

THE TREATMENT OF THE INSANE IN EIGHTEENTH- AND EARLY NINETEENTH-CENTURY MONTPELLIER

A CONTRIBUTION TO THE PREHISTORY OF THE LUNATIC ASYLUM
IN PROVINCIAL FRANCE

by

COLIN JONES*

THE LAW of 30 June 1838 which created lunatic asylums in every department in France fixed the legal and institutional framework within which the insane were to be treated for the remainder of the nineteenth and well into the twentieth centuries.¹ The law was a victory for the campaign of public opinion and pressure on government which interested parties, especially in the medical profession, had been waging since the Restoration for the improvement of the conditions in which the insane were treated. The mythopoeic power of the gesture by which in 1793 Phillipe Pinel, founding father of French psychiatry, had ordered the release of insane inmates of the Paris Hôpital Général from the chains customarily used to restrain them had, it is true, ushered in a mode of treatment which, in its emphasis upon humane conditions under medical supervision, prefigured the regime to be favoured in the post-1838 lunatic asylums. Moreover, the foundation in 1796 of the Maison Nationale des Aliénés in the Parisian suburb of Charenton permitted a second centre for the scientific study of insanity to develop in the capital.² Paris, however, was not France: and the conditions in which the insane were kept in the provinces were sufficiently scandalous to fuel a significant reform campaign. In 1818, for example, Esquirol, one of Pinel's foremost disciples, published an official report on conditions for the insane in hospitals, prisons, *dépôts de mendicité*, and similar institutions throughout France, which helped fan the

* Colin Jones, B.A., D.Phil., Department of History, University of Exeter, Queen's Building, Exeter EX4 4HQ.

¹ Even so, the study of the institutional treatment of the insane under the provisions of the 1838 law has been neglected by historians, and there exists nothing remotely to match the history of the treatment of and attitudes towards insanity prior to the early nineteenth century in M. Foucault, *Folie et déraison: histoire de la folie à l'âge classique*, Paris, Plon, 1961. This classic work has, however, very little detailed information on the treatment of the insane in provincial France.

² For Pinel, see above all his authoritative *Traité médico-philosophique sur l'aliénation mentale*, Paris, Year IX. For Charenton's early history, see C. F. S. Giraudy, *Mémoire sur la Maison Nationale de Charenton*, Paris, Year XII; and J. Esquirol, *Mémoire historique et statistique sur la Maison Royale de Charenton*, Paris, 1824.

righteous indignation of middle-class opinion. If in Paris the insane were no longer treated like animals or wild beasts, Esquirol noted, everywhere in provincial France “les aliénés sont couverts de chaînes”.³ Invoking his own very extensive knowledge of conditions, Esquirol painted a graphic and shocking picture of generalized misery:

Je les ai vus couverts de haillons, n'ayant que la paille pour se garantir de la froide humidité du pavé sur lequel ils sont étendus. Je les ai vus grossièrement nourris, privés d'air pour respirer, d'eau d'étancher leur soif et des premières besoins de la vie. Je les ai vus livrés à de véritables geôliers, abandonnés à leur brutale surveillance. Je les ai vus dans des antres où l'on craindrait de renfermer les bêtes féroces que le luxe des gouvernements entretient à grands frais dans les capitales.⁴

Horror stories of this kind adduced by reformers prior to the 1838 law, for all their merits and arguably because of the evident truth behind them, have tended to obscure from the historian's gaze the detailed history of the treatment of insanity in the eighteenth and early nineteenth centuries. This constitutes a lacuna which the extremely fragmentary nature and relatively sparse quantity of relevant source material have made all the more difficult to fill.⁵ We know from historians of ideas and of science that insanity was becoming the subject of growing interest over the eighteenth century even before Pinel's work.⁶ Pinel, for his part, has received extensive treatment at the hands of medical hagiographers.⁷ Yet apart from the worthy expostulations of the pre-1838 reformers, little is known of the institutional framework for the treatment of the insane which had emerged in the eighteenth century in many provincial cities⁸ and which in some places endured through the

³ J. Esquirol, *Des établissements des aliénés en France et des moyens d'améliorer le sort de ces infortunés*, Paris, 1819, p. 7.

⁴ *Ibid.*, p. 3f.

⁵ The approach to the problem attempted here is above all through the archives of the charitable institutions in which the insane were kept. Hospital archives in France are conventionally divided into *archives anciennes* (prior to 1790) and *archives modernes* (since 1790) – a classification which owes more to the accident of the Revolution than to any significant event in the internal history of these institutions. Although most hospitals have deposited their *archives anciennes* in departmental archives, their *archives modernes* are still frequently to be found, neglected and sometimes totally unclassified, in the hospitals themselves. Fortunately, in Montpellier both the *archives anciennes* (hereinafter cited as HD I) and *modernes* (hereinafter cited as HD II) of the city hospital, the Hôtel-dieu Saint-Eloi are to be found in the *Archives départementales de l'Hérault* (hereinafter cited as *A.D.H.*). For the early nineteenth century, these are complemented by the records of the city's Hôpital Général (hereinafter cited as HG I, prior to 1790; HG II, after 1790). The archives of the municipality (*Archives municipales de Montpellier*; hereinafter cited as *A.M.M.*) also contain much relevant data, especially the registers of deliberations of the *Conseil de ville* (hereinafter cited as *BB Reg.*). Such widely dispersed and rather sparse documentation would not normally be uncovered except in the course of research into a much wider topic – in this case, for my Oxford D.Phil. thesis, 'Poverty, vagrancy and society in the Montpellier region, 1740/1815', 1978, [unpublished].

⁶ See above all Foucault, *op. cit.*, note 1 above, *passim*.

⁷ R. Semelaigne, *Philippe Pinel et son oeuvre*, Paris, Imp. Réunies, 1927, is a good example of the genre.

⁸ Some now rather dated works take the story up to the Revolution: for example, P. Sérieux and L. Libert, *Le régime des aliénés au XVIIIe siècle*, Paris, 1914; *idem*, 'L'assistance et le traitement des maladies mentales au temps de Louis XVI', *Revue historique de droit français et étranger*, 1931; and P. Sérieux, 'Le Parlement de Paris et la surveillance des maisons d'aliénés et de correctionnaires aux XVIIe et XVIIIe siècles', *ibid.*, 1938. An interesting recent study on the early nineteenth-century "prehistory" of the lunatic asylum at Auxerre (Yonne) is to be found in G. Bleandou and G. Le Gaufey, 'The creation of the insane asylums of Auxerre and Paris', English translation (of an article which first appeared in French in *Annales Economies Sociétés Civilisations*, 1975: 30) in R. Forster and O. Ranum (editors), *Deviants and the abandoned in French society. Selections from the Annales Economies Sociétés Civilisations*, Baltimore, Md., and London, Johns Hopkins University Press, 1978. No serious study of the institutional treatment of the insane in a French provincial city has, to my knowledge, been attempted, however, for both the eighteenth and early nineteenth century.

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Revolutionary era into the post-Napoleonic period. It is upon the institutional treatment of the insane in one such city, Montpellier, in this “prehistoric” period of the provincial lunatic asylum that this article will focus. Montpellier – a little over 30,000 strong for most of the period under consideration – was even under the Ancien Régime a profoundly medical city, with a Faculty of Medicine second in prestige and intellectual renown only to Paris. In fact, as will be seen, the medical profession was to have remarkably little to do with the treatment of the insane for most of the period; and from the beginning to the end of the period the motives behind the institutionalization of the insane tended to be social rather than medical – a fact that was not without bearing on the history of the lunatic asylum after 1838.

I

Public concern for the insane in eighteenth-century Montpellier was prompted initially by considerations of public safety and security. In 1707, the long-serving Intendant of Languedoc, Lamoignon de Basville, had expressed concern to the city’s municipal authorities over “des gens qui roulent la ville et commettent plusieurs désordres se trouvant dépourvus de raison et du bon sens”.⁹ Basville – “intendant ou plutôt roi du Languedoc” in Saint-Simon’s acidulous phrase¹⁰ – was something of a reformer in the field of social welfare, although his conception of social welfare was typical of the late seventeenth century and early eighteenth century in placing a premium on confinement of all the needy and deviant poor in specialized institutions. In the last decades of the seventeenth century, for example, he had been instrumental in the creation in Montpellier of an Hôpital Général, the prototype of the workhouse-like institutions for the so-called *grand renfermement des pauvres* which simultaneously harboured the destitute and punished the deviant and workshy within its walls.¹¹ Basville had also had a hand in the establishment of special institutions for Protestant children and for public prostitutes.¹² By 1707, however, the intendant was growing old, and was inclined to place his trust in the energy and goodwill of “des personnes dévotes et charitables” coming forward to provide the seemingly increasingly recognized need for a place of confinement for the insane.

