

PINEL OR CHIARUGI?*

by

KATHLEEN M. GRANGE

OF late there has been a tendency to regard Vincenzo Chiarugi (1759–1820) rather than Philippe Pinel (1745–1826) as the founder of modern psychiatry. Yet this was not the judgement of the nineteenth century. Although Chiarugi's supporters were inspired by Carlo Livi's letter of 1864 entitled 'Pinel o Chiarugi?', it was not until the twentieth century that the movement to recognize Chiarugi as Pinel's predecessor was really started.¹ Recent historians, such as Shryock,² Bromberg³ and Schneck,⁴ claim that Chiarugi's achievements antedate those of Pinel. Mora suggests that Chiarugi's *Della Pazzia in Genere, e in Specie* (1793–4) served as a model for Pinel's *Traité médico-philosophique sur l'Aliénation Mentale* (1801).^{5, 6, 7} The following discussion examines this current opinion and proposes that Livi's question of a century ago should be answered with the name of Pinel.

To prove this point two issues are explored. First, the differences between the two major works on insanity by Chiarugi and Pinel; second, Pinel's articles on insanity written prior to 1793. As for the question of who first freed the insane from their chains, historians are in danger of overemphasizing this event. If we consider the large continental hospitals, there is little doubt that Chiarugi broke the chains at Bonifazio in 1788 and Pinel at Bicêtre in 1792 or 1793. However, such seemingly dramatic reforms should be seen in proper historical perspective. Throughout the 1780s, the English were also unshackling their patients. Pinel himself admitted that English reforms were the first, and he tried to imitate Dr. Willis' methods at Belhomme's private asylum in the early 1780s. Thus, from the evidence given, some commentators will argue that English reforms came first, others that French private asylums led the way, and many that the Italian hospitals served as models for other countries. That Chiarugi and Pinel seem to have carried out their reforms on a large scale deserves our respect. Nevertheless, chains continued to be used in England after the 1780s, in Italy after Chiarugi's reforms, and in France after 1793. The question of who came first in effecting a reform which was in reality an evolution, and which was not at first entirely successful, may never be settled.

The dispute, however, as to whether or not Chiarugi's three-volume work on insanity was the model for Pinel's treatise may be seriously answered. It has been claimed that Pinel's classification of insanity followed that of Chiarugi, and that the Italian physician anticipated Pinel's moral treatment.⁸ A study of texts suggests that there is little justification for such opinions.

Chiarugi's psychiatric nosology was more frankly traditional. Quoting a host of authorities from Hippocrates to Cullen, he divided insanity into three chief classes: melancholia, mania and amentia (corresponding to dementia). Pinel,

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on the other hand, carefully considered previous opinions of the classes and subdivisions of insanity, but rejected them all. In the treatise on insanity he recounted how over the years he had made several attempts to arrive at a satisfactory classification.⁹ Again and again, he would wait for further proof from the direct observation of as many patients as possible. The systems of Sauvages and Cullen, he stated, were more designed to lead him astray than to help him.¹⁰ Unprejudiced by previous classifications, he preferred to rely on his notes and case-histories collected during many years. In 1799 he read a *mémoire* on this subject, and in 1801 he published his findings in the first edition of the *Traité médico-philosophique sur l'aliénation mentale*. His division was not into three classes, as Chiarugi's had been, but into five: (1) melancholia; (2) mania without delirium; (3) mania with delirium; (4) dementia; (5) idiotism.

In other respects, the two works were vastly different. Whereas Chiarugi made constant use of previous authorities to establish the characteristics, causes and cure of insanity, Pinel gave a resumé of useful authors only at the beginning of his work. From that point, he embarked on his own ideas, substantiating his opinions from great numbers of cases.

As for the moral, or psychological, aspects of insanity, Chiarugi's statements were academic, whereas Pinel's were clinical and explicit. Without emphasis, Chiarugi mentioned the emotions in the first volume of *Della Pazzia in genere e in specie*.¹¹ Later Chiarugi stated that the general cures for insanity should be sedative, stimulant and secondary. He then gave a brief summary of psychological cures together with drugs, bathing, blood-letting, diet, mineral waters and music.¹² Although we are told that other remedies should be secondary to psychological cures, we are told little about this psychological treatment. Compared with Pinel's painstaking descriptions of case-histories, Chiarugi's description of the new moral methods was very general. Besides Chiarugi, there were many other physicians who had dealt thus briefly with moral cures, as Pinel well knew.¹³

Indeed, Pinel himself was one of those physicians who had already published descriptions of moral cure before 1793. It is not surprising, however, that this aspect of the debate between Pinel and Chiarugi has not been fully considered: the definitive life of Pinel remains to be written, and there still exists no complete list of his publications. Lechler has covered his student years, but from 1778 the story is still shadowy. Information must be gathered from a variety of sources, many of which contradict each other on important events.

