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Velpeau and His Treatise: Bicentennial of the Birth of the Surgical Anatomy

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Abstract

Surgical anatomy has evolved through the contributions of physicians and surgeons who laid the foundations of current anatomical knowledge. Among them, Alfred Velpeau (1795–1867) stands out as a key figure, who systematically integrated descriptive anatomy with surgical practice. The objective of this work is to remember and analyze Velpeau's life, and him influence on the development of modern surgical anatomy. A bibliographic review of historical sources and specialized articles in the history of medicine and surgery was conducted. These contributions allowed for the standardization of anatomy for surgical purposes, leading to improvements in surgical techniques and improvements, along with other advances in the resolution of surgical cases. On the bicentennial of his work, reflected in treatises such as Traité d'Anatomie Chirurgicale…, continues to be a reference for understanding the evolution of surgery. In conclusion, Velpeau's legacy represents a fundamental bridge between anatomy and surgical practice, consolidating the basis of modern surgical anatomy.

Keywords: *Alfred Velpeau; surgical anatomy; history of surgery; anatomical treatises; Traité d'Anatomie Chirurgicale; surgical practice.*

INTRODUCTION

While anatomy is as old as humanity, topographical or surgical anatomy as we know it today is a recent history. This time, we will refer to the anatomists and surgeons who helped develop it.

The zoologist, the painter or sculptor, the physician, the surgeon, and the archaeologist all require knowledge of the structure of the human body, but each requires knowledge of certain aspects that are unique to them.

It is not easy to determine which was the first treatise on this subject. On the one hand, most anatomical writers, ancient and modern, have for centuries emphasized the application of anatomical facts to the management of local diseases and the performance of operations.

Anatomy has been an object of understanding since the dawn of human existence. At the dawn of human history, when the power of superstition and prejudice, in addition to humankind's refusal to use the corpse as scientific material, primitive man could not fully understand the anatomical elements that make up the human body.

BEFORE VELPEAU AND HIS TREATISE

In Aristotle (384 BC–322 BC), we find traces of this topographical anatomy of the body, to which physicians occasionally returned after learning about it. However, as we reflect on Aristotle's regional anatomy, we are soon convinced that he only attests to the beginnings of this branch of anatomy. His anatomy was comparative, as he never dissected a human corpse [1].

Direct observation of the cadaver was first reported by Herophilus (according to Galen) and Erasistratus (who was more devoted to physiology), two of the most distinguished anatomists of antiquity. Herophilus is considered the father of human anatomy (as evidenced by texts by Galen, Tertullian, and Vindician).

Both Herophilus and Erystratus were accused of vivisecting human criminals, as well as dissecting human corpses, but this has proved to be a contentious point: …there does not appear to be any mention of these two men having performed vivisection in any of the fragments of writing that are available from the time of their deaths until Celsus - around 20 AD - [2,3]. Diocles of Carystus (also known by the Latin name Diocles Medicus, i.e., "Diocles the physician"; c. 375 BC – c. 295 BC). He lived shortly after the time of Hippocrates, whom Pliny says was his next in age and fame. He wrote part of the Corpus Hippocraticum, για κατάγματα και εξαρθρήματα (On Fractures and Dislocations) around 350 BC. This book is peculiarly interesting and important because it provides the first clear description of the surgical application of the knowledge acquired through the dissection of human bodies [2]. After the death of Galen at the beginning of the 1st century and with the fall of the Roman Empire, dissection work fell into complete abandonment, thus beginning the decline of anatomy. Minimal development in anatomy.

About 1,000 years later, with the advent of the Renaissance, humanity witnessed a revival of its development.

If for many centuries anatomical knowledge did not make all the progress one might have hoped for, this was due, as is well known, to religious prejudice, to its highly respectable aura, which, making the human body appear a sacred object, meant that touching a corpse was not permitted without inspiring a kind of horror and repulsion.

