Running in Circles:  
A Return to an Old Idea about Asylum Reform in Nineteenth-Century France

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In nineteenth-century France, the asylum became the prime apparatus for the treatment of the “insane.” Classic analyses of these institutions, such as those forwarded by Michel Foucault, Robert Castel, and Jan Goldstein, have emphasized doctors’ deployment of classification and confinement to promote social order as well as their own professional interests. However, the asylum was never an impenetrable panopticon, nor was it simply a “medicalized” incarnation of the prison. Marcel Jaeger in the early 1980s and, more recently, scholars like Aude Fauvel and Nicolas Henckes, have demonstrated that the power of alienists was contested and unstable from the start. The possibility of arbitrary confinement and the often brutal realities of asylum life concerned both legislators and the


general public. As the years advanced it became evident to many citizens and policymakers that the asylums were producing an embarrassingly small number of cures, and that the scientific basis of alienist practice was shaky at best. Many charged the asylum with generating, rather than alleviating, mental illness. Beginning in the 1890s asylum doctors added their voices to this multifaceted critique of asylum-based care, and they put forth numerous plans for reform.

In some ways the reformism that began in the 1890s represented a significant rupture within the alienist tradition. In fact, this was the first group of doctors in France to adopt the Germanic appellation “psychiatres,” in order to contrast themselves with the “aliénistes.”³ In a brief comment on Belle Époque reformism, Castel characterized the movement as “devoted to reconstituting the asylum sector in order to make it a truly medical one.”⁴ In other words, the reformers sought to deemphasize the incarceration of deviant populations and to remake the asylums into treatment hospitals, no different from hospitals that treated other forms of illness. And yet, as Castel noted, in the attempts to restructure the asylum during the Belle Époque, there was a strong element of repetition: “This because the asylum was beginning to be perceived in the same way as was the Hôpital Général by the first mental health specialists: lack of differentiation and overcrowding reintroduced a confused mixing of people, and the juxtaposition of heterogeneous categories of detainees.”⁵

The basis for the 1890s critique was a commitment to ensuring that the asylum became more than a mere penitentiary. In particular, the reformers proposed granting patients greater liberty of movement and creating separate institutions for curable and incurable patients, changes that would allow for the lessening of overcrowding and more favorable prognoses for the curable. Manageable doctor-patient ratios would facilitate the creation of truly therapeutic relationships, thereby transforming the institution from storehouses for the socially undesirable into sites of treatment and recovery. However, these goals had already been taken up by earlier generations of reformers; similar gestures were renewed by each succeeding generation.

Zeroing in on the Villejuif asylum on the outskirts of Paris, this article examines the contested nature of the asylum in the long nineteenth century and the cyclical attempts to reconstitute it during this period. In particular, it reads the reform movement of the 1890s, which was led by Villejuif doctors, in terms of the institution’s historical emergence from reforming initiatives earlier in the century. Fittingly, this article’s focus on recurrences and continuities draws its inspiration from arguments that were advanced, roughly 100 years ago, by the

⁴ Castel, 234.
⁵ Ibid.
reformist Villejuif doctor Paul Sérieux (1864-1947). In his pioneering histories of mental health care in France, Sérieux explained that his study of archival materials had revealed striking continuities and recurrences in approaches to the mentally ill from the ancien régime through his own day. “The analogies between the former procedures and current legislation impose themselves with irrefutable evidence,” he wrote. In this respect, this article represents departure from the model inaugurated by the work of Michel Foucault, which focuses on changing paradigms in societal responses to madness. A temporal perspective that examines echoes rather than decisive shifts can not only shed light on the nature of Belle Époque reformism, but also on some of the intractable problems within French systems of mental health care today.

The Establishment of the Asylum

Beginning in the 1810s, liberals in France lobbied for the creation of asylums where people with mental illness could receive treatment from medical professionals. Jean-Étienne Esquirol, for example, one of the earliest physicians and advocates specializing in mental health, observed that too many suffering from mental illness found themselves in prisons and in facilities run by untrained clergy, and many received no care at all—a situation that threatened not only the welfare of the mad themselves, but also public safety. Under the July Monarchy, these efforts came to fruition with the passage of the Law of 1838, which mandated that each department offer assistance to the mentally ill in an institution specially designated for that purpose. The law established that the indigent insane had a right to treatment—treatment was no longer a matter of selective charity. In addition, it made medical professionals the gatekeepers to internment, as opposed to the courts.

