

Camille Melchoir Gibert (1797-1866): Pityriasis rosea and beyond

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It is of course altogether deserving in Gibert's case, as in the others, for he established for all time pityriasis rosea as a definite clinical syndrome, separating it from psoriasis and scaling secondary syphilids by a description photographic in its accuracy and completeness.

William Allen Pusey (1865-1940)¹

Introduction

The description of pityriasis rosea (PR) as given by Camille Melchoir Gibert (1797-1866) [Figure 1]^{2,3} was so *photographic* that the age-old cloud of confusion hovering around this entity dissipated, establishing this condition as a disease *sui generis*. Consequently, the condition soon became known as *Pityriasis rosé de Gibert* or Gibert's disease and got a distinct place in dermatology.¹ While this work surely elevated him to a prominent position in the history of dermatology, it overshadowed the broader significance of Gibert's contributions to other areas of medicine.² This article aims to explore Gibert's legacy beyond PR.

The early days

Camille Melchoir Gibert was born in Paris on 18th August, 1797.³ Between 1818-1819, Gibert worked under Laurent Théodore Biett (1781-1840), an excellent but strict teacher at l'Hôpital Saint-Louis in Paris.⁴ On 7th May 1822, he obtained his doctoral degree on *Quelques réflexions sur la médecine moderne* [Figure 2a] and in 1825 was bestowed with a gold medal by the *Société de Médecine Pratique* for a work entitled *Existe-t-il toujours des traces d'inflammation dans les viscères abdominaux près les fièvres putride et maligne? Cette inflammation est-elle cause, effet ou complication de la fièvre?* [Figure 2b].²

Gibert in profession

Gibert appeared for the *Competition ad Aggregationem*, a challenging and prestigious examination, in 1824 and 1826. He successfully cleared the agrégation, which enabled him to become *Professeur agrégé*. In 1826, he secured first place, defeating Armand Trousseau (1801-1867), the famous physician of later years.² The topics of the competitions were "*Suntne inter hydrothoracem et pleuritidem chronicam certa discrimina quibus dignosci possint?*" (1824) and "*Sunt-ne cerebri et medullae spinalis nervosae, ab inflammationibus, aliisve organorum laesionibus dignoscendae?*" (1826). The first one focused on the clinico-pathological differentiation between pleural fluid and inflammation, and the other on the problem related to the brain and spinal cord.^{4,5}

From 1831 to 1835, Gibert visited the Department of Dermatology of Hôpital Saint Louis to work as a replacement for Laurent Théodore Biett (1781-1840), Jean Guillaume Auguste Lugol (1786-1851), and Jean Manry (1783-1840).² On 28 January 1836, l'hôpital de Lourcine was inaugurated, and Gibert joined as a physician, working there until 1840.⁶ After Manry, he headed the Hôpital Saint Louis in 1840 and remained there until his retirement in 1863.²

In academia

Gibert began teaching dermatology in 1827 in a private amphitheatre and later at the faculty's hospice.² After he took up his position at Hôpital Saint Louis in 1840, he followed the footsteps of Jean Louis Alibert (1768-1837) by continuing open-air clinics and teaching in Alibert's style. Gibert adhered to the Willan school, possibly reflecting the influence of Biett and Pierre Louis Alphonse Cazenave (1795-1877). Noah Worcester (1812-1847), who wrote the first American textbook on dermatology, and Henry Daggett Bulkley

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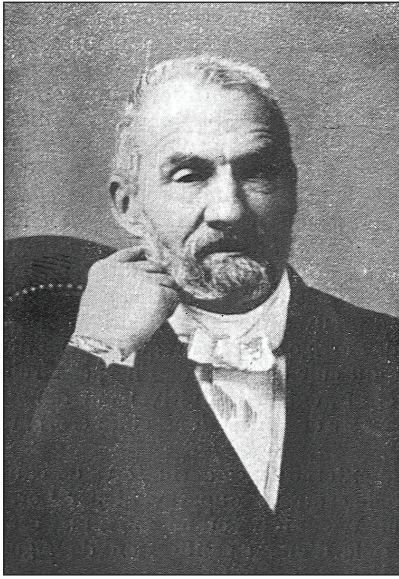


Figure 1: Camille Melchoir Gibert (1797-1866) (Public domain. Credit: Bibliothèque interuniversitaire de Santé, Licence Ouverte, via Wikimedia Commons).