In the event it was not local philanthropists but the Montpellier municipality which, instigated by an incident in 1713 in which an alleged madman had stabbed his wife to death before proceeding to burn down his own and his neighbours’ houses, was eventually stirred into action.¹³ Municipal officials at that time were quite alive to questions of public order and hygiene: they had made special provisions for the

⁹ *A.M.M., BB Reg.*, 14 December 1707.

¹⁰ Claude Henri de Saint-Simon, *Mémoires*, Paris, ‘Grands Ecrivains de la France’ edition, 1923–1924, 36 vols., vol. 13, p. 132.

¹¹ For the *grand renfermement*, see above all Foucault, op. cit., note 1 above, especially Part I, Chapter 2. Cf. E. Chill, ‘Religion and mendicity in seventeenth-century France’, *International Review of Social History*, 1962. For the creation of the Montpellier Hôpital général, see P. Beral, *Histoire de l’Hôpital de la Charité de Montpellier (1646/1682). Berceau de l’Hôpital Général*, Montpellier, 1899.

¹² C. d’Aigrefeuille, *Histoire de la ville de Montpellier*, new edition published under the direction of M. de la Pijardière, 4 vols., Montpellier, 1885, provides an interesting municipal chronicle of the late seventeenth and early eighteenth centuries.

¹³ *A.D.H.* (henceforth all references without archival source are from this dépôt), HD I F 35. Cf. HD I E 3 (deliberation 2 November 1715).

vagrant and diseased masses during the famines of 1693 and 1709, they had helped reorganize the police services in the 1690s, and had joined in a full-scale campaign against public prostitution, which was alleged to be dishonouring local families almost as fast as it was spreading venereal disease.¹⁴ Now, accepting the need to protect citizens against the excesses of the insane, the municipality arranged with the administrative board of the local hospital, the Hôtel-dieu Saint Eloi, for the building of twelve cells, or *loges*, in the hospital's premises for the confinement of the city's insane.¹⁵

The municipality financed six of the twelve *loges* which the hospital proceeded to build. In addition, it undertook to make an annual payment of 1,200 *livres* for the upkeep of the *loges'* inmates. The city's *maire* and consuls or its *bureau de police* were to have sole right to confine the insane and it was agreed that the latter should normally be from the city or its immediate environs. The other six *loges* were to be filled with candidates approved by the hospital board, usually in return for an annual sum of at least 200 *livres* each to cover the costs of upkeep.¹⁶ The number of places in that part of the Hôtel-dieu Saint Eloi which, in reference to the notorious Paris madhouse, came to be known as the *petites maisons*, grew over the course of the century. What had originated as a municipal policing measure expanded its scope somewhat from the 1730s, when the hospital agreed to build four *loges* for individuals from the diocese of Montpellier chosen by the bishop, who was to reimburse the hospital for their upkeep.¹⁷ During the hospital's major building programme in the 1760s and 1770s, extra *loges* were constructed for the city, the diocese, and for the hospital's own use. By the time of the Revolution, the Hôtel-dieu contained twenty-five *loges* – six for the diocese, nine for the municipality, and ten for the hospital's use.¹⁸ The average number of inmates in the *loges* had by then grown from just over ten in the early years of the century to over twenty.¹⁹ The turnover of inmates was not high, however: on average only four persons were admitted each year in the 1780s.²⁰

These numbers are small enough to suggest that the Hôtel-dieu never managed to get to grips with the overall contours of the world of insanity. Twenty-odd inmates out of a city population of more than 30,000 means that, even allowing for uncertainty of definition and diagnosis, only a small proportion of the number of those who might be accounted insane were received in this hospital. This fact is not substantially altered by the existence of mentally-disordered persons in other institutions in the city. Well-off families might have their disturbed or deviant members put away in a convent or monastery. The Hôpital Général, for its part, had its fair share of the senile and feeble-minded. The same was probably true of the *dépôt de mendicité*, the poor-house

¹⁴ For police and prostitutes, see my article 'Prostitution and the ruling class in eighteenth century Montpellier', *History Workshop. A Journal of Socialist Historians*, 1978: 6, esp. pp. 7/11.

¹⁵ HD I F 35.

¹⁶ *Ibid.*

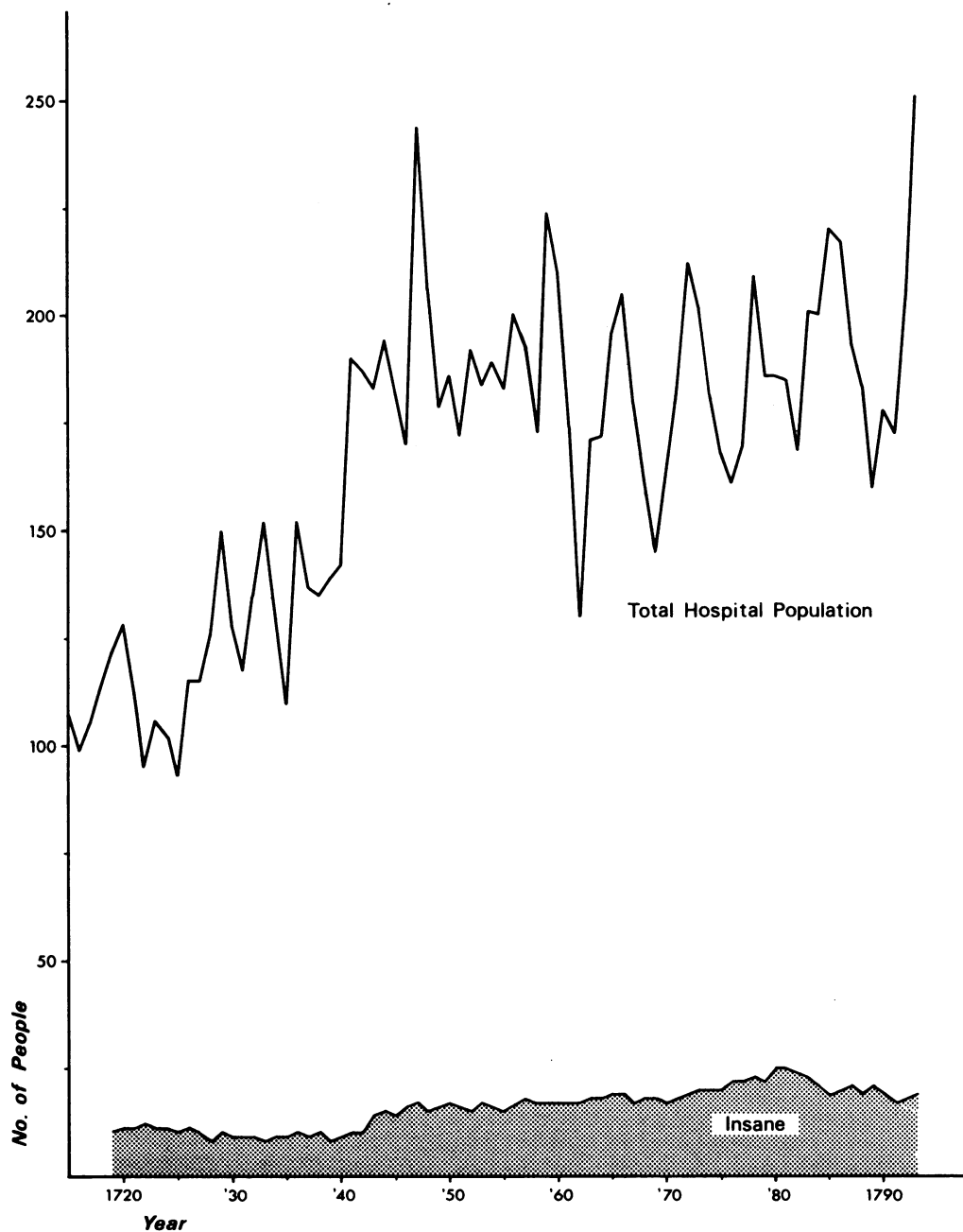
¹⁷ HD I E 5 (deliberation 10 August 1735).

¹⁸ For rebuilding, see HD I F 35; HD I E 10 (deliberation 16 August 1766) and E 11 (23 May 1772). For the Revolution, L 3970.

¹⁹ Graph I. HD I F 15 to F 33. A figure for each year was arrived at by averaging twenty-four readings, one at the beginning and one at the end of each month. Changes in the methods of recording inmates prevent us knowing the size of the insane population in the hospital after 1793. HD II F 14.

²⁰ HD I F 36.