Of course, the confinement of the insane was nothing new, as Michel Foucault established in Folie et Déraison: Histoire de la folie à l’âge classique (1961), long the keystone of the scholarship on mental health care in France. Despite this recognition of continuity, Foucault’s focus was on changing paradigms in societal responses to madness. In his view, the first important shift was the confinement of the insane during the classical period, when the state began to take on responsibility for the care of the unfortunate. The medicalization of insanity and of institutions of confinement beginning at the turn of the nineteenth century was the second. Foucault’s research relied heavily on Paul Sérieux’s histories of assistance for the mad during the ancien régime,

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7 Goldstein.
8 For the text of the Loi sur les aliénés, n° 7443 du 30 juin 1838, see: http://psychiatrie.histoire.free.fr/legisl/intern/1838txt.htm
even if he regarded Sérieux as an apologist, “if that isn’t too grand a term,” who had attempted to rehabilitate the great confinement of the deviant the in classical period.9

In historical studies published at the start of the First World War, Sérieux had argued that the 1838 law’s framework for the internment of the insane had been prefigured in eighteenth-century operations. Furthermore, contrary to the assertions of early nineteenth-century reformers like Esquirol, a medical approach to mental illness was well developed by the end of the eighteenth century, and the monarchical government cooperated with medical experts to reshape the hospitals along medicalized lines.10 In Tocquevillian fashion, Sérieux’s studies represented a major rethinking of the Whiggish psychiatric history accepted by most contemporary alienists, who believed that the creation of the asylum system in 1838 had represented a revolutionary change in society’s approach to the mentally ill. By contrast, Sérieux argued, contemporary practices were uncannily similar to those well-established by the 1780s, which were interrupted by the Revolution. Moreover, the Belle Époque reform movement (of which he was a part) was merely rehashing earlier projects to reshape mental health care. Foucault was, of course, highly critical of the asylum’s founding ideology; Sérieux, by contrast, sought eighteenth-century precursors of an ideology that he espoused. While Foucault accurately detected a strain of conservatism in the work of Sérieux and his colleagues (an aspect of 1890s reformism that has been overlooked in the recent scholarship),11 an analysis of reformism in the Paris region suggests nonetheless that Sérieux’s focus on recurrences and continuities was not misguided.

The implementation of the 1838 law took time. Between 1838 and 1852 only three new establishments were built in France according to the dictates of the new law.12 Developments were slow even in the department of the Seine, despite Paris’s established role as a center of innovation. As late as 1860 the only Parisian institutions that received indigent mental patients were Bicêtre and the Salpêtrière, as they had since the seventeenth century—however, these were

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9 Foucault, 78.
11 Recent scholarship on the 1890s reform movement has tended to focus on the work of radical reformers like Évariste Marandon de Montyel, who advocated the complete abandonment of the doctrine of isolation and the creation of open services for all non-dangerous patients. Cf. Fauvel, “Aliénistes contre psychiatres: La médecine mentale en crise (1890-1914),” Psychologie clinique, no. 17, (2004): 61-76. However, such radical reforms represented just one strand of a complex movement, which also included many backward-looking tendencies.
12 Georges Lantéri-Laura, La chronicité en psychiatrie (Le Plessis-Robinson: Institut Synthelabo, 1997), 54.
general hospitals, and therefore not specially designated for the care of the mentally ill.\textsuperscript{13} In 1860 the Haussmann commission found that overcrowding at these two hospitals compromised safety and hygiene for the mentally ill. Furthermore, doctors’ capacities for medical intervention were crippled by the overwhelming presence of hopeless cases, such as the senile elderly.\textsuperscript{14} Both curable and incurable patients lingered indefinitely in these institutions. The optimism of the 1830s had not been realized.

