Hodgkin’s, cutaneous peripheral T-cell lymphoma. Its incidence has been estimated to 0.3-0.5:100,000 [1]. It is approximately twice as common in men as in women, with the onset around 45-55 years of age [1]. Initially described by Jean-Louis Alibert in 1806, the cause of mycosis fungoides is unknown and several theories have been postulated, including chronic lymphocyte stimulation, and exposure to environmental, genetic and infectious agents. Having usually an indolent course, mycosis fungoides is traditionally divided into three clinical phases: patch, plaque and tumor stage, which frequently overlap or occur simultaneously, with slow progression over years to decades. However, the progress of mycosis fungoides is often unpredictable. Patients with patch stage have a slightly longer life expectancy than age-matched healthy controls, perhaps because of closer attention. In the plaque stage, survival is around 5 years. Once the tumor stage is reached, or there is marked lymphadenopathy or internal involvement, then survival is usually only 1-2 years. Patients die of sepsis or internal organ manifestations [1].

Jean-Louis Alibert: the life and carrier of the Father of French Dermatology

Born in Villefranche de Rouergue at southern France on May 2, 1768, Jean-Louis Alibert was devoted at an early age in religion. After completing his studies at the Congregation of Fathers of Christian Doctrine, he decided to become a priest but his education was interrupted by the French Revolution. In 1792 secularization of the clergy was decided by law and Alibert abandoned his vocation and enrolled in Ecole Normale de Paris (Photo 1). During that period, he frequented the Paris salon of Mme Helvétius, a place of intellectual debates, where he met the senator, physiologist and materialist philosopher Pierre-Jean-Georges Cabanis (1757-1808) and the founder of modern psychiatry Philippe Pinel (1745-1826). It was Pinel who persuaded Alibert to follow a medical carrier [2].

In the newly founded Parisian Anatomo-Clinical School, medical education was completely reformed, leading to the appearance of a generation of physicians who influenced medicine for almost a century. Surgery and medicine were unified; students were following a practical training in the hospitals while the education included pharmacy, chemistry, physics and natural history. Alibert’s
teachers were distinguished physicians such as Xavier Bichat (1771-1802), the father of modern histology, Jean-Nicolas Corvisart (1755-1821), the founder of modern cardiology and Philippe Pinel [3].

In 1796, he became secretary of Société d’Émulation, a faculty-student discussion group and in 1799 he presented his thesis on *Fièvres pernicieuses et ataxiques intermittentes* (Pernicious and atactic intermittent fevers) dedicated to his master Pinel who transferred to him the passion of nosological classification of diseases. In 1801, he was appointed adjunct physician in Saint-Louis Hospital in Paris, built in 1606 by Henry IV, designated to hospitalize patients suffering from chronic diseases, contagious or not, including skin conditions (Photo 2). That period, dermatology as a discipline did not exist. It is of interest that all diseases of the head were named *tinea* and all inflammations of the body *tetter* without any further differentiation. Soon afterwards, Alibert dedicated to the study and teaching of dermatology, initially at the amphitheater and later, as the audience (medical students, physicians, men of letters) was large, into the open air, under the lime-trees of courtyard. In a theatrical way, he presented the skin diseases in paintings hanging from the trees while each presented patient was wearing a placard with the diagnosis. In 1803, Alibert became Head of Department and Saint Louis became world’s center of dermatology training and teaching.

Based on a botanical analogy, Alibert classified skin diseases in the *Tree of Dermatoses*, with branches to represent groups, boughs to represent genders, and the smallest branches the species while his pupil Laurent-Théodore Biett (1781-1840) modified it afterwards following the easier and clearer Willanist method. Alibert described the majority of skin diseases as cheloids, ephelides, ichthyosis, cutaneous leishmaniasis and mycosis fungoides. His masterpieces in dermatology *Description des maladies de la peau observées à l'Hôpital Saint-Louis, et exposition des meilleures méthodes suivies pour leur traitement* (1806) and *Monographie des dermatoses* (1832) were illustrated with colored plates of skin diseases [4].

In 1808 he experimented in cancer’s transmission, injecting himself with tumor tissue from a breast cancer patient and several of his assistants underwent the same experiment. After an initial inflammatory reaction at the site of injection there were no long-term consequences, allowing Alibert to conclude that cancer is not a contagious disease [4].

As a person he was an example of courtesy and kindness having a lot of friends and clients, including two French kings, Louis XVIII and Charles X.
He married in 1799 Constance-Marie Barrois, the daughter of his editor. After her premature death, he maintained a correspondence with the actress and poet Marcelline Desbordes-Valmore (1786-1859). Member of the French Academy of Sciences, he received during his carrier several decorations from French and European Societies and also the title of Baron in 1827. Alibert died on November 4, 1837 from stomach cancer [5].

Alibert and the first description of mycosis fungoides

The French dermatologist and psychiatrist Anne-Charles Lorry (1726-1783) mentioned mycosis fungoides as multiple and festering skin lesion. In 1806, Alibert described mycosis fungoides naming the lesion initially pian fungoides because of its similarity to yaws. Observing later the cutaneous tumors, Alibert reported its mushroom-like appearance and used the term mycosis fungoides, realizing also that it was not caused by a fungus.

In his work Monographie des dermatoses cited the case of Lucas, an employee in the administration of Waters and Forests: "we have seen in Paris a 56-year-old patient named Lucas. His disease started as a scaly eruption; little afterwards he developed in different parts of his body small tubercles with smooth and glazed surface without changing of skin color. However, some of them presented a light brownish color; they were located in different parts of the body surface as in the front, eyebrows, eyelids, nose, cheeks, superior lip, chin etc. They appear also in the axilla, trunk, buttocks, legs etc. These tubercles look like mushrooms; they multiply to such a point that he count fourteen in the face. They have a broad base and present a spongy texture. A reddish humor (exudate) that stained the bed linen was coming out. The disease evolved quickly. Lucas was ill for five years and the last seven months he was bedridden. He was suffering from stabbing pain and he was covered by ulcers formed by the decomposition of tubercles; he became very thin. He died after a hectic fever" [6] (Photo 3).

However Alibert had no idea of the underlying pathology and saw only one case of mycosis fungoides in his lifetime. He believed that the disease was contagious and it was transmitted from the blacks, who were predisposed to develop it, to whites. He assumed that hypothesis because probably he noted the high prevalence of the disease in blacks. Therapeutically, he proposed the administration of mercury, sudorific plants, antiscorbutic drugs and purgatives [6,7].

In 1870, Ernest Bazin (1807-1878) described the natural evolution of the disease and defined its stages integrated into the current staging: patch, plaque and tumoral [8]. In 1938 the French dermatologist Albert Sézary (1880-1956) and the cardiologist Yves Bouvrain (1910-2002) reported a triad of erythroderma (l’homme rouge), enlarged peripheral lymph nodes and circulating mononuclear cells that had convoluted nuclei, named afterwards “Sézary syndrome” (SS) [9]. It was an aggressive form of cutaneous T-cell lymphoma. Finally in 1975, the term cutaneous T-cell lymphoma was coined when the cell of origin of mycosis fungoides and Sézary syndrome was determined to be skin homing T-cells [10].

Conclusion

Alibert’s legacy in dermatology was tremendous. He formed a School which provided distinguished dermatologists inaugurating thus a new era in this specialty. His description of mycosis fungoides, in a period of confusion in skin diseases’ recognition makes us to realize his clinical clarity and accuracy.
References