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GRAPH I

AVERAGE NUMBER OF INSANE INMATES AND AVERAGE TOTAL POPULATION IN THE MONTPELLIER HÔTEL-DIEU IN THE EIGHTEENTH CENTURY
(Source: *A.D.H.*, HD I F 15 to F 33.)

established in the 1760s to institutionalize the begging and vagrant poor. The numbers of recognizably insane individuals in all these places was not however great and it seems certain that the institutionalized world of insanity was never more than a fraction of the total number of mentally-disturbed: in this sphere at least, *grand renferment* is something of a grandiloquent misnomer.²¹

II

The initial aim behind the introduction of the Hôtel-dieu Saint Eloi's *loges* – the ensuring of “la sûreté publique” within city walls – remained potent throughout the eighteenth century. A large proportion of detainees were individuals whose insanity for one reason or another was adjudged a menace to public order. In 1769, for example, a certain Robert, an agricultural labourer from the workers' suburbs, was arrested for “courant les rues nuit et jour, ayant failli mettre le feu à tout le voisinage”.²² In 1753, a certain Bouissonnade was arrested “après avoir blessé plusieurs habitants”, and was carted off to the *loges*.²³ Even when there was not a strong case to be brought against an individual but where the individual seemed dangerously eccentric or psychologically disturbed, the consuls or the *bureau de police* could still sentence pre-emptively. If the municipality's own *loges* in the Hôtel-dieu were full, then the consuls negotiated with the hospital administrators to pay for the use of one of the other *loges* until a municipally-financed one became available.²⁴

The perceived danger to the public which the insane constituted was sometimes moral rather than physical. Louis Dorel, for example, “se disant du château de l'Escuve à deux lieues d'Alby”, entered one of Montpellier's parish churches one August morning in 1753, leapt on to an altar and began smashing religious images and ornaments to right and left.²⁵ Whether the man was a religious maniac, an iconoclastic Protestant, a precocious dechristianizer, or a juvenile delinquent, he was hauled off by soldiers to the garrison prisons to cool his heels before passing into the Hôtel-dieu's *loges*. Moral cases frequently involved the honour of families as well as – sometimes more than – public order. In 1739, for example, the consuls of the nearby village of Montbazin prevailed upon the bishop of Montpellier to support the petition of François Donnadiou, father of four children, to have confined in the *loges* his wife who, it was alleged, had long since lost her reason and “fait des extravagances extraordinaires jusques à aller courir de village en village à l'environ de 4 à 5 lieux et même elle cherche disputer à tout le monde, les insultant en toute sorte de méchant

²¹ Monasteries and convents normally admitted lunatics interned by royal *lettre de cachet*. An examination of the use of this administrative procedure in Languedoc suggests that there were only small numbers of the insane among the moral offenders, disobedient family members, and occasional political dissidents also interned in this way (C 111 to C 144). Similarly, at the Hôpital Général, most adult inmates were aged, disabled, and infirm rather than insane. Moreover, the number of adult inmates was dwindling over the last decades of the *Ancien Régime* as a result of the institution's grave financial problems. As for the *dépôt de mendicité*, the fact that Montpellier authorities did not feel it necessary to build special *loges* for the insane as the government urged in 1769 suggests that numbers of lunatics were insignificant (C 569).

²² *A.M.M., BB Reg.*, 17 April 1769.

²³ *Ibid.*, 21 August 1753.

²⁴ Citations regarding the insane are extremely numerous in the registers of municipal deliberations (*A.M.M., BB Reg.*) for the whole of the century.

²⁵ *A.M.M., GG* (unclassified documents).

langage même en posant les mains sur eux”.²⁶

Such detentions were sometimes viewed as charitable acts. Certainly they saved many families from the embarrassment and dishonour perceived to be attendant on having a lunatic in the family, and from the manifold inconveniences which sprang from having to care for or protect oneself from a deranged relative in the confines of the home. A growing concern to prevent arbitrary or repressive imprisonment – even by *lettre de cachet* – made such charitable detentions look somewhat obsolete. In 1776, for example, the central government admonished the *maire* over the allegedly “charitable” confinements of dissolute young women from honest families in the Bon Pasteur, a sort of prostitutes’ prison and reformatory.²⁷ About the same time, the hospital’s administrators, evidently afraid of losing the charitable status on which they depended to tap the benefactions and liberalities of the townspeople, reacted vigorously against abuses in this sphere. They made it quite clear that, although they confined the insane, “notre hôtel-dieu ne peut être regardé comme une maison de force destinée à punir des coupables”.²⁸ A recent case in which a jealous husband had unjustly had his wife shut away in the *loges* on the grounds of her supposed insanity had, in the administrators’ eyes, highlighted “le danger des conséquences puisqu’en ne cherchant qu’à se prêter aux désirs des citoyens et aux situations des familles, l’administration risque d’être surprise et pourrait se trouver compromise et inculpée ou de connivence avec des parents injustes ou de s’être érigée en juge de la nécessité d’enfermer un citoyen”.²⁹ From this time on, the hospital’s regulations insisted that each candidate for confinement should be presented along with a valid police order or with a court judgement (*interdiction*), a covering letter from his family, and a medical certificate of insanity.

The dossiers on inmates which the administrators of the hospital came to compile have unfortunately not survived, and it is difficult from the sparse and incomplete documentation still remaining to analyse in any detail how closely regulations on admissions were observed.³⁰ What little has survived suggests a fair degree of laxness, both before and after the supposed tightening up of admissions in 1776. This was especially the case with diocesan confinements. Bishops had little sense of legal niceties in such matters – and yet the hospital administrators well realized the need to keep on good terms with such an influential dignitary. A lunatic’s family who turned up on the doorstep of the hospital armed only with a letter of recommendation from the bishop was unlikely therefore to be turned away. The municipality was, in contrast, more particular. By the last decades of the Ancien Régime, cases which came before the consuls seem normally to have been accompanied by the required documentation: the order of the *bureau de police*, where this was relevant, a copy of the judicial *interdiction*, letters from the individual’s family, a certificate of insanity from his or her neighbours, and a medical certificate as well. The medical certificate did not act as an independent check on the insanity of the person to be confined, however. Usually it

²⁶ HD I F 35.

²⁷ Bibliothèque Nationale, Manuscrits français, 7513.

²⁸ HD I F 35.

²⁹ HD I E 11 (deliberation 13 July 1776). Cf. *Ibid.*, (deliberation 27 May 1775).

³⁰ For a handful of surviving dossiers on individuals detained on the orders of the bishop, HD I F 35.

merely purported to show that all attempts at cure had failed and that there was little chance of a speedy return to reason. Furthermore, the exiguity of the professional knowledge of many rural practitioners in the Midi – where it was sometimes said that a man's capacity to wield a razor entitled him to call himself a surgeon – does not inspire confidence in their diagnostic and therapeutic capacities.³¹

III

Could those admitted to the Hôtel-dieu Saint Eloi's *loges* expect proficient medical treatment at the hands of the more high-flying medical personnel who clustered together in this centre of academic medicine? It would seem not. Despite the medical profession's increasing bent towards clinical methods over the course of the eighteenth century, the most celebrated writers on insanity prior to Pinel were remarkably little interested in treating the institutionalized lunatic. In addition, in Montpellier at least, the structure of the hospital had the effect of shielding the insane from the medical profession. Clinical medicine seemingly stopped short at the gates of the *loges*: and there is no hard evidence to suggest that local doctors approached inmates with anything more than indifference.

The nursing sisters who presided over the internal running of the hospital insulated the inmates of the *loges* from direct medical concern. The regulations introduced for the newly-created *loges* in 1716 had stipulated that the hospital's administrators were to provide servants "pour fournir aux remèdes et autres alimens nécessaires".³² To this end, in 1718, the hospital board passed a contract with Saint Vincent de Paul's *Filles de la Charité* for a tenth sister to join the congregation of nursing sisters who supervised the internal life of the hospital.³³ The additional *soeur* was to be specially assigned to the treatment of the *pauvres incensez* – though she was to double up by looking after the hospital's extensive wine cellar as well. The medical knowledge of the *Filles de la Charité* was not negligible: they were renowned bloodletters and some possessed profound pharmaceutical knowledge. However, it may be doubted whether they could give as full rein to these skills in such a well-organized hospital as the Hôtel-dieu Saint Eloi, where they were constantly under the eye of both the medical profession and the hospital administrators, as they would in a smaller more rural hospital. The silence of hospital deliberations on this score suggests that the care the sisters accorded the insane was longer on compassion than on medical pretensions.

How assiduously the inmates of the *loges* were treated by the medical staff attached to the hospital also remains something of a mystery. Pierre Fournier, who served as doctor in the hospital from 1755 to 1766, and who published an account of his dealings with inmates in the course of 1763, included among his list of cures a young man who had fallen into *manie* after being victim in a highway robbery, and whom Fournier restored to health by using the traditional medical techniques of bloodletting,

³¹ See in particular the sometimes barely-literate medical certificates to be found in HD I F 35, HD II G 8. Cf. A. Babeau, *Le village sous l'Ancien Régime*, Paris, 1882, p. 332; L. Dermigny, 'De la Révocation à la Révolution', in P. Wolff (editor), *Histoire du Languedoc*, Toulouse, 1967, p. 390; and A. Molinier, *Une paroisse du Bas Languedoc. Sérignan, 1650/1792*. Montpellier, 1968, p. 170.