Pinel's activities, then, between the years 1778 and 1793 have not been well covered, and the scholar may not find this an easy task. Some of his writing, for instance, exists in manuscripts not yet published. Some of his writing at this time was published anonymously. During the years between 1784 and 1789 he was editor of the *Gazette de Santé*: of this work, some is unsigned, some bears the initials 'M.P.', and some 'M.P., docteur en médecine'. To identify such contributions we must examine documents relating to his life, contemporary bibliographies, and the style and content of the articles themselves.

It is evidently important to give a fuller list of the Pinel canon. Apart from settling the Pinel versus Chiarugi controversy, the list of his publications presents

a rich source of inquiry for the medical historian. Buried in the journals of his day, with titles which often belie their contents, are essays which prove Pinel's wide scientific interests. In unexpected guises are interesting remarks on the abnormal mind: a brief editorial on hygiene, a short essay on monasteries, an early anatomical account of hermaphrodites, contain significant insights on psychology. Apart from this interest in the mind, he dealt with many other problems during these early years. He showed a keen interest in the classification of animals, a distaste for quack remedies, and an enthusiasm for the possibilities of applying mathematics to medical studies. All these interests provided him with useful experience in his later approach to insanity, not least of which was his application of statistics to the problem of classification. In short, like many great works, Pinel's treatise on insanity appeared only after the accumulated insights of many years of publishing. Encompassed in the *Traité médico-philosophique* are the approaches and the actual paragraphs of his first compositions: these include the hygienist's knowledge of practical life, the mathematician's exploitation of statistics, the physician's analysis of abnormal anatomy, the rationalist's mistrust of magical cures, the scholar's inquiries into the history of medicine, and the humanist's inquisitiveness into the workings of the mind.

Thus the steps in the development of Pinel's genius were marked out. However, it is evidently beyond the scope of this paper to discuss all of his early articles. We shall examine only those essays which deal directly with the diagnosis and treatment of mental illness.

Shortly after Pinel arrived in Paris in 1778 he was engaged in both major and minor literary projects. There was the translation of Cullen's *Institutions of Medicine* and the edition of Baglivi's *Opera Omnia*. Even before becoming editor of the *Gazette de Santé*, he was assured of a living from his contributions to that magazine. He assumed editorial duties on 2 June 1784, for on that day the old editors resigned and the new policies were outlined. Thereupon a series of articles appeared which betray Pinel's style if not his signature.

The subject of this series was animal magnetism, a topic which we know from his letters interested him. While withholding judgement until a board of physicians had officially examined Mesmerism, Pinel analysed the principles and methods of the hypnotist. Some people, he wrote, could not be magnetized; on these Mesmer practised other cures. Other patients had died after suffering from well-known diseases for which Mesmerism was of no avail. The whole question of a fluid was highly suspect, as was the hypnotist's practice of allowing only a few initiates to learn his secrets. In conclusion, if any validity was to be found in magnetism, it lay in the efficacy of a cure by imagination—a well-known medical remedy, added Pinel.

In 1785 there were no articles of particular psychological interest, although he wrote book-reviews, editorials on hygiene and charlatanism, and delivered a report to the Academy of Sciences on the clavicle. By this time he was already a visiting physician at Belhomme's private asylum and at other French hospitals, and it was in 1785 that he gave up the idea of emigrating to America.

Perhaps it was this decision, no less than his friend's illness in 1783, that made him pursue his researches with a view to publishing a major work on insanity.

At the same time he was also planning a book on hygiene which was never published. The year 1786 is important, since it marks the appearance of his first significant articles on emotional aberration and insanity. He wrote on a case of progressive mania, and on the physical effects produced by certain 'moral affections, such as prolonged fear and grief'.

In 1787 the editor of the *Gazette* reviewed a book on hygiene by the physician Doppet: the author of the review claimed that Doppet merely repeated ideas to be found in all books on hygiene, i.e. that moral cures were based on balancing the emotions. This, together with the review of Thomas Arnold's *Observations on Insanity* in the following number, sounds like Pinel: in both articles he called attention to the moral aspects of mental disease. In another unsigned article (No. 50, 1787), Pinel discussed the seasonal variations in melancholy and the possibility of moral cure. The physician, prescribing only the mildest drugs, he wrote, must be both firm and wise; above all, he must improve the moral state of his patient. This subject, added the author, will be discussed in later articles.