The literary flourishing that began in Italy around the 13th century had a beneficial influence on scientific development. It was at this time that the anatomical renaissance began with Emperor Frederick II (1194-1250). He decreed that a human body should be dissected in Salerno at least once every five years in the presence of the physicians and surgeons assembled in the kingdom, and that no surgeon should be admitted to practice unless he could demonstrate that he was versed in the anatomy of human bodies [5,6].

This is the period in which the figure of Mondini de Luzzi (ca. 1270-1326) appears, a 14th-century Milanese physician (1306), who dissected a female corpse and two others in 1315.

From this point on, figures and writings on anatomy began to appear, exponentially increasing descriptive anatomical knowledge, and more modestly expanding the physiology. Among these figures are Berengario de Carpi, Johann Dryander, Jacques Dubois, Sylvio, Vesalius, Monserrate, Amusco, among others.

Of particular interest is the presence of Ambrose Paré (1510-1590), considered the father of surgery, who brought the anatomical and surgical science of the time into a popular language. More than the great intellectual constructions of his predecessors, it was experience that guided Paré.

Ambroise Paré, as a surgeon, used the dissection plan to describe the body, beginning with the skin and ending with the skeleton (anatomy by planes); he explored the body, unlike Vesalius, who began his description with the most fixed element, the skeleton, and ended with the brain; he constructed the body (descriptive anatomy).

The 18th century was one of a wealth of knowledge, exploration, and rapidly growing technology, as well as expanding record-keeping made possible by advances in printing [6].

Anatomical illustration was thus introduced, in manuscripts with diagrams and sketches. By this time, dissection of human cadavers was the standard method of teaching anatomy. Surgery was an area of medical knowledge taught by anatomy professors, as most of them were surgeons, all highly skilled and internationally renowned, known at the time as *"anatomist- surgeons"* [1].

Felix Vicq d'Azyr (1748-1794), for example, divided the face into eight sections: frontal, eyelid, maxilla, nasal, intermaxilla, mandible, lip, and skin. This gives us a first approximation of the anatomical regions, although not for surgical purposes.

Jacob Benignus Winsløw's (1669-1760) treatise*, Exposition Anatomique de la Structure du Corps Humain*, published in 1732 and translated multiple times, can be considered a sketch of topographical anatomy; but it has nothing surgical about it.

At the same time that descriptive anatomy was being refined, primarily through its expositions and teaching, it was through the more direct participation of an increasing number of students in dissection that surgical anatomy began its development, with Joseph Lieutaud (1703-1780) at the forefront.

Lieutaud appears to have been the first to conceive and teach regional anatomy, that is, topographical or medico-surgical anatomy, as a special subject. He published an essay on human anatomy: *Précis de Médecine Pratique*.

Surgical anatomy is much less ancient than its name, and Jean Palfin (1650-1730), a surgeon and anatomist, had the honor of reintroducing the name surgical anatomy into science—he had already included it in the title of Van Horne's posthumously published work (1710). Palfin's book, *"Anatomie Chirurgicale, ou Description Exacte des Parts du Corps Humain, avec des Remarks Utiles aux Chirurgiens dans la Pratique de leur Art,"* was published in Flemish in 1718 and in French in 1726.

According to Velpeau, although he did not fully understand its purpose, as this work is in reality nothing more than a treatise on descriptive anatomy, it nevertheless contains entire chapters devoted to surgical pathology and operations, serving as a harbinger of a need that was beginning to be recognized [7].

In Italy, Michele Vincenzo Giacinto Malacarne (1744-1816), professor of surgery at the University of Turin, author of *"Recordi della Anatomia Chirurgica"* (1801), stands out. His work is somewhat incomplete in all its aspects, as Velpeau mentions: therefore, it does not deserve to be cited, except to do justice to the author's intentions.

It was with Antonio de Gimbernat i Amos (1734-1816) that he published a few short works; among which the one entitled *"New Method of Operating on a Femoral Hernia"* (1793) stands out. In its second part, he precisely sets forth the anatomy of the inguinal region, where he describes the ligament that bears his name, also called the *Ligamentum lacunare*. This work insists on establishing the *"regulated operation,"* basing surgical interventions on an anatomical foundation.