³² HD I F 35.

³³ *Archives Nationales* (hereinafter cited as *A.N.*) S 6171. For a brief account of this famous nursing order, see P. Coste, *Les Filles de la Charité. L'Institut de 1617 à 1800*, Paris, 1933.

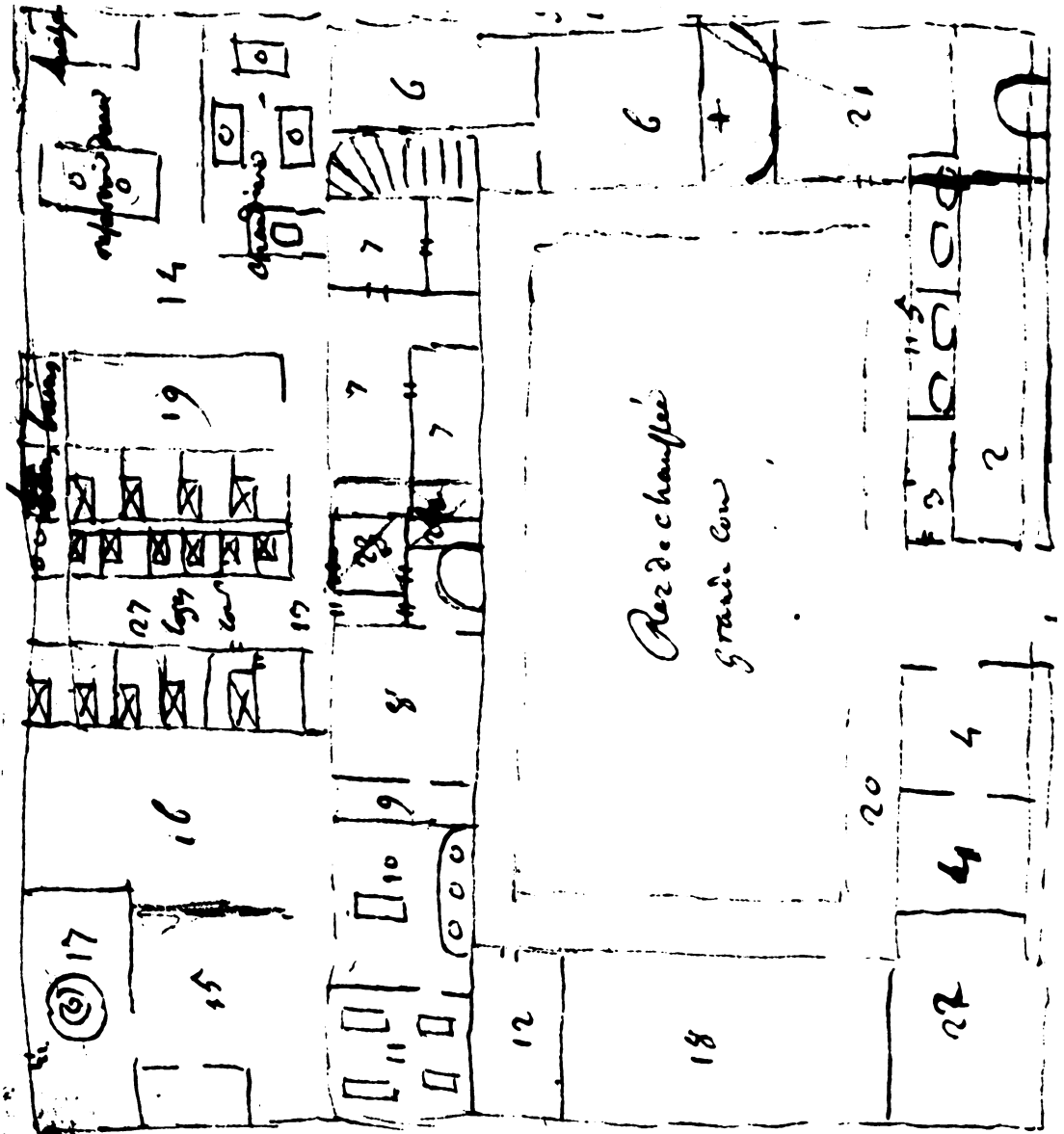


Plate 1 (see details on reverse).

Plate 1. Plan of the ground floor of the Montpellier hôtel-dieu Saint Eloi, 1785

(Source: Untitled pen drawing discovered among printed materials relating to Montpellier hospitals in *A.N.*, AD XIV 3.)

Internal evidence suggests that the drawing was done by (or possibly for) Jean Colombier, Royal Inspector of Hospitals and Prisons, who visited the hospitals in October 1785. His report on the institution is located in *A.N.*, F 15 226.

Not shown: drawings of the first and second floors of the hospital (where most of the rooms containing beds were situated).

The entry to the hospital is shown in the middle of the bottom of the photograph. At the opposite end of the courtyard is the “département des fous” (number 13). Number 19 is the “cour des fous”. Drawn on the plan are the *loges* (marked “27 loges”), another smaller courtyard (“cour”) and a couple of baths (“bains”).

Colombier’s key to the rest of the plan is as follows:

- (2) *bibliothèque*
- (3) *salle de visite des malades*
- (4) *portier*
- (5) *salles de bain*
- (6) *lingerie*
- (7) *pharmacie et laboratoire*
- (8) *bureau d l’administration*
- (9) *bureau des commis*
- (10) *cuisine*
- (11) *réfectoir des soeurs*
- (12) *lavoir*
- (14) *buanderie*
- (15) *basse-cour*
- (16) *bucher*
- (17) *puits à roues*
- (18) *greniers*
- (20) *galeries*
- (21) *église*
- (22) *panneterie*
- (23) *salle des soeurs*
- (24) *cabinet de la Supérieure*

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purgatives, emetics, and narcotic drugs.³⁴ Just how typical this case is – of methods of care, levels of attention, or rates of success – is unknown, although it is probably significant that the individual was treated within the main part of the hospital and not within the *loges*. The administrators, for their part, were not averse to boasting of the cures performed by their doctors in the *loges*.³⁵ They were flattered by the complimentary remarks on the service in this department accorded them by Jean Colombier, the Royal Inspector of Hospitals and Prisons, who made an inspection of the hospital in 1785. They even disdained use of the government-sponsored pamphlet, the *Manière de traiter les insensés*, penned by Colombier in conjunction with François Doublet, which Colombier attempted to foist on them, replying in their defence that they had nothing to learn from the moral methods, hydrotherapy, and pharmaceutical advice preached there.³⁶

Despite the bravura of their public pronouncements, however, the off-guard remarks of the administrators revealed a far more pessimistic attitude towards the therapeutic value of a stay in the *loges*. In 1780, for example in the case of one Caulet, the hospital board was commenting that: “Nous ne pouvons dissimuler . . . que le sieur Caulet n’a pas toute sa raison mais il est aussi vrai de dire que sa détention ne peut que contribuer à la lui faire perdre en entier” (!)³⁷ If a cure was effected, the board maintained in a similar case, it was best for the party involved to leave the *loges* as swiftly as possible, since “une plus longue détention pourrait effectivement le faire retomber dans le fâcheux état où il était premièrement”.³⁸

A further dubious note in the medical record of the hospital’s medical service towards the insane is the inefficiency of its release policy. One individual spent three years in the *loges* without showing at any time the slightest sign of insanity before it was adjudged appropriate to release him.³⁹ The frequently-recurring motif in medical certificates prior to admission that all efforts at cure had failed was probably taken as a sign of the hopelessness of cases who ended up in the *loges*. If medication did seem to hold out some hopes for cure, then the individual would be released provisionally from the *loges* to undergo treatment in the world outside.⁴⁰

Living conditions within the *loges* were in any case far from conducive to cure. Inmates might be shut away in solitary confinement for lengthy periods in their small – eight feet square – stone-walled and bar-windowed cells, with only, for the non-violent and non-dangerous, the occasional relief of a stroll in the courtyard or through the main wards.⁴¹ Such conditions were, it is true, superior to those pertaining in the other institutions in the city in which the insane might find themselves confined. In the Hôpital général or *dépôt de mendicité*, for example, the feeble-minded and senile would find themselves rubbing shoulders – such was the overcrowding, often literally!–

³⁴ P. Fournier, ‘Observations sur les maladies qui ont régné dans l’hôtel-dieu de Montpellier pendant l’année 1763, suivi d’observations sur plusieurs maladies particulières’, in Richard de Hautesierck (editor), *Recueil d’observations de médecine des hopitaux militaires*, Paris, 1766, vol. 1.