medicine led to the publication of many important works across diverse medical fields [Table 1]. Gibert had a significant opportunity to work on venereal diseases at *L'hôpital de Lourcine*, which resulted in his very first book, *Manuel des maladies vénériennes*, published in 1836 [Figure 3]. His most famous work on dermatology was the two-volume *Traité pratique des maladies de la peau et de la syphilis*, published in 1839 and subsequently edited twice (1840 and 1860).¹

The pityriasis story

Historically, many authors are believed to have described PR before Gibert. In 1798, Robert Willan (1757-1812) described roseola annulata, Pierre François Oliv Rayer (1793-1867) designated it as erythema annulatum (1828), and Erasmus Wilson (1809-1884) described a probably similar condition, as lichen annulatus (1857).^{7,8} However, before Gibert's accurate description, which recognised PR as a distinct disease in its own right, it was considered merely a morbid entity. In the third edition (1860) of his book [Figures 4a and b], while discussing different varieties of *Pityriasis*, Gibert wrote:⁹

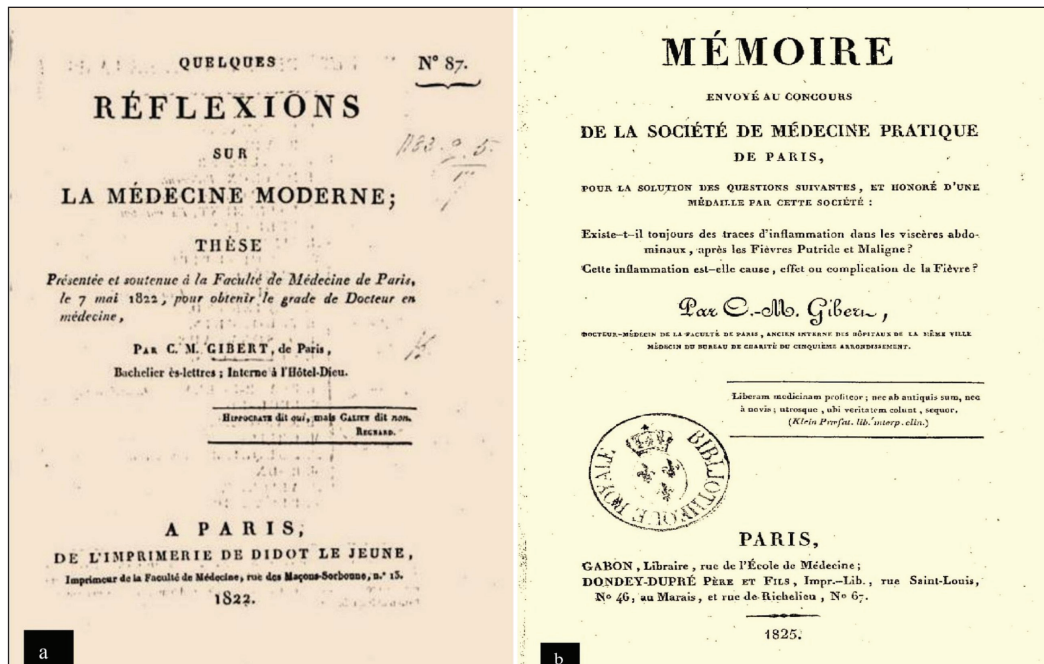


Figure 2: (a). Title page of *Quelques réflexions sur la médecine moderne* (1822) –the doctoral thesis of Gibert. (Public domain. Credit: books.google.co.in) (b). Title page of *Existe-t-il toujours des traces d'inflammation dans les viscères abdominaux près les fièvres putride et maligne? Cette inflammation est-elle cause, effet ou complication de la fièvre?* (1825) – the topic on which Gibert was; awarded a gold medal. (Public domain. Credit: gallica.bnf.fr/Bibliothèque nationale de France).

(1803-1872), another pioneer in American dermatology, were two of his most prominent students. Gibert was renowned for his eloquence and his ability to present difficult topics with utmost clarity. In 1847, he became a member of the *Académie de médecine*.³

Gibert was a prolific writer, careful, didactic, accurate, and precise in his work. His interest in various subjects within

Another variety that could be referred to as pityriasis rosé, and which offers the following characters: small furfuraceous spots very-slightly coloured, irregular, of an extent that hardly exceeds that of the nail, numerous and close together, although always separated by some interval of healthy, pruritic skin, which spread over the upper parts of the body, from the neck, the upper chest, the upper arms,

Table 1: Some of the most prominent works of Camille Melchoir Gibert.