Speaking of this period in Pinel's life, René Semelaigne, whose biography of Pinel (1888) is the most complete, declared that his articles on insanity succeeded each other without interruption in the journals.¹⁴ There is little doubt that Semelaigne's comment, based on a study of Pinel's letters and of many documents, is correct. Indeed, besides the articles presently attributed to Pinel, all of which betray a keen interest in moral treatment, it is certain that others will be discovered.

For Pinel was a prolific writer. He was responsible for the translations of many sections of the abridged version of the *Philosophical Transactions*, which appeared in 1787. In addition, he contributed many articles on hygiene and an essay on hellebore to the first volume of the *Encyclopédie Méthodique* (1787). Meanwhile, his editorship of the *Gazette de Santé* continued. Many issues were explored which he later took up in longer reports or in the treatise of 1801. There was, for instance, an unsigned editorial on dreams and on the necessity for a closer relationship between philosophy and medicine (*Gazette de Santé*, 1787, No. 30). And there was an unsigned discussion, which became the topic of a *mémoire* of 1800, on 'the appearance of both sexes in the same individual.'

In 1788 appeared an article with the significant title 'Médecine Morale'. Unsigned, it bears the clear mark of Pinel's style and interests at this time. The author reviewed an English psychological work and then went on to discuss the psychological problems of middle-aged women and the general problem of emotional disturbance. Physicians, Pinel observed, constantly tell their patients to fix their mind on new ideas and to oppose their depressions with cheerful amusements. But this, he continued, is not always easy to do. The Royal Society of London offered a prize for the best answer to the question: 'What diseases can be calmed or cured by exciting particular emotions?' But to excite certain emotions in the tired mind, wrote Pinel, is often beyond the skill of the physician. Yet not all women of forty suffer from the vapours; some live happy and useful lives with their families, he observed.

Here Pinel was expressing dissatisfaction with the current, and often glib, recipes for moral cure. Implied is the idea that moral exhortations are useless

if the patient has no occupations, no sense of usefulness. Implied, too, is the theory that social conditions are contributing factors to mental disease, a theme characteristic of Pinel, which he was to develop at great length in several essays.

In 1788 he was invited to give a report to the Société Royale de Médecine on various methods of treating mania.¹⁵ Although, to my knowledge, this report has not been published, there appeared an article with a similar title in the following year: 'Observations on the moral régime most fitted to restore the aberrations of maniacs.' It was the longest of his psychiatric studies up to that time and contained important comments on the sources for his theories. First, Pinel dealt with English methods of treating insanity and then went on to a discussion of his own application of these principles. He opened by stating that many causes had contributed to the recent interest in moral methods, but chief among these were King George III's insanity, the reports on Dr. Willis' treatment, and the recent work on Bethlem. Now the French work on Bethlem to which he referred was the Abbé Robin's translation of Bowen's *Historical Account of Bethlem Hospital* (1783). Robin's appendix to this translation contrasted the poor conditions in France with the enlightened care in England. It concluded with an urgent plea for French reforms and insisted that France, under a free government, must follow the remarkable lead of the English.¹⁶ In 1789, when the Bastille fell, this was the book which Pinel recommended.

After a report on British psychiatry, Pinel turned to a discussion of French hospitals. He agreed with Robin that reform was urgently needed. Yet he defended the physicians and claimed that they were less to blame than social conditions and the public attitude to insanity. From antiquity onwards, he wrote, physicians have practised moral methods when they were able. Then, citing examples from Willis' methods as well as from his own clinical experience, he gave a more detailed description of moral care. The physician must gain the friendship and confidence of his patients. He must yield to their desires; while making it clear where the line must be drawn, he must place trust even in the dangerous cases; at first he must sympathize with, and later dissipate, the patient's anxieties. Admitting the English physicians as his models, these are Pinel's clear instructions in 1789.

Other articles appearing at this time discussed the problem of emotional disturbance in relation to physical disease: a young mother's contraction of a serious infection as a result of anger, and the persistence of a fever with psychological origins. Both articles indicated the extent of Pinel's research into the key instrument which he used in moral treatment—the emotions.