³⁵ *A.N.*, F 15 226.

³⁶ *Ibid.*

³⁷ HD I F 35.

³⁸ C 570.

³⁹ HD I F 36.

⁴⁰ *Ibid.*

⁴¹ HD I F 35. Cf. HD I E 12 (deliberation 27 September 1783). Cf. Plate 1.

with the destitute and the down-and-out, the criminal and the vagrant, in an atmosphere of stark austerity and privation.⁴² In the two prisons, overcrowding, high humidity levels, and an almost total absence of daylight made life unbearably unhealthy and uncomfortable.⁴³ Even this, however, was often preferable to the situation in which the insane might be placed in private homes. The labouring and artisan classes who provided the majority of cases of insanity in the city rarely had the room or facilities to provide a comfortable environment for the members of their families they adjudged insane, and the latter could well end up ignominiously chained up in a cellar or shut away in a tiny cubby-hole or airless cupboard under the stairs.⁴⁴

The Hôtel-dieu Saint Eloi could certainly offer more than all this. Yet the sympathy of the hospital administrators was more with those who had to endure the anti-social or asocial behaviour of the insane than with the insane themselves. Nor did they feel duty-bound to offer medical aid to the inmates of the *loges* as they did to the other inmates of the hospital. Before the beginning of the eighteenth century, the insane had always been specifically excluded from the hospital, and even after the building of the *loges*, the administrative board viewed care of the insane as essentially extraneous to their *oeuvre*.⁴⁵ If they had expanded the number of *loges* over the course of the century, and increased the proportion of places for the insane *vis-à-vis* the other inmates, this was above all in response to demand from outside.⁴⁶ In addition, the hospital found the pensions which private individuals, the municipality, and the diocese paid for the inmates of the *loges* a valuable financial adjunct in a period in which demographic expansion, inflation, and a decline in charitable giving all placed great pressure on the traditional precepts of hospital budgeting. By the 1780s, income from such pensions represented 6.3 per cent of the hospital's annual income.⁴⁷

Like all those who came into contact with them, therefore – families, neighbours, municipal officials, ecclesiastical dignitaries, nursing sisters, etc. – hospital administrators regarded the insane as a social rather than a medical concern. Protection of the community from damage at the hands of the unruly or pyromaniac lunatic, the maintenance of family honour and name in the face of the insanity of a close relative, the upholding of traditional codes of conduct which risked subversion by the social deviant, along with the real financial benefits to be reaped from caring for the insane: all these factors bulked larger than a care for the well-being of the individual lunatic or a desire to fit him out for reintegration into the wider society.

IV

The French Revolution – which in Paris was to lead to the “humanization” of the treatment of the insane at the hands of Pinel and his followers – brought considerable strains and pressures to the institutional treatment of the insane in the provinces. The

⁴² For other charitable institutions in the city, cf. my unpublished Oxford D.Phil. thesis, op. cit., note 5 above.

⁴³ *A.N.*, F 15 226.

⁴⁴ HD I F 35, F 36. Cf. frequent indications of this sort in *A.M.M.*, *BB Reg.*

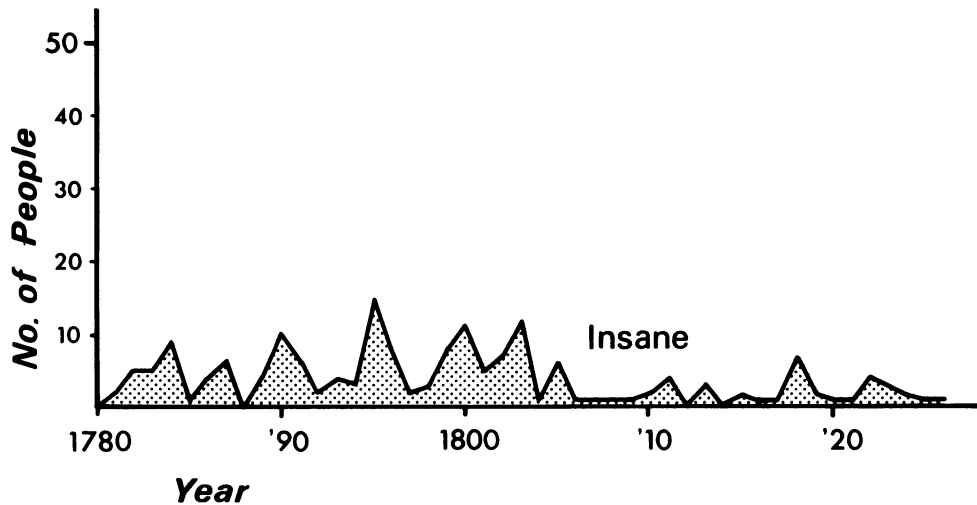
⁴⁵ HD I E 1 (deliberation 18 August 1696: “les insensés ne doivent point être receus”). Cf. HD I F 35.

⁴⁶ The proportion of the places within the hospital occupied by the insane grew from 10.7 per cent in the 1720s to 12.9 per cent in the 1780s. For sources and methods of calculation, see note 19 above.

⁴⁷ HD I E 119 to E 128 (annual accounts of the hospital).

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sometimes politically reactionary *aliénistes* of the early nineteenth century maintained, as a result of clinical observation of the havoc which political passions could wreak on the human mind, that the Revolution had considerably increased the incidence of insanity among the population at large.⁴⁸ In Montpellier, a greater number of individuals passed through the *loges* of the Hôtel-dieu Saint Eloi than before – though the number of places remained relatively constant.⁴⁹ Estimates of the numbers of the insane at large were of course likely to be wildly impressionistic, but it was the opinion too of both the *maire* of Montpellier and the hospital board that the numbers of the insane in the region had grown markedly.⁵⁰



GRAPH II

ADMISSIONS TO THE LOGES IN THE MONTPELLIER HÔTEL-DIEU 1780-1826
(Source: *A.D.H.*, HD I F 36, HD II G 9.)

Besides possibly increasing the numbers of those adjudged insane, the Revolution also changed some of the modes of procedure by which the insane could be committed to confinement in the *loges*. However, the sparse documentation which survives suggests that it was not appreciably more difficult to have someone put away for the loss of his reason than under the Ancien Régime.⁵¹ Legislation framed in the light of the political campaign against *lettres de cachet*, to protect individuals against arbitrary arrest and administrative detention cut little ice where the fate of the insane was concerned.⁵² The board of the hospital continued to receive as *pensionnaires* those individuals forwarded as insane by their families – especially where the families had

⁴⁸ See the discussion of this point by G. Rosen, *Madness in society*, London, Routledge & Kegan Paul, 1968, p. 178.

⁴⁹ HD I F 36; HD II G 9. Graph 2.

⁵⁰ HD II E 90, F 2.

⁵¹ See in particular the handful of individual dossiers in HD II G 8 and those also in L 3968. For a discussion of the legal position of the insane in post-revolutionary Montpellier, see *A.N.*, BB 18 366.

⁵² Foucault, *op. cit.*, note 1 above, p. 508 ff.

managed to secure a judicial *interdiction*. The new law on municipal police of 16/24 August 1790 confirmed the rights of municipalities in this sphere, according them powers to clear the streets of *furieux* and *bêtes féroces* [*sic*].⁵³ The *loges* of the former diocese were now placed at the disposal of the new district authorities.⁵⁴

The effective scope for detention of the insane seemed in practice to have been as wide as ever, despite the alteration of the political climate. Several inmates of the *loges* despairingly petitioned the public authorities in the atmosphere of political freedom of the early 1790s, contending that they had been unjustly imprisoned for various nefarious reasons.⁵⁵ They were all, however, unsuccessful in their pleas. At the height of the Terror in the city, moreover, the municipal authorities were able to despatch to the *loges* as insane *citoyenne* Mathieu, *épouse* Robert, simply for uttering “des propos tendant au Rétablissement de la royauté”.⁵⁶ Despite the eclipse of the Catholic church in the 1790s, there was still much the same concern for “moral cases” – perhaps partly because of the running down of the old Bon Pasteur which had acted as detention-centre for women of loose morals. Stonemason Pierre Vincent, for example, anxious to protect the honour of his “famille honnête” urged the confinement for insanity of his niece who had, he claimed, “par la fréquentation des mauvaises compagnies, par le goût du luxe et par la trop grande liberté qu’elle s’est acquise, dérogé déjà aux sentiments de puberté et pratique presque définitivement le vice”.⁵⁷

The continuing slipshod facility of gaining admission into the *loges* and the apparently larger numbers of persons adjudged suitable cases for treatment during the Revolutionary decade threw a heavy burden on the Hôtel-dieu Saint Eloi. It was a burden, moreover, which the hospital was ill-equipped to bear. The finances of a great many hospitals in France had been fragile in the last years of the Ancien Régime; but it was to be the Revolution which brought them financial catastrophe – or at very least major financial dislocation.⁵⁸ Much of this was due to the steep depreciation over the course of the 1790s of the paper money – the *assignats* – which the revolutionaries introduced in 1790. Both private individuals and the public authorities – where they could be made to carry on bearing their responsibilities – paid the pensions of inmates of the hospital’s *loges* in devalued *assignats*. Even the raising of the size of the average pension from 400 to 500 *livres* a year could not keep abreast of the scale of depreciation – nor indeed of the rate of inflation either.⁵⁹ In fact, the *pensionnaires* were only the tip of the iceberg. The backbone of the hospital’s Ancien Régime finances had been its *rentes constituées* (returns on investment). In the course of the 1790s, the hospital found itself being paid – or even reimbursed the capital sum – in *assignats*. This would have been catastrophic for the hospital even without the losses caused by revolutionary reforms which struck at various privileged forms of income such as

⁵³ *Ibid.*, p. 511.