Faced with stagnancy in the Paris region, Haussmann included an ambitious proposal for asylum-building in his makeover of Paris. Twelve institutions were planned, each intended to house 600 patients.\textsuperscript{15} These institutions were to be specialized, with epileptics, the criminally insane, and the senile elderly to be housed at different facilities.\textsuperscript{16} By 1867, the first of the Seine department asylums was opened at Sainte-Anne in the Glacière region of Paris, on the site of the farm worked by madmen from Bicêtre. Other institutions planned by Haussmann opened before the end of the nineteenth century, located in the suburbs of Vaucouleurs, Ville-Évrard, and Villejuif. However, the original project to create 12 institutions was never realized.\textsuperscript{17} The \textit{bureau central} at Sainte-Anne functioned as the processing center and hub of the entire network: patients were first sent to Sainte-Anne, and some remained there while others were sent to the suburban satellites or to provincial asylums. At the forefront of therapeutics and research, Sainte-Anne was to specialize in acute cases, while the satellites would take on a larger percentage of chronic cases, for which therapeutic measures had failed.

\textit{Villejuif: From Hospice to Asylum}

Unlike the other recent additions to the asylums of the Seine, Villejuif was not intended to be a treatment institution at all. Rather, it specialized solely in the care of chronic and elderly patients, providing them with an orderly existence and the hygienic benefits of the countryside, but not with cures. Compared to Sainte-Anne, Villejuif was, therefore, an institution “of lesser importance”; it was cheaply built because, as the chief architect emphasized in a preliminary building

\begin{footnotes}
15 Daumézon, 8.
16 Castel, 234-235.
17 Daumézon, 8.
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proposal, “this is more of a Hospice than an Asylum proper.” As with the other satellites, Villejuif was intended to remove large numbers of patients from the city center, allowing the Sainte-Anne physicians to experiment on fresh cases with novel techniques. Sainte-Anne’s preeminence was tied to its fully articulated medical function, and to the way it facilitated research and clinical teaching by limiting the number of patients. In the Seine department asylums’ pyramidal structure, therefore, if Sainte-Anne was at the apex, Villejuif was at the bottom. Doctors assigned to Villejuif could expect to be caretakers rather than healers. There were no provisions for research and the position lacked prestige. From the point of view of the departmental administration, however, there were good reasons to build an institution like Villejuif. Separating curable from incurable patients allowed doctors in the treatment hospitals to concentrate their time and resources on helping patients who could hope to recover.

The Villejuif hospice opened on April 6, 1884, when a convoy from Sainte-Anne composed of three doctors, a pharmacist, and two administrators, as well as 24 patients and 10 guardians, arrived in the small commune south of the city. The town was flooded with rain that day, and the company accessed the incomplete structures by way of makeshift footbridges. Only one of the wards was habitable, and the administrative services were to be set up in shacks raised up on planks. The ward contained no beds, and the windows and doors had no locks. The company spent that first tumultuous night (as the patients were very “agitated” after the journey) on mattresses on the floor.

Although construction would not be completed until 1889, the Seine department’s General Council decided to install approximately 500 more patients at Villejuif by the end of 1884, in order to temporarily alleviate overcrowding in the treatment asylums. This “temporary” measure was never reversed, and more transfers of potentially curable patients would soon follow. As an administrative report on the Villejuif commune explained at the turn of the century, “This is how the hospice-asylum was gradually transformed into a veritable treatment asylum, as the acceptance of new categories of madmen and madwomen placed new demands on the institution.” Despite being originally intended as a hospice,

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18 Archives de Paris [ADP], D 2x3 10, Henri Maréchal, chief architect of the Villejuif Asylum, report presented to the Préfecture du département de la Seine, 10 septembre 1879.
20 Ibid.
21 Briand, 216.
22 Département de la Seine, Direction des affaires départementales, États des communes à la fin du XIXe siècle. Villejuif: Notice historique et renseignements administratifs, Montévrain: Imprimerie Typographique de l’École d’Alembert, 1901, 73.
therefore, Villejuif was almost immediately transformed into something much more like its sibling institutions, satellites of Sainte-Anne like Vaucluse and Ville-Évrard, where treatment for acute cases and the housing of the chronically ill were combined in the same setting.

While transfers to Villejuif were intended to alleviate overcrowding, at Villejuif itself the number of patients soon overwhelmed doctors and staff. The patient wards were chaotic; they were understaffed and undersurveilled, and patients of all types were jumbled together. “At times a 26-bed dormitory is occupied by 50 patients, who argue and fight amongst themselves,” Dr. Édouard Toulouse observed in 1899. “It would be very dangerous to allow this situation to continue.” Moreover, while Villejuif began admitting curable patients almost from the start, treatment was virtually impossible due to the enormous number of patients. As Dr. Charles Vallon described the situation in 1894, “What truly serious therapy can one do when more than 800 patients are admitted to one’s service in the course of a year?” The original plans created only two divisions in the patient wards, the men’s and the women’s, each headed by a single physician. Both divisions had four quarters, each housed in one of four pavilions. In 1897 these two divisions were made into four because of the astronomical number of patients. Though this was certainly an improvement, imbalanced doctor-patient ratios continued to ensure that treatment and individualized care were impossible.