In 1790 appeared a significant article defending the laws of the new régime. Since it brought up the question of social and physiological conditions conducive to insanity, and since it contained an early statement on the importance of man's sexual nature, it should be summarized. The new law stated that religious recluses might leave or stay in monasteries according to their own wishes; in either case the law would protect them. Pinel's reflections on this new edict leave no doubt as to which choice was desirable from a medical point of view, for the essay contained a strong and uncompromising attack on the monastic system. He described how peculiar religious practices, carried on in the name

of holiness, constantly undermined the strength of the body as well as of the mind. These practices included long meditations, which in Pinel's view bordered on psychotic states; isolation, which could only cause great unhappiness in man's essentially social nature; and the intake of debilitating herbs administered to reduce the sexual desires of healthy young men and women. Speaking frankly from his varied experience as a physician, Pinel described the pitiful cases which he had attended. Among these was a young monk suffering from psychological frustration, profound guilt and a chronic physical illness following the attempt at denial of his sexual desires. The remedy which Pinel advised was marriage, and his general comment on this problem follows: 'I ask all men who have not renounced the gift of reason, whether marriage is not the sole cure recommended by the voice of nature.'

Pinel thus showed a keen interest in the psychological effects of social conditions. In 1790, the first year of French liberty, he also discussed the effect of political conditions on the health of the people. Entitled 'A Physician looks at the effects of the revolution in France', the essay appeared in the February issue of *L'Esprit des Journaux*.

This essay was a contribution to preventive medicine as well as to psychiatry. Its purpose was to teach the danger of idleness and the importance of mental activity and social engagement. Although no statistics were given, Pinel raised the interesting theory that there was a correlation between political inertia and mental and physical disease, a phenomenon evidenced in France during the years before the Revolution. He claimed that the recent revolutionary zeal had caused a definite improvement in the health of the nation: new energy had flowed into the nervous system, joy had dilated the heart and strengthened the viscera, and psychological diseases had been much reduced. It had been noted that only the women appeared to have suffered from the revolution; for them the emotional excitement of the times had proved too violent, and many cases of insanity among women had been reported. Although there was little factual substantiation for these ideas, the whole essay contained interesting theories on what we would call psychosomatic diseases.

The next two years were very productive. Pinel published articles on hygiene, zoology, anatomy, abuses in blood-letting and another major psychiatric report: 'Observations on a type of melancholy which leads to suicide.' Parts of this article, and of others already mentioned, were reprinted without alteration in the *Traité médico-philosophique sur l'Aliénation mentale*.

Although this report on suicide is interesting for several reasons, it is particularly relevant to our present thesis as showing that Pinel was using moral cures as early as 1787. The first patient described was a man of thirty-six, happily married, in good financial circumstances, who was yet intent on suicide. Such apparently motiveless cases, observed Pinel, are precisely those which are never recorded in medical books. This man, seen in 1783, received the old-fashioned treatments of herb-soups, diet, salts and forced evacuation: all were ineffective, however, and he succeeded in killing himself. During the years between the first and the second patient, seen in 1787, Pinel had evidently decided to devote his efforts to experiments in moral care. His second suicide

case was a young man rejected by his family because of a refusal to make the Church his profession. Instead of soups and salts, Pinel concentrated on providing a pleasant environment and a balanced way of life for the unhappy youth: he found his patient a quiet household to replace his family, and prescribed a regular round of hard physical labour, study and teaching. Unfortunately, these efforts were wasted and the man committed suicide.

Here is no glib account of humanitarian methods; instead, the facts and the problems are clearly presented. This was the second time that Pinel had drawn attention to a complex and little-understood area of psychiatry. The first was his emphasis on man's sexual adjustment, and here he was pointing, though unknowingly, to the area of subconscious guilt and repression. Before 1793, and before Chiarugi published his treatise, Pinel had described not only the possibilities of success through moral treatment but also the areas of failure.

This was the last of his significant short publications prior to 1793. The essay question set by the Société Royal de Médecine, for which Pinel won honourable mention and the only prize awarded, was announced on 30 August 1791, and was to be submitted before June 1792.¹⁷ This essay also concerned the treatment of insanity, but it was never published and may have been destroyed.

By 1792, Pinel had taken up his duties as chief physician at Bicêtre,¹⁸ although his formal nomination was not entered in the records until 1793. By then he had earned the title of the French Hippocrates and his nomination to two chairs at the School of Medicine followed in 1795. The course in hygiene, which he shared with Hallé, covered abnormal psychology. Thus, even though there was no separate chair in psychiatry, Pinel was teaching this subject both at the School of Medicine and in the large hospitals. A manuscript in Pinel's own handwriting at the Wellcome Library tells us that his hospital rounds with students began at the Salpêtrière in 1796.¹⁹