⁵⁴ L 3968; HD II E 1 (deliberations, 23 October 1790, 15 January 1791).

⁵⁵ HD II G 8; L 3968.

⁵⁶ HD II G 8.

⁵⁷ L 2972.

⁵⁸ For the financial problems of the hospitals in 1790s, see the overview presented in J. Imbert, *Le droit hospitalier de la Révolution et de l’Empire*, Paris, 1954.

⁵⁹ L 3968.

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tithes, seignorial dues, and municipal tolls from which the hospital had benefited under the Ancien Régime. In the early 1790s, the government was prepared to make extraordinary grants of aid to hospitals which suffered in these ways. These funds progressively dried up after 1792, however. First, the Revolutionary Government in 1793 and 1794 gave financial priority to pensions schemes for the home-bound poor rather than hospital subsidies – and even went so far, by the notorious, if short-lived law of 23 Messidor Year II (11 July 1794), as to expropriate all hospital property. Thereafter, the Thermidorian and Directorial regimes down to the end of the 1790s espoused a *laissez-faire* policy towards all forms of poor relief, which came close to inhumane negligence. For most of the 1790s, therefore, Montpellier's Hôtel-dieu Saint Eloi, like most French hospitals, lived a dependent and at times desperately hand-to-mouth existence in which the hospital board not infrequently found it impossible to make ends meet. Those hospital inmates who remained within the institution – and the discharge rate tended to be high as a result of the forced reduction in commitments or alternatively through a high death rate – suffered a deterioration in their living standards and in the levels of care which the staff could provide. In 1799, it was reckoned that the cost of a day's care in the hospital was only two-thirds of the cost of 1789 – a reduction which owed almost everything to worsened conditions.⁶⁰

In order to keep afloat financially, the hospital's administrators began to place greater reliance on the care of sick and wounded soldiers, a branch of treatment for which they were reimbursed by the Ministry of War. A hospital which offered soldiers medical care, the logic was, would not be left to fall into financial ruin by governments which were, especially in the mid-1790s, more committed to ensuring the welfare of the *défenseur de la patrie*.⁶¹ In the tactical sphere, too, the aid which the hospital received from the Ministry of War came as a precious adjunct to its tattered finances. The existence of large numbers of military men within the hospital – nearly 40,000 soldiers, over eighty per cent of admissions, entered the hospital between 1807 and 1815⁶² – reduced the space available to civilian inmates and also contributed to the general deterioration in conditions. Recuperating soldiers ruled the roost and unmercifully submitted the other inmates to their bad temper, rough tricks, and callous sense of humour.⁶³ They were also the source of the outbreaks of typhus, typhoid fever, dysentery, and the other epidemics which periodically decimated the inmate population.⁶⁴

The insane were among the worst affected by the changes wrought in the Revolutionary decade. Although the quasi-militarization of the hospital may have contributed towards improvement in general levels of care – for doctors and surgeons always enjoyed a far greater degree of latitude in military than in civilian hospitals – this does not appear to have percolated down to the inmates of the *loges*. About half of those who entered the *loges* died there – a figure far higher than was the case for other

⁶⁰ HG II F 53.

⁶¹ See my article, 'The welfare of the French foot-soldier from Richelieu to Napoleon', *History*, 1980.

⁶² *A. N.*, F 15 1423.

⁶³ HD II E 127; HD II E 1, E 2 (deliberations: *passim*).

⁶⁴ IX2; HG II E 1, E 2 (deliberations: *passim*).

entries.⁶⁵ Improvements doubtless occurred as hospital finances were re-established in the Napoleonic period. Nevertheless, by 1807, the hospital's administrators were regretfully confessing that: "nous sommes peïnés depuis bien longtemps du petit cercle dans lequel est circonscrit le service des insensés à l'hospice civil de cette ville par le peu de localité que nous pouvons employer dont l'insuffisance est telle qu'elle nous force chaque jour à y refuser azile à une infinité de malades de ce genre".⁶⁶ A plan to increase the number of *loges* and to improve conditions for the insane by annexing the former Providence convent which adjoined the hospital had been mooted as early as 1801. Funds were lacking, however, and the project was still being talked about nearly two decades later.⁶⁷ In these circumstances, and in the general context of financial shortage, the best that could be hoped for by the insane was that they might be fed and looked after as well as their fellow inmates. There was no question of medical aid. Early in the Restoration, an independent observer, reviewing the regime inside the *loges*, commented favourably on the foodstuffs the insane were given; but as for therapy, he concluded, "tout me paraît se borner aux soins de propreté et à la surveillance".⁶⁸

In their desire to squeeze funds out of mean and parsimonious governments, hard-pressed hospital administrators in the 1790s had affected an emotive rhetoric of harassed compassion and pity for their charges. It was significant of the move in attitudes towards a desire for greater segregation of the insane, however, that they often jerked the consciences of government by portraying the sick poor harassed and their condition worsened by the propinquity of the insane. This was as true of other institutions in Montpellier as of the hospital. Requesting the transfer of a woman inmate allegedly suffering from "une manie complète" and "un délire mélancolique", the administrators of Montpellier's Hôpital Général, for example, affirmed that: "un pareil sujet ne peut que troubler l'ordre de la salle dans laquelle on l'a placée et la tranquillité des vieillards qui y ont un asile".⁶⁹ For similar reasons, the administrators of the hospital at nearby Sette requested that Montpellier's *loges* receive a deranged sailor who "s'est introduit dans la maison, qu'on ne peut le faire sortir, qu'il maltraite autant les malades que les personnes qui les desservent".⁷⁰ Compassionate concern for the feelings and conditions of the normal inmate was also behind the decision of the administrators of the Hôtel-dieu Saint Eloi in 1801 that henceforth the insane would always be kept under lock and key and not allowed to wander round the wards: to allow the latter was tantamount to "négliger la sûreté des individus de l'intérieur" and might occasion "divers actes de folie" which could "interromp[re] le repos des malades".⁷¹ The limitations in the capacity and facilities of the Hôtel-dieu Saint Eloi in the aftermath of the Revolution eventually made an impression on the Prefect of the Hérault. After 1810, at his behest, the regenerated departmental *dépôt*

⁶⁵ Average death rate in the hospital between 1807 and 1814 was 6.2 per cent. (1X2). For the insane, the death rate between 1790 and 1815 was 47.3 per cent. HD II G 9.

⁶⁶ HD II E 90.

⁶⁷ Ibid.; 1X2.

⁶⁸ 1X2.

⁶⁹ HG II G 8.

⁷⁰ L 3774.

⁷¹ HG II E 12. For similar sentiments, cf. HG II E 2 (deliberations, 20 October 1807); L 3774; HD II G 8.

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de mendicité in Montpellier relieved the pressure on places in the Hôtel-dieu Saint Eloi's *loges* by making special provision for the insane within its own buildings, situated in the grounds of the Hôpital Général.⁷² In the course of 1813, for example, while the Hôtel-dieu's *loges* admitted only six new entrants, the *dépôt de mendicité* admitted a dozen lunatics, most of them drifters, down-and-outs, and paupers whose families were too poor to pay a pension for their upkeep in the Hôtel-dieu.⁷³ By the time of the Restoration, while the Hôtel-dieu contained some eighteen *loges* still in use, nearly forty persons categorized as insane were to be found in the *dépôt de mendicité*.⁷⁴ The Restoration authorities were to preside over the running down of the Hôtel-dieu's *loges*, now decayed and discredited, and the erection of a separate building for the insane adjoining the *dépôt*, which furthered the segregation of the insane from the world of institutionalized poverty.