The Reform Movement of the 1890s, or “Old Wine in New Bottles”
As asylum conditions and patient prognoses remained dismal throughout France, anti-alienist literature proliferated in the late nineteenth century. The public was outraged by wrongful internments and by scandalous cases of the abuse and neglect of patients. The fear of unjust confinement became part of the popular imagination, becoming the subject of not only polemical exposés, but also novels (often written in the form of confined patients’ journals) and theater productions. In such a climate, alienists were therefore forced to defend their position as keepers of the insane. They asserted that civilization itself contributed to the rise in the numbers of insane, with political change, industrialization, and urbanization working as tumultuous forces that taxed the nerves. The growing

23 Édouard Toulouse, head physician of the first women’s section at Villejuif, Rapport sur le service des aliénés du département de la Seine pendant l’année 1899 (Montévrain : Imprimerie Typographique de l’École d’Alembert, 1900) 274.
26 Fauvel’s “Bastilles Modernes” provides an exhaustive survey of the anti-alienist literature produced between 1860 and 1914.
prevalence of social ills like alcoholism and the breakdown of family ties were also to blame. The idea of mental illness as the result of degeneration, a hereditary deficiency, became paradigmatic in psychiatric thought.  

Beginning around 1890, however, some alienists joined the critique of the asylum conditions. A group of doctors dedicated to reform emerged out of the crowded, Paris-region institutions—especially Villejuif and Ville-Évrard—that were planned in the 1860s by Haussmann. These reformers sought to de-emphasize the incarceration of deviant populations and to remake the asylums into hospitals, no different from hospitals that treated other forms of illness. They proposed granting patients greater liberty of movement and creating separate institutions for curable and incurable patients, changes that would allow for the lessening of overcrowding and more favorable prognoses for the curable. Among the most outspoken of the reformers was the Villejuif doctor Édouard Toulouse, who in 1897 began editing the *Revue de psychiatrie*, which would become the official journal of the reform movement. Regular contributors included Toulouse’s colleague at the Villejuif asylum Auguste Marie, Marandon de Montyel of Ville-Évrard, and Paul Sérieux, a physician’s assistant Villejuif before transferring to Ville-Évrard 1897.

Toulouse, Marie, and Sérieux all had the distinction of being appointed by the Seine assembly to travel to neighboring countries, in order to survey and report on the state of mental health care abroad. The purpose of these trips was to keep the departmental administration current on international psychiatry and to ensure that French services were up-to-date. These observers found that French psychiatry lagged pitifully behind. Sérieux’s 1903 *L’assistance des aliénés en France, en Allemagne, en Italie et en Suisse* became a foundational text for the reformers. At over 1000 pages, Sérieux’s findings thoroughly surveyed assistance abroad while also making the case for the urgency of reform in France. The Villejuif asylum ranked particularly low in the reformers’ eyes, and some considered it to be “the worst” among the new asylums built to serve the Seine in the second half of the nineteenth century.

Generally speaking, the reformers advocated importing administrative and therapeutic innovations from abroad, such as “no-restraint,” “open-door,” and

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bed therapy. They pushed for a more scientific approach to understanding the nature of mental illness through greater collaboration with universities and the building of laboratories, and they proposed the building of specialized institutions for different categories of patients in order to relieve overcrowding and create more efficient and targeted care. However, as Sérieux noted at the time, the assertion of the medical character of the asylums and the need for greater efficiency, based in classification and separation, was actually a re-assertion. In an 1898 article, one of his first forays into the history of psychiatric assistance in France, Sérieux surveyed the 1860s reforms of the Haussmann commission, concluding that “all the reforms that we are attempting to implement today had already been urgently demanded 35 years ago by doctors and high-ranking officials.”

