

CHAPTER FOURTEEN

“Animal Economy”

*Anthropology and the Rise of Psychiatry from
the ‘Encyclopédie’ to the Alienists*

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Physiologists in the eighteenth century often made use of the phrase *économie animale* or “animal economy.” This came to denote a very precise scheme in the vitalistic context, widely spread by the vitalist physicians of the *Encyclopédie*—among them, Ménuret de Chambaud (1733–1815), Henri Fouquet (1727–1806), and the Chevalier de Jaucourt (1704–79). This scheme supplanted both the old vision of the living creature as composed of a body and a soul—and the Hippocratic humoristic tradition of the soul-body unity in medicine. It yielded a structured research program, based on an anthropological view of man in his milieu, and led to a new conception of mental illness. The first psychiatrists, or “alienists,” Philippe Pinel (1745–1826) and Jean-Etienne Dominique Esquirol (1772–1840), were well aware of animal economy, which to some extent enabled them to conceive madness as an illness, characterized by a specific etiology and a specific cure, called moral treatment (*traitement moral*).

SENSIBILITY AND “ANIMAL ECONOMY”

We cannot establish a precise meaning of “animal economy,” since in most medical schools—Boerhaavian, Hallerian, or Scottish—it was used with reference to the particular organism. But in some of these traditions, it encompassed a research program in the life sciences—this was the case in French vitalism, and in English and Scottish physiology, after the middle

of the century.¹ The main vitalistic thesis, first formulated by Louis de La-caze (1703–65; *Idée de l'homme au physique et au moral*, 1755) and Théophile de Bordeu (1722–76; *Recherches sur les glandes*, 1751), asserted that life was essentially the “sensibility” of the fibers that constituted the organism. For Bordeu, each organ possessed its own sensibility, hence its “particular life,” the life of the organism being the sum of all these lives—which was called an “animal economy”—the term “economy” here really denoting a collection of individual entities.² The eighteenth century witnessed a major dispute over the essential life properties: the French vitalists contested the Hallerian thesis, equating life with irritability, and reducing sensibility to a property of the nerves.

This debate developed in a Newtonian framework: Newtonian method, for all these scientists, consisted of defining an irreducible property (for example, gravity) and then explaining phenomena by writing the laws of this property’s manifestation. The question was then: which properties were essential to life? Vital properties were something paradigmatic in Enlightenment physiology, with its so-called Newtonian methodology.³ Of course, the debate on their real nature persisted throughout the century. And as late as in Crichton’s *Inquiry into the Nature and Origin of Mental Derangement* (1798), or in Bichat’s *Recherches physiologiques sur la vie et la mort* (1801), we find a discussion of the relationships between irritability and sensibility, and the possibility of reducing one to the other. However, due to the wide diffusion of Montpellieran vitalism, French physicians and physiologists were often committed to Bordeu’s sensibility monism. A typical discussion of the irritability-sensibility controversy can be found in Lordat’s *Essai*:⁴ the word “sensibility” did not have the same meaning for Haller (for whom it meant the transmission of the impression to the sentient principle) and for the vitalists (for whom it meant the organ’s capacity for impression)—but, as the transmission supposed the organ’s receptivity, the two sides in the debate, in fact, discussed two related sorts of sensibility.⁵

“Animal economy” gained a more precise meaning in English physiology. A major preoccupation in this tradition was the distribution and effects of the nervous system. William Cullen (1712–90), for instance, tried to substitute his “nervous power” for Hallerian irritability. For him, sensibility and irritability excluded each other, since receiving an impression implied a *weakness* of the nervous power, though to propagate the impression required *strength* of nervous power.⁶ This universal causal role of nervous power yielded the famous thesis that “almost all diseases considered from a certain point of view could be called nervous.”⁷ This explained the importance of nervous problems, which, under the newly forged title “neurosis,” became one of the Cullenian classes of illness.

However, two major sources of this “nervous” physiology were Robert Whytt’s *Essay on the Vital and Other Involuntary Motions of Animals* (1751) and George Cheyne’s famous *English Malady* (1733). By establishing an identity between the living principle and the nervous influence,⁸ Whytt not only played a role in the genesis of the concept of reflex,⁹ but also contributed to focusing the physician’s attention on the links between nervous troubles and madness. Here we find the idea of vaporous illnesses,¹⁰ first worked out by Bernard Mandeville;¹¹ in France, there followed the work of Pomme¹² and Beauchesne.¹³ This notion carried a manifest social component, since vaporous diseases were known to occur among people who did not have to earn their livings, such as scholarly men or aristocratic women.

However, *économie animale*, for the French physiologists, was less a concept than a scheme used to understand the phenomenon of life; therefore, it covered a research program that Ménuret’s definition in the *Encyclopédie* can help us to grasp. “This name, taken in the most common and most exact meaning, concerns only order, mechanism, and the whole of the functions and movements that sustain the life of animals, whose perfect exercise . . . constitutes the most flourishing state of *health*, and whose least disturbance is in itself illness, and finally whose entire cessation is the diametric opposite of *life*, i.e. death.”¹⁴ An “economy” implies order and exchanges among parts. Such exchanges were ensured by the sensibility inherent in each part. According to Bordeu’s model in the *Recherches sur les glandes*, each living fiber had its own way of being sensitive to some particular substances, and this kind of discriminative power created a circulation of fluids throughout the body. But, extended to the whole organism, this model encouraged the search for the “sympathies” linking distant parts of the body, such as the vocal and genital organs during puberty.