Finally, in all centers of knowledge, a multitude of memoirs or partial essays appeared, intended to enhance our knowledge and attest to the general education toward positive studies and practical applications that operative medicine had not known until then.

There is no doubt that the intense and fruitful work of anatomists in the 16th and 17th centuries was the determining factor in the emergence in the 18th century of a brilliant group of surgeons who were able to pioneer new scientific directions for the art of surgery.

We must clarify that the term "topographical anatomy" and its synonyms, such as regional anatomy, applied anatomy, medico-surgical anatomy, or surgical anatomy, refer to the branch of anatomical science that no longer considers all the organs of the same system, but rather parts of several systems found in a particular region.

Thanks to the efforts of 18th-century anatomy professors, anatomy assumed considerable importance in the education of surgeons and is now universally recognized.

As anatomy became a prerequisite for a medical career, private tutors and hospital physicians developed anatomical teaching in both England and France at a rapid pace during the first decades of the 19th century.

Among the most notable in France are: Petit, Boyer, Desault, Dupuytren, Roux, Gerdy, Béclard, Amussat; In England, anatomy was never separated from its practical application, therefore, there are many textbooks and little independent research. Here, Percival Pott, William and John Hunter, the Bells, Cheselden, Monro, Colles, Allan Burns, Langenbeck, Sœmmering stand out; in Spain, Canivell, Queraltó and Martín Martínez; and in Italy, Santorini, Scarpa, who successfully addressed many fields, including surgical anatomy.

At the end of the 18th century, Pierre-Joseph Desault (1738–1795), following the testimony of his contemporaries, was the one who introduced surgical anatomy into his lessons, giving a strong boost to its study. Desault, whom some authors consider the creator of surgical anatomy, left nothing related to it and limited himself, if we are to believe his students, to imagining a certain number of anatomical sections that allow for the study in situ, at different heights, of the organs that may be affected during operations [7].

Roux attempted to teach the anatomy of regions in the private lessons he gave; and it is undoubtedly to him that we owe the honor of having spread it among the students of the School of Paris. It had already been glimpsed by a man who made it the special object of his meditations [7].

And although books bearing the name of surgical anatomy appear, such as those by Granville Patisson and Friedrich Rosenthal (1817), the latter book is the closest approximation and a worthy predecessor of what we know today as surgical anatomy [7].

MARIE VELPEAU

Before these surgeons and anatomists, the idea of a true anatomy applied to surgery did not exist, since they transcribed ordinary anatomy taken from any classical work, and added absolutely no surgical, not even truly topographical, observations. However, for a defined science to emerge from this movement of minds and these teachings, a book was needed to bring together and consolidate these notions [1].

It was in 1825 that the book: *Traité d'Anatomie Chirurgicale, ou, Anatomie des Régions…* (Treatise on Surgical Anatomy, or, Anatomy of the Regions…).

Under the names of surgical anatomy, regional anatomy, topographical anatomy, medico-surgical anatomy, anatomy of relationships, and applied anatomy, major anatomical works have appeared worldwide since 1825, created with the aim of presenting the connections between anatomy and surgery and demonstrating, so to speak, their mutual interrelationship.

This great moment was reserved for Alfred-Armand-Louis-Marie Velpeau Millet, who published the first worthy treatise on the subject of surgical anatomy.

Velpeau was born on the imperial date of 29 Floreal in the year III (May 18, 1795) in the small town of Brèches in Indre-et-Loire, France. His father, a blacksmith, was known as needy and illiterate. According to family tradition, the son was destined to follow in his father's footsteps.

It must be remembered that at this time and beyond the end of the 19th century, the blacksmith was an important and indispensable figure in the rural community. He shod horses, an essential engine for field work and travel, but he also cared for the animals and, at the same time, for his fellow citizens.

Despite his humble situation, Marie Velpeau (his birth name) had a thirst for learning. The priest of Brèches then taught the young man to serve Mass in Latin and write in French, and then an old master was pleased to instruct the talented young blacksmith, who already considered himself a healer, despite some setbacks he had had in this "trade" and had been as proud of his successes as he was forgetful of his failures [8].