Number	Title of publication	Year
1.	Quelques réflexions sur la médecine moderne	1822
2.	"Suntne inter hydrothoracem et pleuritidem chronicam certa discrimina quibus dignosci possint	1824
3.	Existe-t-il toujours des traces d'inflammation dans les viscères abdominaux après les fièvres putride et maligne? Cette inflammation est-elle cause, effet ou complication de la fièvre?	1825
4.	Sunt-ne cerebri et medullae spinalis nervosae, ab inflammationibus, aliisque organorum laesionibus dignoscendae	1826
5.	Manuel des maladies vénériennes,	1836
6.	Traité pratique des maladies de la peau et de la syphilis, 3e édition entièrement refondue, 2 vol. (X-606, 623 p.), Paris : G. Baillière	1839
7.	Des altérations du sang dans les maladies	1840
8.	Association des médecins de Paris. Séance générale extraordinaire tenue... dans le grand amphithéâtre de la Faculté de médecine, le 29 mars 1840. Rapport sur la question de police médicale soulevée dans la précédente assemblée	1840
9.	Considérations générales sur les maladies de la peau	1843
10.	Cours de M. Gibert à l'hôpital St-Louis, maladies de la peau, diagnostic et thérapeutique	1843
11.	les membres de l'Académie royale de médecine. Appendice aux titres du docteur Gibert.	1843
12.	Thérapeutique des maladies de la peau	1844
13.	Notice sur l'usage thérapeutique du deuto-iodure de mercure et sur un mode spécial d'administrer ce médicament, 12 p., Extrait du "Bulletin général de thérapeutique". Juin 1844	1844
14.	fragments de thérapeutique et de médecine pratique	1846
15.	De l'Usage thérapeutique de certaines préparations mercurielles employées comme agent spécifique dans les maladies de la peau et dans les maladies vénériennes,	1847
16.	Essai sur la prophylaxie et le traitement abortif des maladies vénériennes à leur début, par M. Worbe. Rapport fait à l'Académie de médecine le	1847
17.	Thérapeutique des maladies des femmes liées à un écoulement utérin	1848
18.	Emploi médical de l'arsenic, particulièrement dans les maladies de la peau et les fièvres intermittentes	1850
19.	Communication de la Syphilisation	1853
20.	Des Métamorphoses de la syphilis, recherches sur le diagnostic des maladies que la syphilis peut simuler et sur la syphilis à l'état latent,	1854
21.	Dictionnaire de médecine usuelle et domestique.	1858-1859
22.	Correspondance syphiliographique	1860
23.	Résumé clinique des points litigieux de l'histoire de la syphilis cours à l'hôpital Saint-Louis	1861
24.	Sur l'emploi du bain de vapeurs térébenthinées en médecine	1865

but can successively spread from top to bottom, down to the thighs, so that the total duration of the operation, which gradually fades into the parts it had initially occupied, as it descends lower down, is quite ordinarily extended for six weeks or two months.

This clear and accurate description was the beginning of PR, and in no time, the entity was termed *Pityriasis rosé de Gibert* or Gibert's disease.

Gibert Beyond pityriasis rosea

The world of dermatology will remember Gibert for his first precise description of PR, but this overshadows his true contributions to medical science. He wrote an extensive essay on the etymological generic term *Molluscum* under the Order *Tubercules*.¹⁰ He entered the diverse field of medicine and made successful contributions by solving different issues and adding new information. Gibert earned his doctoral degree with a thesis on reflections of modern medicine, and afterwards, he published on various topics not only related to dermatology or venereology but also on neurological, gastrointestinal, ophthalmologic, uterine, and many other diseases affecting different organs and systems. His first

textbook was on venereology. Gibert did an experiment that settled the age-old controversy over the contagiousness of secondary syphilis.¹¹ His paper on the uses of arsenic and the introduction of Gibert's syrup, a mixture of potassium iodide and red mercuric iodide, in the treatment of syphilis showcases his innovative therapeutic ideas. His contribution to the famous *Dictionnaire de Médecine* (1858) demonstrates his encyclopaedic knowledge across various fields of medical science. Gibert was a pioneer in recognising the importance of parasites in dermatological diseases and emphasised using the microscope for diagnosing skin ailments.^{2,3} Though Gibert followed the established facts while writing his treatise on dermatology, he had some elementary views about the various aspects of skin diseases. These are evidenced in the personal communications of Gibert with Edgar Sheppard (1819-1897), while the latter was translating Gibert's work from French to English. Sheppard appended them as *Manuscript Letter from M. Gibert*. Here, Gibert emphasised the role of sun rays in precipitating the lesions of pellagra. He noted the contagiousness of, and the role of *parasitic vegetable matters* and *parasitic vegetable moss* that led to the destruction of the hairs in tinea. He supported the argument of Thomas

