

Medicine in Stamps

Philippe Pinel (1745-1826): liberator of the insane

S Y Tan, MD, JD and M E Yeow, MBBS*

Professor of Medicine and

Adjunct Professor of Law, University of Hawaii

* Internal Medicine Resident, University of Hawaii, John A. Burns School of Medicine.



Madness was equated to demon possession well into the 18th century. Those deemed insane were thought to be freakish subhuman creatures, and were subjected to frightening discrimination and incarceration. They were chained and beaten regularly, and on occasion, burnt alive as witches. Kept in asylums euphemistically called hospices, they endured dark, dank and filthy cellars where water and nourishment were scarce, and medical treatment was tantamount to torture with emetics, purgatives and bloodletting.

One of the most infamous asylums was Bethlehem Hospital, better known as Bedlam. A favorite excursion for Londoners, visitors and school children, Bedlam featured insane inmates kept in cages. And for a small fee, one could ogle at the sight of the pitiful patients, much as one would animals in a zoo or circus.

The Renaissance of the 16th century saw the beginnings of the liberation of medicine from outmoded Galenic teachings, but mental illness remained cloistered for another 200 years. Thomas Willis, a 17th century London practitioner, was the first to consider insanity a disease. Surprisingly, Shakespeare, a century earlier, had spoken of insanity as “a mind diseased” in his play King Lear. Psychiatry as a medical specialty came into being during the Enlightenment period of the late 18th century. Several humanitarian physicians of that period began treating mental patients with compassion and understanding. Among them were Abraham Joly of Geneva, Vincenzo Chiarugi of Toscana, and William Tuke of York. The most famous, however, was a shy conservative French doctor by the name of Philippe Pinel.



Political Madness: Born in the south of France on April 20, 1745, Pinel initially considered the priesthood, but subsequently chose the medical profession like his father and grandfather. He obtained his medical degree at the University of Toulouse and moved to Paris in the 1770s. The political climate in France at that time reflected the chaos and danger seen in its mental asylums. The French Revolution began in 1789 with the storming of the Bastille, and many of Pinel's colleagues lost their lives in the excesses that followed. In 1793, Louis XVI and Marie Antoinette were beheaded, and Lavoisier, the founder of modern chemistry, met a similar fate the following year. However, during those revolutionary years and under differing governing bodies, Pinel served with singular distinction. Politically-connected friends soon petitioned for him to assume the directorship at Bicetre, a prison-asylum for insane men. By then, the Revolution was in full swing, with Maximilien Robespierre and his Revolutionary Council tightening their grip on France and ushering in what would later be known as the Reign of Terror. Hundreds of citizens suspected of opposing the revolution were executed by decapitation.

Restoring Sanity: Pinel instituted calm and order to the madness within the asylum. At Bicetre, he met Jean-Baptiste Pussin, who was the governor at the institution. Pussin had originally been a patient there, and after he was “cured”, stayed on as an employee, as was the custom of the day. Pussin had a special ability to work with the mentally ill, and as Pinel's assistant, he is considered history's first psychiatric nurse. Some have suggested that it was Pussin rather than Pinel who proposed unshackling the inmates.

Pinel, however, embraced this new ideology and set forth as a crusader for the mentally ill, eventually becoming known as the liberator of the insane.

In 1795, Pinel was called to Salpêtrière, a well-known mental asylum that housed about 6,000 insane women. Pussin joined him at Salpêtrière, and recorded his therapeutic and administrative strategies in a paper entitled: "Observations of Citizen Pussin on the Insane." It was an enlightening documentation of a layman's view of mental illness. Pinel and Pussin recognised that poor nutrition, excessive bleeding and blocked bowels all contributed to the demise of the patients, and recommended moderate work and distraction as part of the cure.

Pinel continued to lobby for the removal of physical restraints and advocated a more humane and hygienic living environment. He approached the insane with compassion and humanity. In one of his addresses, he recognised that "*one of the fundamental principles of conduct one must adopt toward the insane is an intelligent mixture of affability and firmness.*" Many of the staff opposed such measures, but Pinel was adamant and even fired those who were unsupportive of this approach.

