

Short Communication

LOUIS PASTEUR AND THE SIX RUSSIAN PEASANTS: A
SIGNIFICANT FRENCH EPISODE OF XIX CENTURY

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SUMMARY

The article presents a clinical case of euthanasia occurring at the end of the Nineteenth century. Was there an undisputed or conditioned acceptance of euthanasic practices? We will present a short contribution to the historical debate about euthanasia: our reflections take origin from the reading of the autobiographical narrative by Axel Munthe, the Story of San Michele, a masterpiece by the great Swedish physician and writer. His pages describe a nineteenth-century clinical case of euthanasia, forgotten or eluded by the medical history and by bioethical reflections: although not described in scientific literature, this pages are well known by contemporary narrative and literature specialists .

Introduction

The young Dr. Munthe observed the suffering of many patients in a famous hospital in Paris during the second half of nineteenth-century and left moving written descriptions of his initial wonder about the desolation of the death that struck most of those poor souls: “How could He be so cruel, He who could be so gentle? How could He take away so much of youth and life with one hand, when He could give so much peace and happiness with the other¹?”

Axel Munthe immediately developed a significant relationship with death, despite the fact that his medical career was just beginning.

Key words: Euthanasia - Pain - Cruelty - Compassionate death

He worked in that old hospital in the hopes of authenticating his approach and he believed that his mission inevitably obliged him to combat the arrival of the implacable enemy².

Later on, however, experience caused him to change his mind regarding the idea of death; it subsequently became so familiar that he was able to call it “colleague” and “friend”, believing that: “He had his share in the work, as well as I had mine, His mission to fulfill just as I had mine [...] that when the wrestling over a life was over and He had won, it was far better to look each other fearlessly in the face and be friends³”. The doctor felt “defeated”, but not “disarmed” when confronted by death. Death had his eternal narcotic, but the young doctor had his as well: “When he was slow in dealing out His remedy, why should not I deal out mine with its merciful power to change anguish into peace, agony into sleep? Was it not my mission to help those to die I could not help to live⁴”?

Basing his reflections on the “relationship” which developed resulting from his experiences regarding death, Axel Munthe recounts a significant episode which regarded two of the biggest names in the history of medicine and science: Pasteur and Tillaux.

The case of six moujiks⁵

Six Russian peasants (moujiks), who had been attacked by a pack of mad wolves, had been sent to Paris at the expense of the Tsar to be cared for in the famous Pasteur Institute: “They were all horribly mauled in the face and hands and their chances from the outset were almost nil”. They had been hospitalized in a separate ward at the Hôtel Dieu, under the care of the surgeon Tillaux, friend and collaborator of Pasteur. Axel Munthe writes:

Pasteur knew this better than anybody, and hadn't he been the man he was, he would no doubt have declined to take them in hand. Pasteur came himself every morning with Tillaux to inoculate them, watching them anxiously from day to day. Nobody could understand a word they said.

Munthe said that no one wanted to get close to the ward where the six moujiks were, not even the courageous sisters:

Their screams and howls could be heard all over the Hotel Dieu, people said even below in Place Notre Dame. The whole hospital was in emotion. Nobody wanted to go near the ward, even the courageous Nuns fled in terror. I can see now the white face of Pasteur as he passed in silence from bed to bed, looking at the doomed men with infinite compassion in his eyes.

The young doctor describes a sequence of difficult situations in which he found himself having to take care of the six patients:

One afternoon, it was on the ninth day, I was trying to pour a drop of milk down the lacerated throat of one of the moujiks, a giant whose whole face had almost been torn away, when suddenly something wild and uncanny flashed in his eyes, the muscles of the jaws contracted and opened spasmodically with a snapping sound, and a ghastly cry I had never heard before either from man or animal rang out from his foaming mouth. He made a violent effort to spring out of bed and nearly knocked me down, as I tried to hold him back. His arms, strong as the paws of a bear, closed on me in a clasp, holding me tightly as if in a vice. I felt the foul breath from his foaming mouth close to mine and the poisonous saliva dripping down my face. I grasped at his throat, the bandage slipped off his ghastly wound, and as I drew back my hands from his snapping jaws, they were red with blood. A convulsive trembling passed over his whole body, his arms relaxed their grasp and fell back inert at his side. I staggered to the door in search of the strongest disinfectant I could get hold of. [...] In the evening the moujik, tied hand and foot to the iron bars of the bed, was carried to a separate pavilion, isolated from the others. I went to see him the next morning with Sœur Marthe. The room was semi-dark. The bandage covered his whole face and I could see nothing but his eyes; they haunted me for years afterwards. His breathing was short and irregular, with intervals similar to Cheyne-Stokes respiration - the well-known precursory symptom of death. He talked with vertiginous rapidity in a hoarse voice, now and then interrupted by a wild cry of distress or a hooting moan which made me shudder. I listened for a while to the rush of unknown words half-drowned in the flow of saliva, and soon I thought I distinguished one same word repeated incessantly, with an almost desperate accent: "Crestitsa! Crestitsa! Crestitsa! [Crucifix]". I