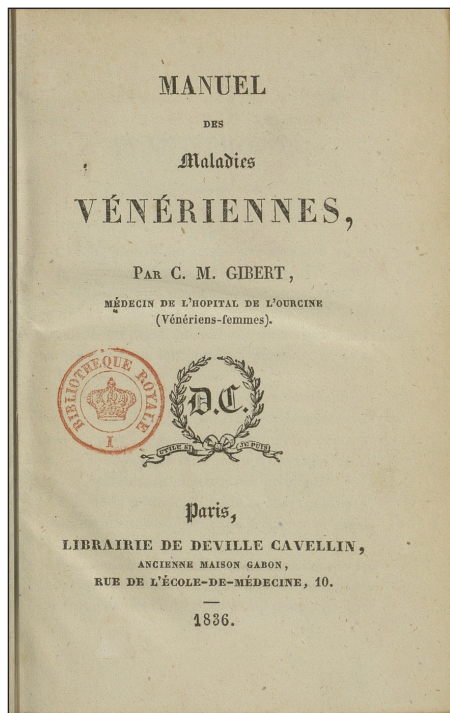


Figure 3: Title page of Manuel des maladies vénériennes (1836) by Gibert. (Public domain. Credit: Bibliothèque nationale de France, département Sciences et techniques).

innovating various remedies, including the famous *Sirope de Gibert* for syphilis, to alleviate the sufferings of his patients. He modified the age-old formula of *ceratum calaminae* of Turner that worked better in the management of eczema. He also performed a hydrotherapy trial in the management of psoriasis and ichthyosis. The result was satisfactory in both, but the effect was neither long-lasting nor could it cure the conditions.¹²

The experiment that cleared the doubt and created the controversy

Syphilis was a major health issue in 19th-century France. Philippe Ricord (1800-1889) was a renowned syphilologist who worked at Hôpital du Midi, a hospital specialising in the treatment of venereal diseases. He conclusively proved that gonorrhoea and syphilis are two different diseases, as was advocated by John Hunter (1728-1793), and this remained uncontested for over 50 years. Ricord, however, believed that inoculating material from the ulcers of secondary syphilis would not cause infection.^{13,14} This was challenged by his arch-rival Joseph Alexandre Auzias-Turenne (1812-1870). On 12th October, 1858, in a letter to the Minister of Agriculture, Commerce, and Public Works, Auzias-Turenne appealed to investigate the controversy.¹⁵ A commission was formed, and Gibert was tasked with reporting its findings. Gibert and Auzias-Turenne inoculated four subjects suffering from lupus