Pinel's Writings: Pinel studied the recovery of those inmates who were released, and tabulated their diagnoses according to a classification system that he invented. The treatment regimen for the patients typically included medicines, and some form of work in the fields or in a gentler occupational setting. In 1798, he published his first major work, *Nosographie Philosophique*, in which he advocated an analytical approach to the study of disease. Soon after, he published *Treatise on Insanity*. Pinel divided mental illness into five categories, namely: (1) melancholia or delirium, (2) mania without delirium, (3) mania with delirium, (4) dementia, or the abolition of the thinking faculty, and (5) idiotism, or the abolition of the intellectual faculties. Although we do not now view mental illness in precisely these terms, his classification roughly correlates to: (1) depression, (2) psychopathic personality, (3) manic psychosis, (4) schizophrenic psychosis, and (5) mental impairment.

In his *Treatise on Insanity*, Pinel described his experiences in this way: "*On my entrance upon the duties of that hospital [Bicetre], everything presented to me the appearance of chaos and confusion. Some of my unfortunate patients labored under the horrors of a most gloomy and desponding melancholy. Others were furious, and subject to the influence of a perpetual delirium. Some appeared to possess a correct judgement upon most subjects, but were occasionally agitated by violent sallies of maniacal*

fury; while those of another class were sunk into a state of stupid idiotism and imbecility. Symptoms so different and all comprehended under the general title of insanity, required, on my part, much study and discrimination... I therefore resolved to adopt that method of investigation which has invariably succeeded in all the departments of natural history, viz., to notice successively every fact, without any other object than that of collecting materials for future use; and to endeavour, as far as possible, to divest myself of the influence, both of my own prepossessions and the authority of others. With this view, I first of all took a general statement of the symptoms of my patients. To ascertain their characteristic peculiarities, the above survey was followed by cautious and repeated examinations into the condition of individuals. All our new cases were entered at great length upon the journals of the house..."

Pinel then outlined his method of treatment, which focused heavily on occupational therapy. He felt that work done during the day would prepare patients for sleep and repose during the night. Thus he concluded that for those whose condition allowed them to participate in labour, a chance for cure was high: "*Convalescent maniacs, when, amidst the languors of an inactive life, a stimulus is offered to their natural propensity to motion and exercise, are active, diligent and methodical. Laborious or amusing occupations arrest their delirious wanderings, prevent the determination of blood to the head by rendering the circulation more uniform, and induce tranquil and refreshing sleep... It was pleasing to observe the silence and tranquility which prevailed in the Asylum de Bicetre, when nearly all the patients were supplied by the tradesmen of Paris with employments which fixed their attention...*"

A Modern Dilemma: Paradoxically, the issue of physical restraints has re-emerged in the modern era, this time affecting in-hospital and nursing home patients, especially the elderly. The use of leather restraints and psychotropic medicines to keep patients more "manageable" is a practice both widespread and accepted. But the unbridled restraint of patients robs them of their autonomy and dignity, and regularly invites abuse by those with authority. Such was the magnitude of the problem that a "free from restraints" clause was added to the Nursing Home Amendments of OBRA '87 (United States Congress, Omnibus Budget Reconciliation Act, 1987). OBRA also addressed the potential misuse of psychotropic medications in nursing homes in managing "difficult" residents. As a result of OBRA '87, it is now rare to see restrained patients or residents in America's

hospitals and nursing homes. Two hundred years post- Pinel, his prophetic words are a reminder of medicine's role in the empathic care of patients: *"...in disease of the mind, as well as in all other ailments, it is an art of no little importance to administer medications properly; but it is an art of much greater and more difficult acquisition to know when to suspend or altogether omit them."*

"Father of Psychiatry": Felled by two strokes, Pinel died on October 25, 1826. Exactly 30 years later, a Jewish wool merchant in Moravia fathered a son by the name of Sigmund Freud, who was destined to become the psychoanalyst who would lay claim to the title of "Father of Modern Psychiatry." But on the grounds of Salpetriere, there stands to this day a large statue of Philippe Pinel, the original "Father of Psychiatry." It is not difficult to see why this liberator of the insane is

deserving of the title. Consider the famous painting by Tony-Robert Fleury where the artist depicts Pinel supervising the removal of chains from an inmate. On one side is a young woman being released, and on the other an older woman, presumably a previously-chained inmate, kissing the hand of the physician.

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