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looked attentively into his eye his kind, humble, imploring eyes. "He is conscious," I whispered to Sœur Marthe, "and he wants something, I wish I knew what it was. Listen!" "Crestitsa! Crestitsa! Crestitsa!" he called out incessantly. "Run and fetch a crucifix," I said to the nun. We laid the crucifix on the bed. The flow of words ceased instantly. He lay there quite silent, his eyes fixed on the crucifix. His breathing grew fainter and fainter. Suddenly the muscles of his giant body stiffened in a last violent contraction and his heart stood still. The next day another moujik showed unmistakable signs of hydrophobia, and soon another, and three days later they were all raving mad.

Munthe remembers the pale face of Pasteur as he passed quietly from bed to bed, watching the condemned men, with infinite compassion:

He sank down on a chair, his head between his hands. Accustomed as I was to seeing him every day I had not noticed till then how ill and worn he looked, though I realized from an almost imperceptible hesitation in his speech and a slight hesitation in the grip of his hand that he had already received the first warning of the fate that was to overcome him soon after.

Tillaux was called pale he was working; he arrived with his coat still stained with blood, approached Pasteur, and put his hand on his shoulder:

The two men looked at each other in silence. The kind blue eyes of the great surgeon, who had seen so much horror and suffering, glanced round the ward and his face grew white as a sheet. "I cannot stand it," he said in a broken voice and sprang out of the room.

The surgeon and chemist looked into each other's eyes:

The same evening a consultation took place between these two men. Few people know of the decision they ultimately arrived at, but it was the only just one, and did them both honour. The next morning all was silent in the ward. During the night the doomed men had been helped to a painless death.

For several days in Paris there was talk of nothing else but the case of the six moujiks.

Ethical reflections

The clinical case exposes choices which could be interpreted as the only practicable ones, but which at the same time could be defined as acts of disarming cruelty.

This last consideration makes one think that even the greatest scientific minds, when confronted with the limits of modern medicine, cannot help but to take into consideration equally objective factors such as excruciating pain and suffering. The case reported presents several ethical questions. For us the most significant question is: What to do when you have no alternatives?

This issue, initially presented in the nineteenth century, is no less urgent today. Pasteur and the great surgeon Tillaux agreed to put an end to the suffering of the six Russian peasants, and so to their lives, after attempting every possible therapeutic means of conserving their lives. But is this choice ethically justifiable? According to the Kantian perspective, putting an end to the existence of a human life is always to be condemned.

This concept can be inferred from the second formulation of the categorical imperative (The Principle of Respect for Persons), described in the *Critique of Practical Reason*: “Act in such a way that you treat humanity, whether in your own person or in any other person, always at the same time as an end, never merely as a means”⁶. In Kantian ethics man is always recognized as the end of any human action.

According to this perspective, Pasteur and Tillaux would seem to have no ethical justification to support their final choice: the intentional killing of six Russian peasants also clashes with a basic principle of medical ethics “Primum non nocere”.

However, according to the Kantian perspective a practical question, anything but minor, remains unresolved: should keeping a patient alive always be the only criterion which is used to justify a medical strategy, when there are no alternatives in the extreme fight against pain, and there is no reasonable expectation of recovery?

Therefore the aim of therapeutic action becomes making every kind of effort to reduce or eliminate pain, given that there are apparently no other possibilities. In this case, given that the aim of therapeutic action is restricted to providing relief from pain, does the patient become nothing more than a means? In addition, in the clinical case presented, another useful aspect which supports the two scientists' final choice can be observed: the option of ending life may also have been indirectly recognized, and taken into consideration given the request of the farmer to have a crucifix placed in front of him. It would seem to be an acknowledgment by the patient of the imminent end of his own life. Therefore, could the two expert scientists' choice be justifiable? For the previously mentioned reasons, it may be said that the shared choice of the two scientists presents reasonable justifications, given both the lack of means of controlling pain, and a physician's moral obligation to alleviate suffering, where there are no therapeutic alternatives.

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