Indeed, one is struck with a kind of *déjà vu* while reading some of Dr. Toulouse’s recommendations for the reorganization of Villejuif. In his report to the prefecture in 1899, he described the compromised care, safety, and hygiene of patients in his overcrowded service: “As of today, December 7, I have 476 patients in my service—66% above capacity.” Typical of how reforming gestures often repeated those of previous generations, Toulouse set the ideal figure at around 200 patients per physician, “which is very close to the number that Esquirol envisioned.” In his report, Toulouse proposed that the department provide different modes of assistance for curable and incurable patients in order to reduce the numbers of patients in the treatment asylums. He advocated sending senile and elderly patients to nursing homes [*hospices*], as these patients took up an enormous amount of space. Further, Toulouse proposed the construction of a new hospital that would provide intensive treatment for patients suffering from acute psychoses of recent appearance. Until that hospital was constructed, Toulouse suggested that Villejuif be gradually transformed into a hospital specializing in

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the treatment of acute cases. Vaucluse and Ville-Évrard, meanwhile, would be refashioned as institutions for the care of the chronically ill. That a Villejuif doctor suggested such a solution is full of irony when one recalls that Villejuif itself was originally intended to function as a specialized institution for senile elderly and chronic patients. With each generation, similar problems were inherited and deflected to the next.

Despite Toulouse’s arguments, the prefecture of the Seine did not adopt the proposal to empty Villejuif of chronic patients. As I explore elsewhere,\(^{36}\) the presence of curable patients at Villejuif presented opportunities for Toulouse and his colleagues to experiment with new therapies and to institute dynamic programs for research. Certain aspects of their program were indeed new, as in the implementation of bed therapy and laboratory-based research. There are examples of radical reform, as in Marandon de Montyel’s experiment with creating an open asylum beginning, a move that prefigured the antipsychiatry movements of the mid-twentieth century.\(^{37}\) But overall, the 1890s reformers’ vision was strikingly similar to that of previous generations—the generations of the 1790s, of the 1830s, of the 1860s—as they insisted on truly medicalizing institutional care, on granting patients greater liberty of movement, and on separating different categories of inmates in order to create more specialized treatment. The solutions reformers offered echoed those of previous initiatives, including Philippe Pinel’s famous “liberation of the insane” during the era of the French Revolution, the formulation of the law of 1838 (which assumed the basic right to medical care), and the asylum-building projects of Haussmann (which were intended to provide specialized institutions for different categories of patients).

The asylum at Villejuif was itself the product of recuperated and deflected projects that spanned the century. These projects had the goals of providing access to mental health care for Seine department patients, establishing targeted and efficient treatment, and alleviating institutional crowding. As none of these goals was ever fully achieved, it is perhaps not surprising that the solutions proposed by doctors such as Toulouse inadvertently repeated those of his predecessors. Because of his historical studies, however, Sérieux was uniquely aware of the extent to his work and that of his reformist colleagues carried echoes of the past. Addressing his fellow reformers, Sérieux asserted that an awareness of the intentions, failures, and debates surrounding prior reforms could make all the difference in efforts to bring about definitive change.

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\(^{36}\) Elizabeth Nelson, “Timeknots: Science and Reform at a French Asylum circa 1900,” (PhD Diss., Indiana University, Bloomington, 2015).

Concluding Remarks

Looked at in the *longue durée*, the history of psychiatry in France seems less of a linear progression than a series of recurring problems and solutions. It is possible to locate turning points, such as the law of 1838 that mandated that each department offer assistance to the mentally ill in specially designated medical institutions. The dismantling of the asylum system in France beginning in the 1960s and the creation of community-based psychiatry inaugurated a new era in the care of the mentally ill. Yet, some of the features of this new era bear uncanny resemblances to the beginnings of the nineteenth century, when there were an unconscionable number of madpeople lacking medical care and living in prison environments. According to a 2004 survey by the French Ministries of Health and Justice, for example, between one fifth to one quarter of all prisoners in France could be diagnosed as psychotic, a situation directly linked with the mental hospitals’ decreased capacity. With these shortcomings of deinstitutionalization in mind, it remains to be seen whether the postwar restructuring of psychiatry should be regarded as a definitive step into an authentically new era. The present examination of Sérieux’s work and its institutional context suggests two very divergent possibilities. Perhaps deinstitutionalization has been just one more iteration in a long series of inadequate mental health reforms; on the other hand, the historical examination of past failures might be the key to transcending them.

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