



**WOSANZ's international online
Charcot bicentenary meeting
Saturday, 29 November 2025**
(Letter to the Editor)

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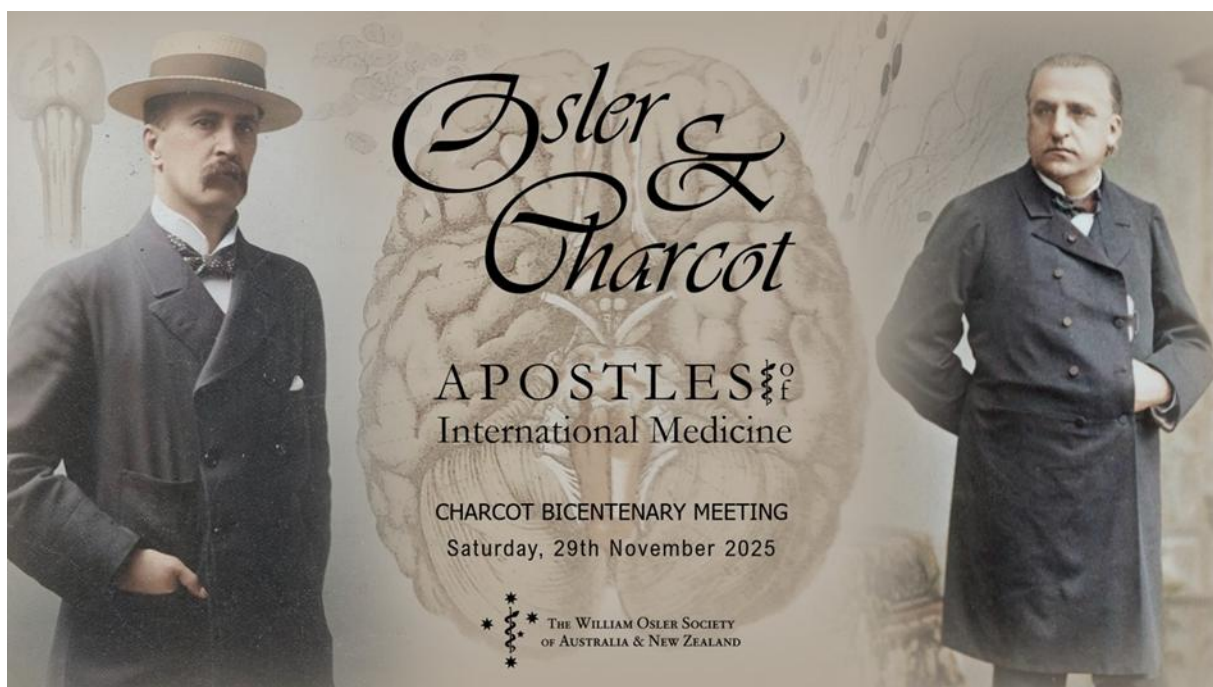
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On Saturday, 29 November 2025, the William Osler Society of Australia and New Zealand (WOSANZ, est. 2019) hosted an international online Charcot bicentenary meeting to help globally commemorate the leading French neurologist and medical educator, Jean-Martin Charcot (1825-1893), on the two-hundredth anniversary of his birth. The meeting followed on from the ISHNs resoundingly successful Charcot bicentenary conference at the Paris Brain Institute in July of this year, and hosted two of the Paris speakers who re-presented their talks on Charcot's two-hundredth birthday to an international audience.