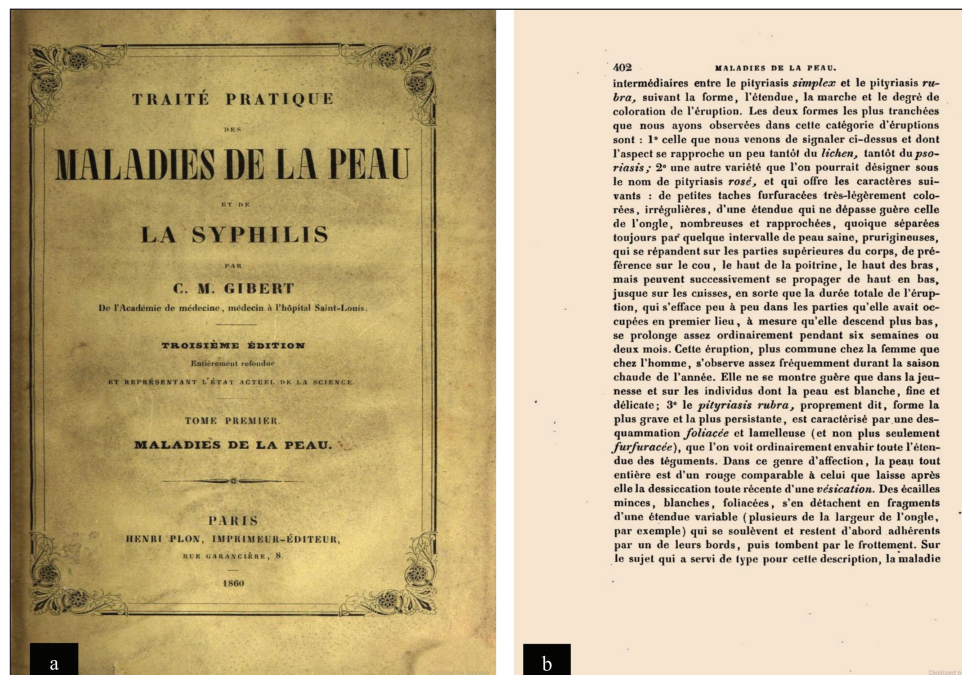


Figure 4: (a). Cover page of Gibert's *Traité pratique des maladies de la peau et de la syphilis*. (1860) (b). The page of *Traité pratique des maladies de la peau et de la syphilis* that first named and described pityriasis rosea. (Public domain. Credit: books.google.co.in and Bibliothèque nationale de France, département Sciences et techniques).

Bateman (1778-1821) for including *Strupulus*, characterised by small pruriginous elevations as an entity, midway between exanthemata and papules in the Order *Papulae*. In addition to these, in these letters, one could find Gibert's dedication to

but without any syphilitic infection, using purulent matter collected from mucous lesions of a patient with secondary syphilis in its secondary phase. All four subjects developed signs of syphilis, and Gibert reported the results on 24th May

1859. This demonstrated that the secondary stage of syphilis was contagious, disproving Ricord's argument.¹¹

This experiment caused an uproar in the medical world over its ethical implications. The medical community and media in France deemed it highly unacceptable according to current ethical standards and voiced their opposition to this experiment, which they regarded as morally and ethically wrong.^{11,16}

Gibert: A man misunderstood?

Gibert was one of the brilliant dermatologists produced by the Hôpital Saint Louis. Ernest Henri Besnier (1831-1909) and Philippe Charles Ernest Gaucher (1854-1918) held him in high esteem for his contribution to therapeutics.² He had a unique personality that led to differences of opinion among his friends and foes. He did not hesitate to follow the English way (of Willan) of classifying skin diseases in the French kingdom of Alibert, but at the same time, he was not an avid follower of the famous French dermatologist Rayer's method either.^{2,3} When we examine his persona, Gibert is portrayed as a proud, unemotional person. In a letter (18th December, 1827) to his teacher Pierre-Fidèle Bretonneau (1778-1862), Trousseau, a brilliant competitor of Gibert, wrote:¹⁷

He is a young man who does not know pathologic anatomy and who has an extreme dread of hospitals and amphitheatres, but he speaks easily and with extraordinary charm. I have not heard of anyone who starts so well as he. He has but one fault, and I already know that it is a capital one: he is cold.

To some, Gibert was a jealous man who tended to harbour animosity toward anyone who offended him. The rivalry with Ricord supports this view. One researcher even believed that this experiment was conducted to defame Ricord. However, in the same article, the author noted Gibert's regret, as he (Gibert) warned his students against such experiments that conflicted with morality.¹⁶ Although he has been described as *cold* and harsh in manner, his eloquence and innate ability to present even the most complex issues in an easily understandable way made him a great teacher.¹⁸ Even his arch-rival, like Trousseau, had to admit this.¹⁷

Epilogue

The Hôpital Saint Louis of Paris was the cradle of modern French dermatology, hosting many masters who contributed immensely to the field of dermatology. After Alibert and Bielt, Gibert continued the tradition of dermatology with excellence for about a quarter of a century (1840-1863). Gibert died on July 31, 1866, in Paris during a cholera epidemic, but left an indelible footprint in the history of dermatology.

Camille Melchoir Gibert will be remembered in the world of dermatology as the first to give a clear description of PR, but his work was not limited to dermatology. His significant contributions in other fields of medicine and therapeutics placed him on the highest pedestal in the contemporary medical world, which went far beyond the boundary of PR and other works related to dermatology.

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