His progress was so rapid that his benefactors introduced him to Vincent Gouraud, chief surgeon at the Tours Hospital, who, in turn, amazed, entrusted the young prodigy to Pierre-Fidèle Bretonneau (1778-1862).

For four years, while studying Latin, French, geography, history, anatomy, physiology, and all branches of medicine, he lived in Bretonneau's footsteps, learning from dawn to dawn how to examine patients, perform autopsies, and experiment. On occasion this involved body snatching from cemeteries in order to further their research. Years later Velpeau wrote: *''Here we are every night at 2.00 am with ladders, climbing walls as criminals. This way, we obtained 36 necropsies in a few months. People guessed about our profanities, and twice I was fired on by inhabitants. I still have some lead in certain places …''* [10].

After a time, Bretonneau (who had been his mentor, teacher, and friend) sent him to Jules Cloquet with a scholarship of 200 francs, entrusting him with teaching anatomy lessons to eight "paid students" [9]. During this period, he lived in a garret in the Hotel de l'Abeille at a cost of 7 francs a month, and, because he could not afford the board, existed on scraps bought illegally from hard up soldiers in the nearby barracks [10].

His prolific career was, according to Trelat, *a rare capacity for work, a tenacious will, a penetrating intelligence, great common sense, a positive spirit and a fear of steep peaks, formed the fertile soil in which this vigorous plant developed* [9].

Velpeau eventually became a professor of surgical clinic at the Faculty of Medicine in Paris, a surgeon at the Charité Hospital, a member of the Legion of Honor, a member of the Royal Academy of Medicine and a corresponding member of numerous scientific societies.

As a professor he was clear, copious, and facile of expression; not altogether bound to the beaten pat. It was as an orator that M. Velpeau enjoyed the greatest *eclat.* He did not display passionate vehemence nor warm and coloured eloquence; his language was always easy, his bearing quiet, and his reasoning pointed, calm, and penetrating [11].

According to the chronicles of John Wiblin [12] (1813-1900) during his stay in Paris in 1839, he commented on Velpeau:

> *...is extremely punctual and regular in his attendance here at seven in the morning. His surgical clinic is considered the most practical and scientific of all in the capital. This surgeon has been, and remains, one of the hardest-working surgeon's French physicians can boast of.*
>
> *When visiting his patients, he is frequently observed staying with them for half an hour, and even longer, in cases that are rare, or from which his students might derive some benefit.*
>
> *Frequently, cases are encountered in hospital wards, where it becomes a considerable difficulty to express a correct idea or opinion regarding the nature of the accident or illness under treatment.*
>
> *When such cases occur, Velpeau will say, with all imaginable frankness: "Well, gentlemen, I have endeavored to find out what is wrong with this patient, but I cannot do so; examine this person yourselves, and when I pass through the wards tomorrow, you must tell me what is wrong."*

> *He never establishes any rule in surgery without first verifying the validity of his opinions by numerous experiments on the living and the dead. M. Velpeau is one of the most thorough anatomists of the day; in theoretical and practical surgery, few surgeons surpass him, and as regards the art of obstetrics, we find his name always associated with those men who are considered, in this particular department of science, the greatest ornaments of our profession.*
>
> *I would advise every medical student, regardless of his stay in Paris, to devote two-thirds of his time to Velpeau's surgical practice.*

He was an immense writer, by 1842 (25 years before his death), he had already published 194 works in various fields of medicine [13], including books and scientific articles, and he wrote even more, reaching 340 publications and 10,000 pages.

In private life he was affectionate, sensitive, devoted to his friends, and to his pupils, who were sincerely attached to him. He was a firm opponent of every form of quackery, and would expose himself to a noyance, and even danger, in his endeavours to combat error or unmask falsehood [11].

At 72, his contemporaries described him thus: He was upright, tall [10], dry and thin, and walked with short steps. His prominent forehead and overly large eyebrows gave him the mask of a Roman emperor. He had, writes Sainte-Beuve (1804-1869), a *"rigid demeanor, as if his spine were stiff"* [15].

