'The Anatomy Lesson of Dr. Nicolaes Tulp'
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Letters to the editor

Dear Editor,

The Anatomy Lesson of Dr. Nicolaes Tulp painted by Rembrandt in 1632

I am indeed pleased that the above paper from Ijpma et al. in the Netherlands, the latest addition to the already extensive literature about Rembrandt’s famous painting has appeared in our own Royal Australasian College of Surgeons journal. I compliment the authors on their studies, fortunate as they are to have access to original works, but I am moved to respond to their views, which differ from my own.

First, the painting on public display in The Hague and the many reproductions I have seen show a supinated left forearm, with the displayed flexor muscle belly lying far laterally in the antecubital area, obscuring the lateral epicondyle, which would indicate that it arises therefrom, and I consider this a painting error of the anatomy.

Second, the authors claim that the painting is merely a record of Tulp’s demonstration to a group of local surgeons for the collections in the Amsterdam Guild of Surgeons, of which there are many examples. I submit that the interest shown by the depicted surgeons who are gazing intently at the specimen is completely different from the front-on faces of other group portraits of the time, for example, The Anatomy Lesson of Dr. Willem van der Meer. Further, Rembrandt rarely painted static, front-on faces in his group portraits. A good example is his famous painting the Night Watch, essentially a group portrait, but depicting the group while they are involved in some ‘action’ typical of their profession. This is what made Rembrandt such an outstanding painter. Hence, the ‘Anatomy Lesson’ was a group portrait in which the ‘action’ was an anatomy lesson.

And finally, the authors acknowledge that Tulp was indeed a forerunner in stressing morphology and function in his anatomical teaching. In Rembrandt’s painting, Tulp is pulling on the superficial flexor, and the surgeon’s left hand is placed in just the correct position for demonstration and is beautifully highlighted, and the position of the fingers certainly shows the effect of sublimis action.

I consider this truly represents functional anatomy, an interpretation not unreasonable in the absence of any contrary contemporary written commentary on the painting.

References


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doi: 10.1111/j.1445-2197.2009.04959.x

Dear Editor,

‘The Anatomy Lesson of Dr. Nicolaes Tulp’: from a group portrait to a true lesson in functional anatomy

The impact Rembrandt’s anatomy lesson still has among our contemporary colleagues is fascinating. So much intrigued by Rembrandt’s presumed anatomical mistakes, many have performed anatomy studies on the painting. We even conducted a cadaver study from which we concluded that Rembrandt correctly painted the medial epicondyle as the origin of the flexor muscles. However, despite all these efforts, Rembrandt’s alleged anatomical error will remain a subject of discussion.

Rembrandt’s composition is unique among the other anatomy paintings made of the Surgeons’ Guild of Amsterdam. The keen attention the surgeons are paying to the dissector’s work conveys the impression that Rembrandt depicted an anatomy lesson. However, the painting was most probably meant as a group portrait of the Surgeons’ Guild to commemorate its board members more than representing the actual anatomical dissection performed by Tulp in 1632. An important argument in support of this notion is that the left forearm is dissected while the abdomen was not opened first, as was the routine. In those days, the abdominal and thoracic organs were dissected first because of their early decay, as is nicely shown in the ‘The Anatomy Lesson of Dr. Willem van der Meer’. Furthermore, Rembrandt rarely painted static, front-on faces in his group portraits. A good example is his famous painting the Night Watch, essentially a group portrait, but depicting the group while they are involved in some ‘action’ typical of their profession. This is what made Rembrandt such an outstanding painter. Hence, the ‘Anatomy Lesson’ was a group portrait in which the ‘action’ was an anatomy lesson.

Finally, Professor Mellick emphasizes that Rembrandt’s painting truly is a lesson in functional anatomy, as Tulp demonstrates the function of the flexor muscles. Since Rembrandt was a close friend of Tulp, he was obviously aware of his anatomical concepts. Not withstanding our views mentioned above, our conclusion may now be, however that the painting has stimulated so many, including Professor Mellick and ourselves, to critically study the anatomy of the forearm, that in this sense, it has evolved from a group portrait to a true lesson in functional anatomy.

References

Dear Editor,

Images for surgeons: abdominal aortic aneurysm, inguinal hernias and emphysema

Golledge et al. present an interesting patient with emphysema, bilateral non-reducible inguinal hernias and an abdominal aortic aneurysm (AAA).1 In addition to their compelling images, they review the evidence linking AAA to inguinal hernias and emphysema. They conclude that there appears to be a ‘weak’ association between AAA and inguinal hernias, providing support for a link between the two conditions as a result of connective tissue abnormalities.1

While I would not dispute the statistical analysis of their carefully performed population studies, I wonder if they have been a little too circumspect in their analysis and conclusions.1,2 In conjunction with the senior author, I reviewed the incidence of incisional hernias following aortic reconstructive surgery over a 5-year period between 1988 and 1992 at a tertiary centre in Western Australia.3 Of the 134 patients, 87 were examined with an overall incisional hernia rate of 28%. Patients with aneurysmal disease were significantly (P = 0.04) more likely to develop an incisional hernia.

This was not an isolated finding. A recent systematic review found that patients with AAA had a 2.9-fold (95% confidence interval 1.71–4.77, P < 0.0001) increased risk if inguinal hernia and a 2.8-fold increased risk of incisional hernia (1.88–4.13, P < 0.0001) compared with patients with aorto-iliac occlusive disease.4 While I accept that incisional and inguinal hernias are clearly different, these data do seem to add greater weight to an underlying connective tissue abnormality, or their biological response to important co-factors, such as smoking, in this challenging group of patients.2

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References


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Dear Editor,

Traumatic ectopic testis

A 24-year-old male was involved in an accident while riding a bicycle. He presented 3 weeks later with a swelling in the shaft of the penis near the glans (see Fig. 1). The left side of his scrotum was empty. Ultrasound revealed that the swelling was displaced testis with patent vessels and small haematomas in the epididymis. At

Fig. 1. Testis in the shaft of the penis with empty left side of the scrotum.