Charcot's official biographer – Chicago's respected Professor Emeritus Christopher G. Goetz – commenced the meeting with a scholarly overview of three of Charcot's most enduring legacies to twenty-first century neurology. First and foremost, there is Charcot's anatomo-clinical method, epitomised in his painstaking longitudinal studies of patients with debilitating chronic neurological illnesses at the Salpêtrière Hospital in Paris. By meticulously following the clinical course of his patients and correlating with pathological findings at autopsy, Charcot was able to delineate the clinical differences between such now well-recognised neurological pathologies as “multiple sclerosis” (intention tremor, ataxia) and “Parkinson's disease” (resting tremor, bradykinesia, stooped posture). Thus developed, antemortem diagnosis could be made “with absolute precision” in clinical neurology, Charcot taught, and this was particularly the case in conditions like “amyotrophic-lateral sclerosis” which Charcot also famously delineated and named. Secondly, Charcot importantly integrated new scientific discoveries into neurology, making use of various technological (e.g. timelapse photography in tic disorders) and artistic tools (e.g. wax models, ash gait trails) in his studies of diseases of the nervous system.

This same approach aligns with contemporary neurological practice, whereby modern scanners, various bedside aids, and chemical biomarkers enhance and extend the diagnostic capabilities of clinicians. Lastly, Charcot stressed the importance of heredity as a fundamental aetiological factor in the development of primary neurological disorders. A patient's inherited vulnerability – the “tache familiale” (familial mark) as Charcot called it – was a decisive factor in determining the clinical manifestations of primary nervous system pathology. Charcot was a meticulous and cautious clinician who frequently introduced new ideas with the double-negative French saying “si je ne me trompe pas” (“if I am not mistaken”). But in these three overarching legacies, Professor Goetz concluded, time has shown that Charcot was certainly not mistaken. Professor Goetz's well-received presentation provoked lively discussion amongst attendees with multiple interesting questions being treated to the Charcot scholar's perspective.



Charcot's studies at the Salpêtrière Hospital attracted international interest and were closely followed by William Osler (1849-1919) who examined Charcot's contributions to clinical neurology and internal medicine. At different times in his career, Osler critiqued Charcot's classification of chorea (1894) and views on hypnotism, but also promoted his neurolocalisation essays (1879), adopted his views on faith-healing, and championed his teaching style and clinics. Both Osler and Charcot attended the 1881 International Medical Congress in London where Charcot was an honoured guest, and on 17 June 1890, Osler visited Charcot's clinic at the Salpêtrière Hospital where he personally witnessed a demonstration of hypnotism – despite an extensive search conducted by the speaker (Nadeem), Osler's 1890 Paris notebook recording his observations of Charcot's clinic has not been found. Osler made liberal use of Charcot's teachings in his famous textbook of medicine (1892) and wrote a respectful obituary for Charcot in the September 1893 issue of the *Johns Hopkins Hospital Bulletin*. Through his friendship with Charcot's close pupil Pierre Marie (1853-1940), Osler had a French edition of his *Principles* published in Paris (in 1908), and in 1903, Osler's now famous Vernon plaque was styled after a similar 1883 medallion of Charcot seen at Marie's private residence. Jean-Martin Charcot was in Osler's eyes “a cosmopolitan teacher and leader” whose famous school of



neurology “gave great accuracy to the diagnosis of obscure affections of the brain and spinal cord” and “rendered clear and definite what was formerly the most obscure and complicated section of internal medicine.” “Who ever met with an English or American pupil of... Charcot, who did not love French medicine?”

Charcot’s crucial clinical and pathological research increased awareness of a number of invariably fatal neurodegenerative disorders (e.g. ALS) which remain largely untreatable even to this day. His own remarks on the futility of treatment for Huntington’s disease were quoted by Osler, who stressed that “its progression is fatal, and therapy is powerless to halt its progression, even for a moment.” In his own practice, Charcot avoided discussions about prognosis “in front of the poor patient” in cases of ALS, considering it “good and human” to let his patients live out their days without the burden of foreboding knowledge. “But [as for] the doctor, what is his role?”, Charcot pertinently asked his students. Professor Goetz emphasised Charcot’s answer as the single most important impetus for ongoing neurological research: “Let us always be searching, as it is the best way to find” Charcot said; “and, perhaps thanks to our efforts today, tomorrow’s verdict will not be that of today.”

References

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