He was not a brilliant surgeon, but he was skillful and confident; his hand never faltered; his diagnostic certainty was admirable; and his profound knowledge of anatomy and pathology made him a perfect and accomplished surgeon. His moral qualities matched his intelligence. He was a passionate admirer of truth and justice; a kind and affectionate man; and his attachment to friends and students was proverbial.

Alfred Armand Louis Marie Velpeau (1795-1867). La Leçon d'Anatomie de Velpeau at Charité painted by Auguste Feyen-Perrin (1860).

He, who said, *"I was born old, I lived old, I will die young,"* contracted a severe flu. He advised one of his students, Guyon, to rest a little, and Guyon replied, *"I'd have to be truly dead to accept that"* [15].

His condition suddenly worsened, and this immense career, which he had pursued at a steady pace, without detours, without digressions, without respite, dedicating himself entirely to surgery and surgical sciences, came to an end on August 24, 1867, ending the life of the great Velpeau at the age of 72.

Since Dupuytren's funeral thirty-two years earlier, there had not been such a large funeral procession. It was a fitting end to the life of a man who, from humble origins, had by his own endeavours risen to the front rank of his profession as one of the leading surgeons of the century [10] and leaving an inheritance of 40 million francs.

The village church was falling into disrepair, and he gave a substantial sum of money to renovate it. His generosity is still remembered in a stained-glass window there. In it he is represented in his professional dress with the inscription: *"Homage de reconnaissance au Docteur Velpeau, foundateur de cette Eglise"* [10]. Honored and famous, a neighborhood in Tours, schools, and streets bear his name.

THE "TRAITE"

For the fusion of surgery and anatomy to become definitively established, it was necessary for oral teaching to give way to written instruction: a book had to consolidate the notions scattered until then in amphitheaters, and as fleeting as the master's word [1].

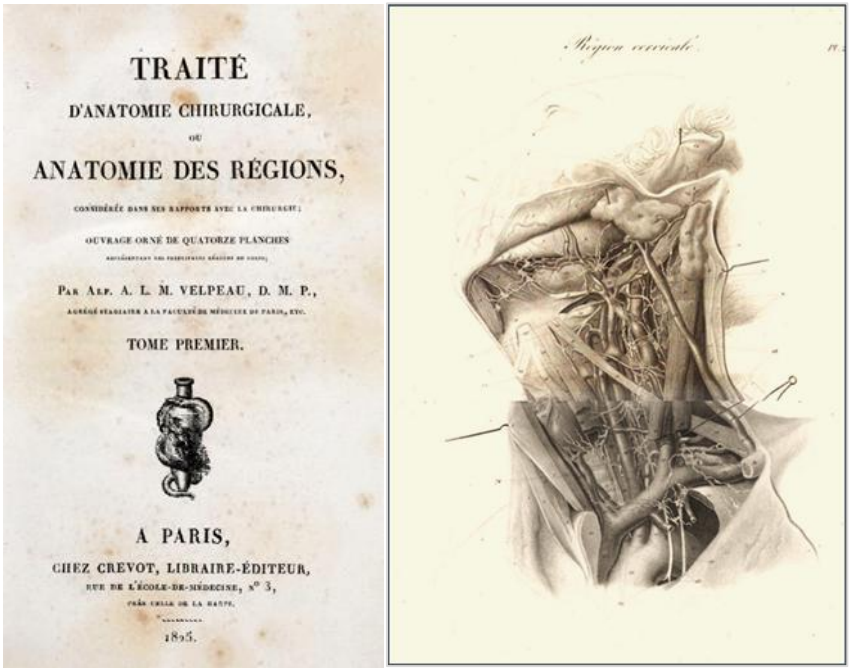
Velpeau had the merit of creating the first representation of an encyclopedia to this way of viewing anatomy. At the amphitheater, Velpeau had resumed a project (1823) previously conceived with Jules Cloquet (1821), all descriptions were taken from the corpse or from nature; in which the regions had already been mapped out when another work caught the attention of this learned anatomist, along with the lessons of the late Pierre Augustin Béclard (1785-1825).