The evidence presented in this paper indicates that Pinel developed his moral methods alone and unaided. If there was any borrowing, it was from Dr. Willis and the English physicians rather than from Chiarugi's work of 1793-4. It has been shown that many physicians prior to either Chiarugi or Pinel had mentioned moral care. What distinguished Pinel's articles, no less than his treatise of 1801, were the detailed accounts of case-histories and the full description of moral treatment. This moral treatment was not only a matter of humanitarianism. It was a process of gaining the confidence of patients and of providing them with a stimulating and pleasing environment. In this way, Pinel hoped to arouse certain beneficial emotions. An understanding of the emotions and their physiological effects was at the heart of Pinel's methods. He was therefore correct when he said that Chiarugi had done too little research and that he advanced old ideas on the treatment of the insane.²⁰ Pinel himself had done much research and had written many articles on the effects of the emotions. We misunderstand the significance of early nineteenth-century reforms if we think that they consisted in providing airy hospitals, pleasant gardens and a kindly attitude. There was much more to Pinel's theories than this. If he did not publish his major work on insanity until he was fifty-six, it was because his previous studies and observations had been so extensive. In fact,

he had published a wide variety of findings on psychosomatic diseases, as well as on insanity, before 1793. Above all, he had been preoccupied with the relationship between emotions and both physical and mental disease.

CHECK-LIST OF PINEL'S ARTICLES ON EMOTIONAL
ABERRATION AND INSANITY (1778-1793)

- [Announcement of new editorial policy.] *Gazette de Santé*, No. 4, 1784.
Du magnétisme animale, *Gazette de Santé*, Nos. 5, 7, 9, 16, 17, 26, 1784.
Hygiène, *Gazette de Santé*, Nos. 23, 29, 31, 36, 46, 52, 1784. (These articles on hygiene are marginal to the present subject. They continued throughout Pinel's editorship of the *Gazette*; only those relevant to our discussion will be cited henceforth.)
Observations sur une mélancolie nerveuse dégénérée en manie, *Gazette de Santé*, No. 9, 1786, pp. 34-5.
Remarques sur les effets physiques que produisent certaines affections morales, telles que la crainte et la tristesse souvent renouvelées. *Gazette de Santé*, No. 28, 1786, pp. 109-10.
[Letter on impotence.] *Gazette de Santé*, No. 45, 1786, pp. 179-80.
[Review of M. Doppet.] Le Médecin Philosophe, *Gazette de Santé*, No. 4, 1787, pp. 13-14.
[Review of T. Arnold.] Observations on Insanity, *Gazette de Santé*, No. 5, 1787, pp. 17-18.
[Letter on dreams.] *Gazette de Santé*, No. 30, 1787, pp. 117-18.
Les accès de mélancolie ne sont-ils pas toujours plus fréquens et plus à craindre durant les premiers mois de l'hiver? *Gazette de Santé*, No. 50, 1787, pp. 201-2.
Ellebore, Elleborism (and articles on hygiene), *Encyclopédie Méthodique*, 13 vols., Paris, 1787-1830, vol. 1 (ed. Vicq d'Azyr).
Observation sur une apparence des deux sexes dans le même individu, *Gazette de Santé*, No. 24, 1788, pp. 95-6.
Médecine Morale, *Gazette de Santé*, No. 26, 1788, p. 101.
Les effets utiles des divers modes de traitement applicables à la manie [unpublished report], 1788.
Observation sur le danger que font éprouver aux femmes nouvellement accouchées les émotions vives de l'âme, *Gazette de Santé*, No. 3, 1789, pp. 10-11.
Observations sur le régime moral qui est plus propre à rétablir, dans certains cas, la raison égarée des maniaques, *Gazette de Santé*, No. 4, 1789, pp. 13-15.
Observations sur les vices originaires de conformation des parties génitales de l'homme, et sur le caractère apparent ou réel des hermaphrodites, *Journ. de Physique*, 1789, 35, pp. 297-307.
Exemple d'une fièvre lente nerveuse, *Journ. Gratuit: Neuvième Classe*, 1790, pp. 15-20.
Réflexions médicales sur l'état monastique, *Journ. Gratuit: Neuvième Classe*, 1790, pp. 81-93.
Coup-d'oeil d'un médecin sur les effets de la révolution opérée en France, *L'Esprit des Journaux*, Fév. 1790, pp. 365-8.
Observations sur une espèce particulière de mélancolie qui conduit au suicide, *La Médecine éclairée par les Sciences Physiques*, 1791, vol. 1, 154-9.
Indiquer les moyens les plus efficaces de traiter les malades dont l'esprit est devenue aliéné, avant l'âge de vieillesse. An unpublished essay submitted to the Société Royale de Médecine, for which Pinel won honorable mention and the only prize awarded, 1792.

Pinel or Chiarugi?

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19. See Wellcome manuscript collection: letters of Philippe Pinel.
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Kathleen M. Grange

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