V

A new stage in the treatment of the insane in Montpellier began under the Restoration with the opening of what soon acquired the title of the Clinique des Aliénés. In August 1817, the Minister of the Interior informed the Prefect of the Hérault that he desired a *maison centrale d'aliénés* to be established within the department. At first, the city's hospital commission turned its attention to the old plan of converting the Providence buildings.⁷⁵ The reduction in the scale of the operations of the *dépôt de mendicité* after 1819, however, released buildings and potential building space whose conversion for the care of the insane was likely to prove less expensive than the work necessary on the Providence. In 1821, the hospital commission undertook a building plan to establish a proper *maison d'aliénés* in the grounds of the *dépôt*. Further expenditure of just under 200,000 *livres* in the years down to 1827 increased the number and improved the conditions of the new buildings. The new institution started receiving the insane into its sixty-four *loges* from 1823 – at first the men and later the women. At the same time, provision within the Hôtel-dieu's *loges* was run down, with the last inmate being received there in 1826.⁷⁶

At first glance, the new establishment was nothing more than the consecration of the desire for segregating the institutionalized poor from the vagaries of the insane which had been increasingly making itself felt. A new significance was injected into the institution, however, by the decision of the hospital commission in 1821 to appoint a pupil of the celebrated Esquirol, Henri Rech, as “médecin spécialement chargé au service des aliénés”. It was under his influence that what had originally been conceived of simply as a holding-place and quarantine centre for the insane was converted into a testing-ground for the new theories of mental alienation preached in Paris by Pinel and Esquirol.

Henri Rech came to his new job with all the bright-eyed enthusiasm of a man who

⁷² HG II G 96.

⁷³ HD II G 9; for the *dépôt de mendicité*, HG II G 13, G 20.

⁷⁴ *A.N.*, F 15 751.

⁷⁵ HD II E 90. Cf. 1X2.

⁷⁶ For the creation of the new establishment, see especially HG II G 94, 95; HG II E 111; and the works of Rech cited below.

felt himself to be part of a general movement of science and philanthropy which promised to be enormously beneficial to mankind. A native of Montpellier, Rech had, during a three-year stay in Paris, come into close contact with the teaching and works of Pinel and had trained under Esquirol.⁷⁷ In the preliminary report on his *Clinique des aliénés* published in 1826, he cited Esquirol's famous comments on the appalling conditions in which the insane were kept in provincial France as representing, *grosso modo*, the state of the insane in Montpellier in the aftermath of the hospital crisis of the Revolutionary period. By the early 1820s, however, Rech noted, special measures had been introduced in Rouen, Bordeaux, Lyons, and Toulouse to care for the insane using the methods preached by Pinel and Esquirol. Now it was Montpellier's turn to take its place in a general development which, in Rech's eyes, "semble présager une révolution générale".⁷⁸

Crucial to Rech's sense of mission was his firm conviction that it was the doctor's role to preside over the treatment of the insane. In Montpellier, this was new, as the seeming lack of medical treatment on the inmates of the *loges* in the Hôtel-dieu Saint Eloi in the eighteenth and early nineteenth centuries suggested. It had been Pinel's achievement to show that the clinical methods which the medical profession had embraced over the late seventeenth and eighteenth centuries could be extended to the study of insanity – rechristened mental alienation and classified according to medically-recorded symptoms. Rech cited the therapeutic successes and the intellectual prowess of his predecessors to pour scorn on those who held the ancient prejudice that medical care was of no avail against insanity. The figure of the doctor was, according to Rech, pivotal: in the internal regime of the *clinique des aliénés*, "c'est à lui que tout rapporte".⁷⁹ The Montpellier hospital commission, eager to indulge the theories of their bright young man, gave him a *carte blanche* in the internal running of the new establishment.

It was a significant paradox of the new treatment of the insane which Rech espoused that the unparalleled standing and powers of the doctor over inmates was not based on his specifically medical prowess. The doctor had gained admittance to the asylum not because of the power of his drugs but because of the strength of his personality in applying the so-called "moral treatment" held in awe by the disciples of Pinel. The doctor was a "moral entrepreneur" within the new institution rather than a dispenser of medical therapy.⁸⁰ Rech was scathing, for example, about the ineffectiveness of the bloodletting, purgatives, and standby drugs which were traditionally used in the treatment of the insane. In contrast, he maintained, "Le traitement moral me paraît jusqu'ici mériter la plus grande confiance et c'est à le bien mettre en oeuvre que

⁷⁷ For a cursory summary of his life and works, see L. Dulieu, 'Le Professor Rech', *Monspeliensis Hippocrates*, no. 33, 1966. The pattern of life in the new establishment is made clear in HG II G 96 and in H. Rech, 'Clinique de la Maison des Aliénés', *Ephémérides médicales de Montpellier*, Montpellier, 1826, ii; *idem*, *Clinique de la Maison d'Aliénés de Montpellier (depuis le premier janvier jusqu'au 31 décembre)*, Montpellier, 1828 (hereinafter cited as *Clinique I* and *Clinique II*).

⁷⁸ *Clinique I*, p. 112.

⁷⁹ *Ibid.*, p. 121.

⁸⁰ Cf. Foucault, *op. cit.*, note 1 above, pp. 604–612. For the very similar position of the medical profession *vis-à-vis* the insane in early nineteenth-century England, cf. A. T. Scull, *Museums of madness. The social organization of insanity in nineteenth-century England*, London, Allen Lane, 1979. For the expression "moral entrepreneurs", see *ibid.*, page 125 ff.

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j'applique tous mes soins".⁸¹ He proudly confessed that in the Clinique des Aliénés, "je prescriis très peu de médicaments".⁸² If occasionally he did have recourse to drugs, it was for their tranquillizing rather than curative effects: rather, he noted, "dans l'intention de calmer leur virulence et de les habituer à une obéissance passive que dans l'esprit de les ramener à la raison".⁸³

The establishment of appropriate environmental conditions within the establishment was a *sine qua non* of the effectiveness of moral methods. Rech highlighted the importance of "les secours hygiéniques . . . [qui] sont bien supérieurs, par leur efficacité aux remèdes, tant internes qu'externes vantés souvent avec une emphase ridicule".⁸⁴ First and foremost, Rech set about creating living conditions which were not an affront to the humanity of the insane. The hospital commission, he acknowledged, had endeavoured to improve conditions for the insane even prior to his own arrival in Montpellier. Most of the improvements were introduced in the years following Rech's arrival and under his direct supervision. By the mid-1820s, each of the approximately fifty inmates was housed in a *loge* approximately three metres by two. A door which unfortunately opened inwards – an obvious design fault which Rech hoped to remedy – and a small window provided light and ventilation. Initially, the staff experimented with having latrines inside each *loge*. This was a generally acknowledged hygienic disaster, however, and was replaced by a community latrine some way distant from the *loges*. The furnishings within each *loge* varied according to the state of the inmate – an attempt at classification and differentiation which appears to have been quite new in Montpellier. If the inmate were adjudged *furieux* and broke and smashed things, then he might only be accorded straw and blanket. Those who periodically had fits of frenzy were allowed iron beds which were firmly fixed to the floor, sheets, and a couple of blankets. The inmates who were calm for most of the time were allowed a table and chair as well.

The days of the insane were moulded into a similarly austere but basically practical routine which was thought to provide a suitable framework for care. Order and regularity were among the moral methods preached by the new school. The doors of the *loges* were opened from 5 a.m. until dusk, and the insane spent the day working in the gardens and vineyards of the Hôpital. On rising, the *loges* were cleaned out. Meals began at 10 a.m. with a bread dole and there followed further breaks for meals at 3 p.m. and 5 p.m. (6 p.m. in the summer). The rations were identical to those distributed at the adjacent Hôpital Général: bread, vegetables, and alternately vegetable soup or a meat bouillon. The other main occasion in the day of the inmate was the visit of the doctor. He, or in his absence the surgeon attached to the establishment, made a morning visit in which he checked up on the physical state of the insane and perhaps prescribed baths for them. The afternoon visit was a lengthier, more constructive, and selective affair in which the doctor endeavoured to converse with a number of the inmates "pour essayer d'agir sur leur moral".

⁸¹ *Clinique I*, p. 122.

⁸² *Ibid.* For corroborating evidence on this point, cf. R. de Vilback, *Voyages dans les départements formés de l'ancienne province de Languedoc*, Paris, 1825, p. 291.

⁸³ HG II G 96.

⁸⁴ *Clinique II*, p. 2 f.

The way in which the doctor could “agir sur le moral des malades” was varied. Rech observed of the methods which he, following the examples of Pinel and Esquirol, utilized, that “On met tour à tour en oeuvre les prières et les menaces, la douceur et la violence, les récompenses et les châtements”.⁸⁵

A preliminary was always the strict segregation of the insane from other inmates; and the absolute separation of the sexes. Among punishments, cold baths, as Pinel had found, were especially good, notably for “des individus affaiblis par la masturbation”.⁸⁶ Yet punishment did not go much further than this: for a vital ingredient of the moral method was the deliberate exclusion of gratuitous violence from the treatment of the insane.