Velpeau then continued the path and prepared in 1825: *Traité d'Anatomie Chirurgicale, ou, Anatomie des Régions: Considérée dan ses Rapports avec la Chirurgie: Ouvrage Orné de Quatorze Planches Représentant les Principales Régions du Corps (Treatise on Surgical Anatomy, or, Anatomy of the Regions: Considered in its Relations with Surgery: Work Decorated with Fourteen Plates Representing the Principal Regions of the Body*); made by the Crevot publishing house, with 14 illustrations, and dedicated to the Count of Chaptal and Béclard.

A few months later, Phillippe-Fréderíc Blandin (1798-1849) embarked on the same path with the book: *A Treatise of Topographical Anatomy, or the Anatomy of the Regions of the Human Body: Considered in Its Relations with Surgery and Operative Medicine.*

Publishing these two books in the same milieu and almost at the same time, the treatises of Velpeau and Blandin differ in essence. The latter's, purely topographical, as its title indicates, contains only anatomical descriptions and always remains very restrained in surgical deductions.

Velpeau, on the other hand, incorporated as many practical considerations as possible into his work, while offering a thorough description of each region. This book also includes, in its second edition, general anatomy studied from the perspective of its applications to surgery.



Frontispiece of the Traité d'Anatomie Chirurgicale, ou Anatomie des Regions from the Treaty of Velpeau. Image from the Velpeau´s treatise (1837) Volumen 3.

This illustrious surgeon and anatomist presented the first formula given to the new science of surgical anatomy. Its publication was an immense service to anatomical studies [16].

Building on an already considerable and rich development, drawing on facts drawn from the sources of the most laborious scholarship, or from Velpeau's personal experience, this work presents a description of the organs of each region according to their order of superposition, from the skin to the skeleton. Each layer of organs, on each plane, indicates the surgical applications of the etiological, diagnostic, or therapeutic order.

The first work was defective in more than one respect, but the substantial modifications and additions made to the second and third editions of 1833 and 1837 placed it among the classic books of its time, and it served, if not as a model, at least as an example for other treatises on the same subject [16].

He was his own critic, as he stated in his third edition of 1837: The resources that surgical anatomy affords me every day at the bedside do not allow me to neglect its improvements.

The service of a large hospital, and an education pursued by a large number of students, furthermore oblige me to constantly revise it. Convinced that it can serve as the basis for numerous reforms, whether in theory or in the practice of medicine and surgery; that it is destined to make real progress in pathology as well as in operative medicine, I will never tire of promoting its extension, helping, as much as will depend on me, to popularize it more and more.

Velpeau himself comments on this in his subsequent editions [7]:

> *The reception I received in France and abroad for the Treatise on Surgical Anatomy, which I published in 1825-1826, made it my duty to constantly seek ways to make it worthwhile.*

The criticisms made of it, the advice of competent people, and my own reflections prompted me to make such modifications that today's edition is more of a new work than a revision of the old… The circumscription of regions using geometric lines seemed superfluous to me; I no longer used them. I have brought to the natural regions all the arbitrary divisions I thought I could establish at different points, for example, the limbs.

We must say that the way Velpeau had contemplated the study of surgical anatomy from the beginning is the one that has prevailed to this day. He comments [7]:

> *...topographical anatomy can be studied in several ways, all with their pros and cons. Thus, the distinction is made as follows:*
>
> *"1. by order of superposition, that is, presenting objects layer by layer without distinction of tissues;*
>
> *2. by order of tissues, that is, passing successively from one layer or organic system to another;*
>
> *3. by considering each region of the body as a separate organ, so as to indicate its form, composition, varieties, and uses, without entering into any description, whether an article of operative deductions is added at the end, or this last corollary is dispensed with;*
>
> *...4. by using each element to draw from its various anatomical characteristics all possible medical or surgical inductions, but without any descriptive detail; 5. by always referring to one of the organs that is supposed to be the center of the region, and on which all pathological observations should be concentrated;*
>
> *6. by limiting oneself to the notions relating to the operation, or to the main disease that is performed or observed most often in the region, as could be done in the perineum with respect to size, in the groin, with reference to hernias, and in the axilla relative to aneurysm;*
>
> *7. in order of organic systems, and from the skin to the bones, that is, by the analytical method, carefully recalling the position, volume, connections, and even the structure of the parts, without separating from each sentence its pathological deductions".*

Just as Velpeau used the combined method, according to him:

> *"Convinced that each of these methods, taken in isolation, does not adequately satisfy the demands of practice, I have endeavored to combine them all into a single one. Given a region, I indicate its shape and the external characteristics that may be of some use to the teacher… This plan lends itself, in my opinion, to all the demands of study and science. Executed with the greatest possible accuracy, it would make topographical anatomy indispensable, not only to surgeons, but also to physicians and all those who seek in human organization notions applicable to the art of healing.*
>
> *I have no doubt that through experimentation such a result will one day be achieved, and that for this reason the anatomy of regions will become an essential part of teaching. Let us all force ourselves to present it, each in his own way; let anatomists vary it to infinity; let writers never tire of modifying their exposition, and the multitude of works will yield greater insights. On the other hand, its field is too fertile, "So that no one cultivates it in vain. In my opinion, the greater the diversity of plans it produces, the sooner it will become regularized, to the point that no physician can dispense with its study."*

We can observe that Velpeau was more concerned with anatomy than anything else. This anatomist performed, in each region, the isolated anatomy of the particular organs and even of each portion of an organ found in that region, paying little attention to this whole, which should require a topographical description. In short, he wrote a broadly descriptive

topographical anatomy of the regions, although he does have the merit of dividing the body into regions. Its publication was an immense service to anatomical studies [1].

Drawing on an already considerable and rich development of facts drawn from the sources of the most laborious scholarship, or from the author's personal experience, this work presents a description of the organs of each region according to their order of superposition, from the skin to the skeleton. In each plane, for each layer of organs, it indicates the surgical applications of the etiological, diagnostic, or therapeutic order that may be related to it.

This method is somewhat uniform and becomes monotonous; it exposes some repetitions or details superfluous to the surgeon. But at least it leaves nothing forgotten and serves as a reminder by reproducing the same descriptive plan for each region.

Velpeau's book fortunately opens onto a series of works written on the subject; it is a faithful statement of the science of its time and can still be fruitfully consulted.

This initial treatise was followed by: *Traite Complet d´Anatomie Chirurgicale Generale et Topographique du Corps Humain (Complete Treatise on the general Surgical anatomy and Topographical Anatomy of the Human Body)*; 2 vols. in 8°, with 15-page atlas. Edited by Graves in Paris in 1825 and published in several editions (1825, 1833, 1837) with similar names.

These three editions are actually the same work. However, they differ considerably from each other. The science they cover, being so recent, forced Velpeau to make so many additions and changes that the result has been an almost complete revision of the book, adding many observations on general anatomy and pathology.

This work has been as well received abroad as in France: translations have been published in New York, London, Dresden, Leipzig, Venice, and Naples. Thus, giving rise to a new subdivision of anatomy, surgical anatomy.

CONCLUSION

Alfred Marie Velpeau did not invent topographic anatomy. Velpeau's anatomy evolved over the centuries and is the result of the collective intellectual labor of hundreds of anatomists and surgeons, going through various stages that are necessary in the development of every branch of human knowledge

His two major contributions were to methodically organize existing topographic anatomical knowledge and to demonstrate its usefulness to surgical practice.

Velpeau's anatomy was expanded, microdissected, and refined over the years and the arrival of new technologies and surgical techniques, and it remains the basis of standard surgical anatomy 200 years later.

Has died in the possession of great wealth, laden with honors, recognized by his peers as a master of his science, and venerated by the entire generation of pupils. His name will not perish as long as medicine shall constitute an organized science, and surgery is recognized as a great and useful art [16].

As Anatole Le Double said on July 11, 1887 at the inauguration of a monument to the Velpeau´s memory: …*he is still young with glory and immortality* [8].

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