The symbol of the appalling conditions to which the insane had been subjected before Pinel had been the violence of the staff towards the insane, and the chains used to restrain them. The new moral treatment turned its back on such methods of intimidation and restraint. Rech acted swiftly in this sphere. Realizing that beatings and ill-treatment were partly the consequence of weakness on the part of the staff, he immediately on arrival dismissed “deux infirmiers vieux et ayant d’anciennes habitudes”. They were replaced with more numerous domestics. The emphasis was that these should be “jeunes et robustes” and should, with the occasional help of the porter and other guards, “présentent une force imposante, tiennent en respect les récalcitrants et les soumettent sans effort. La plus grande douceur leur est expressément ordonnée. Ils doivent renfermer les aliénés quand ils troublent l’ordre mais ne peuvent jamais les punir et encore moins les frapper”.⁸⁷

The removal of violence was the watchword of the moral treatment, and what gave it much of its public renown and *éclat*. The pivotal figure of the doctor was to act as moral censor of possible violence towards the insane. It was Rech’s proud boast that “depuis que le nouveau bâtiment contient des aliénés, on n’a jamais eu recours ni aux chaînes ni aux coups d’aucune espèce”.⁸⁸ Yet the removal of chains did not get rid of violence entirely from the emergent asylum. Rather than highlighting an absence of care for the humanity of the insane, violence was harnessed, confined, canalized into a positive form of treatment: chains gave way to the *camisole de force*, the strait-jacket, whose appearance in the hospitals of France coincided with the disappearance of more punitive forms of restraint.⁸⁹ The element of violence in the use of such restraining devices is clearly apparent, despite Rech’s emphasis on “freedom”:

Avec le gilet de force on contient tous les Aliénés; si quelqu’un d’eux est trop fort ou trop adroit on consolide ce gilet au moyen d’une large courroie qui fixe les bras contre le corps sans gêner en aucune manière l’Aliéné; si l’on craint de quelqu’un d’eux des coups de pieds, on lui fait mettre deux jarretières qui unies ensemble par une forte toile permettent à l’Aliéné de marcher mais ne lui laissent pas la liberté de séparer beaucoup les jambes l’une de l’autre. On n’emploie ces moyens que lors que les malades sont dans la cour; quand ils sont dans leurs loges on les y laisse parfaitement libres; si toutefois il était à craindre que cette liberté ne leur devint nuisible à eux-mêmes, on leur laisserait le gilet de force. On a été même dans quelques circonstances obligés de fixer l’Aliéné sur son lit, ce qu’on est parvenu à faire au moyen de deux larges courroies attachés au lit par les deux bouts; l’une saisissant le tronc toutefois en

⁸⁵ HG II G 96.

⁸⁶ *Clinique I*, p. 122.

⁸⁷ *Ibid.*

⁸⁸ HG II G 96.

⁸⁹ The first mention of a *gilet de force* in Montpellier occurs in 1804: HD II G 8.

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lui laissant la liberté de se tourner ou retourner dans tous les sens; l'autre soutenant deux anneaux larges en peau très souples dans lesquels les bas de la jambe se trouvent pris. L'Aliéné peut ainsi se tourner et se retourner sur la droite et sur la gauche; il peut rester couché sur le dos sans qu'il éprouve une gêne sensible des moyens qui le contiennent et sans que même dans ses efforts les plus violents ces moyens lui puissent devenir nuisibles . . .⁹⁰

VI

Despite the high hopes of Henri Rech, the embryonic lunatic asylum of Montpellier was not a conspicuous success. Rech amassed the sort of statistical information on inmates which the post-Pinel students of mental disorder recommended as essential to the progress of medical science. But in the event they did not amount to much. Part of the problem was that local people profoundly distrusted the new institution: as Rech bewailed, people with lunatics on their hands “ne se décide[nt] à nous les envoyer que lorsqu'ils sont devenus trop à charge ou que les secours mal administrés ont rendu la maladie tout-à-fait incurable”.⁹¹ With the flow of inmates through the institution silting up in this manner, it failed to achieve the high cure rate that had been hoped for. By 1833, Rech was sadly admitting to the Prefect of the Hérault that “nous n'avons plus que des incurables. C'est là ce qui a lieu dans tous les établissements consacrés aux aliénés qui ne sont pas d'une grande étendue. Le nombre des guérisons n'étant que d'un sur trois entrans, ceux qui ne se guérissent pas restent et finissent par occuper toutes les places”.⁹² The logic of the situation was such that matters could only get worse. By 1838, the cure rate had fallen from a third to approximately five per cent. The therapeutic pretensions of the institutions seemed unfounded.⁹³

When the law of 1838 stipulated the creation of a lunatic asylum in each of France's departments, the departmental authorities of the Hérault used the facilities and buildings embodied in Rech's *Clinique des Aliénés*. Although the Prefect insisted upon the continuing obligations of local charity in ensuring the upkeep of the harmless and indigent insane – there was never thus any question of the asylum containing all the mentally-disordered of the whole department – it was clear that a large proportion of the inmates of the new institution would continue to be, in the Prefect's words, “des aliénés dont l'état mental . . . compromettait . . . l'ordre public et la sûreté des personnes”, and for whom there could frequently be little hope of cure.⁹⁴ The asylum's stated obligations thus disabled any pretensions that Rech might have that the new institution could fulfil the therapeutic and scientific functions which he had formerly ascribed to the *Clinique des Aliénés*. Indeed Rech, seeing which way the wind was blowing, withdrew to set up a small privately-run madhouse under his direction in which he continued to treat the insane according to the precepts of the new science of “mental alienation”. By the kind of carefully-restrictive admissions policy which was denied him at the departmental lunatic asylum and its pre-1838 predecessor, he was again able to achieve cure rates of twenty-five per cent or more in the 1840s.⁹⁵

Rech's experiences in the treatment of the insane in early nineteenth-century Montpellier highlight the fact that – if the city is at all representative – the new lunatic

⁹⁰ HG II G 96.

⁹¹ *Clinique I*, p. 129.

⁹² HG II G 96.

⁹³ *Ibid.*

⁹⁴ *A.N.*, F 15 3904.

⁹⁵ *Ibid.*

asylum instituted by the law of 1838 was still above all a holding and restraining place rather than a therapeutic establishment. Since the middle of the eighteenth century, the medical profession had managed to carve out for themselves – nationally as well as locally – an important niche at the heart of the institutions for the care of the insane, a niche which a century before they had not even desired let alone achieved. Medical ideas about insanity had evolved too. In the writings of Pinel, Esquirol, and their pupils – who collectively dominated the French psychiatric scene down to the last quarter of the nineteenth century – the treatment of the institutionalized insane had become a central rather than a marginal or non-existent object of interest and research. The insane were now “mental patients” rather than offenders or criminals and the treatment proposed for them embodied all the main *leitmotifs* of the ongoing “Medical Revolution”: the importance accorded physical examination and observation, the use of statistics, the location of care in specialized institutions. Yet despite all this, the new lunatic asylum over which the medical profession presided was certainly not a “mental hospital”. Public safety, the convenience of families and, since the turn of the eighteenth century, pity for the lot of the sick poor who hitherto had had to share their hospital lodgings with the insane, all made of the institution for the care of the insane a dumping-ground rather than a place where entrants could be fitted out to return into the wider community as a result of the healing powers of the medical profession. All this, moreover, in the premier medical city of provincial France. In this sense, the “prehistory” of the provincial lunatic asylum loomed large over the form and the functions of the post-1838 institutions.

SUMMARY

By studying charitable provision for the insane in a French provincial city from the early eighteenth century up to the creation of departmental lunatic asylums in 1838, this article aims to uncover an important aspect of the history of insanity in France.

From the 1820s, the main Montpellier hospital, the Hôtel-dieu Saint Eloi, received the local insane. The maintenance of law and order, the preservation of codes of social conformity, and family difficulties were the main motives behind confinement. Although Montpellier was the premier medical city of provincial France, medical provision for the insane was virtually non-existent. The French Revolution changed little of the social context of the confinement of the insane, despite a tightening-up of legal requirements. The acute financial crisis of the 1790s caused conditions within the Hôtel-dieu Saint Eloi to deteriorate.

Early in the nineteenth century a new centre for the confinement of the insane was opened in the grounds of the local workhouse. The appointment of Henri Rech, a disciple of Pinel and Esquirol, as its physician, altered its putative role from being merely a holding place to being the sort of establishment in which more humane treatment was coupled with scientific study of insanity and high cure rates. For the first time in this city the insane were brought directly under the supervision of the medical profession. Unfortunately the use of such methods failed to alter the social context of confinement or drastically to improve the cure rate. The failure of scientific medicine in this embryonic lunatic asylum thus augured ill for the role and achievement of the fully-fledged institution after 1838.