Looking for sympathies was the first part of “animal economy” as a vitalistic research program. Although those sympathies were often connected with nerves, they were not identical with nervous connections, as Beauchesne explained it.¹⁵ This was a consequence of the principle that sensibility was more than just nerves.¹⁶ The great nosologist François Boissier de Sauvages (1706–67), who firmly defended vitalistic teaching at the University of Montpellier, from the 1740s, and whose fame contributed to the diffusion of the doctrine, emphasized the correlation between sympathies and *économie animale*: “Hence we see that laws of sympathies that, according to many people, are mere empty names, are in fact properties conforming to reason, and according to which the motor powers, such as nature and freedom, operate in animal economy.”¹⁷

The second part of the program consisted in identifying the main centers of this economy. Following Ménéuret, who based his article on Lacaze's and Bordeu's works, there were three centers, ruled by the "universal law of action and reaction": (1) the gastric center (that is, the diaphragm and other organs placed around it); (2) the head—center of the nervous system; and (3) the skin, called *organe extérieur*, which constituted the external milieu of the organism.

Ménéuret, writing about the head, claimed that it must be "seen as an organ immediately altered by the affections of the soul, the sensations, the passions" ("considérée comme organe immédiatement altéré par les affections de l'ame, les sensations, les passions").¹⁸ For this reason, "animal economy" was both a medical and a psychological concept, because it dealt with the human organism as a whole, with a psychic as well as an organic life. Bordeu's sentient principle, invested in the scheme of an animal economy, avoided a dualistic schema of the living thing as a complex of body and soul. Medicine was not by nature dualistic, since the Hippocratic tradition emphasized the equilibrium of humors as the definition of health with no commitment to any action of a soul; this new medicine thus inherited the critique of humoralist medicine by mechanists and iatrochemists, and therefore could not mean, by its rejection of dualism, the same thing as a Hippocratic humoralist holism. Moreover, by identifying the organic sensation of the organ, and the psychic sentiment or feeling of the mind, animal economy could serve as the foundation for the project of the "natural history of man," that is, an *anthropology* treating man "au physique et au moral"—according to Cabanis's famous locution, which was the title of his major work in this field. The science of the soul (moral) and the science of the body (medical) dissolved, making way for an integrated anthropology of man. The fundamental novelty in this emerging program was that an affective element, such as a passion, was no longer seen as acting on humors—facilitating or restraining their motion—but shared the same sensitive nature as the organic elements. Like money for political economy, sensibility or sensitivity was a general force, within a whole economy, and the psychical or physical nature of the economic instances was less significant than their transcription as sensibility.

ILLNESS AND MADNESS IN THE ANTHROPOLOGY OF ANIMAL ECONOMY

Animal economy inspired new conceptions of disease, and implied new consequences for medical care. According to Boissier, the understanding and classification of symptoms presupposed an inquiry into sympathies.

“Since nothing occurs without sufficient reason, it must be one which implies that some symptoms concur, *e.g.* . . . This reason is nothing else than the connection of organs affected by the illness.”¹⁹ In this schema, the cause of disease could be either psychical or physical, because the essence of disease was a perturbation of the economy, with its circulating sensibility. Thus, Beauchesne wrote that, in a *maladie vaporeuse*, “the defect of an organ, produced by any moral or physical cause, acts powerfully enough on the nerves to change the order of their usual sensibility.”²⁰ Fevers, according to Pinel’s *Nosographie*, were determined in the same way: “A sequence of physical or moral causes, coming from outside or developed inside, can concur in producing fevers.”²¹ The cure did not have to be alternatively either physical or moral, because restoring a healthy and functional state of the economy meant creating new conditions of sensibility, hence acting on any sensible element: whether the passions or the mind, whether thirst or temperature.

Physicians of the Enlightenment wrote many treatises on the mental etiology and therapeutics of ideas, as well as on the physical therapeutics of mental problems. In France, Tissot published in 1798 *De l’influence des passions de l’âme dans les maladies*. Acknowledging the duality of any therapeutics, and the organismic sense of passion as an affect of the sentient fiber, Tissot sought remedies for the negative influence of passions on diseases, and ways to support their healthy effect, as in the case of joy. In spite of professing a dualistic metaphysics, and believing in the “animal spirits,” his project and his method clearly made use of the “animal economy” scheme. When an etiology was unknown, he suggested examining whether “there is any extraordinary incursion of the soul which sustains the disorder of the functions.”²² A few years earlier, Antoine Le Camus established a symmetrically corollary program:²³ medicine should know both minds and bodies, so that it may know how to perfect the mind by acting on the body. Although phrased in terms of the dualism of Descartes and Malebranche, the conception of medicine and use of therapeutics, for Le Camus, belonged to the anthropology of “animal economy.”²⁴ His and Tissot’s views were strictly complementary. In England, at the same period, John Gregory’s *Comparative View of the State and Faculties of Man with Those of the Animal World* (Edinburgh, 1777) endorsed a similar kind of medical anthropology.²⁵ In his program, medical knowledge of the “animal economy” was to be brought together with the new science of the mind, or psychology of ideas, first developed by Locke, then by Hume and Hartley.²⁶

Passions, in the context of the animal economy, were etiologically and therapeutically relevant. They could either provoke a disease, or help or delay its cure. Raimond Laroque’s dissertation was entitled *De l’influence*

des passions sur l'économie animale considérée dans les quatre âges de la vie (Montpellier, an VI [1797–1798]), and G. Royer's dissertation, in Paris (1803), had this title: *De l'influence des passions considérées sous le rapport médical*. In the English-speaking medical world, William Falconer published at the same time *The Influence of Passions on the Disorders of the Body* (1788). Tissot's work was just one element in a wide medical literature devoted to the role of the passions, which was slowly being passed from the moralists to the physicians. According to Laroque, each period of life had its peculiar passions,²⁷ which during puberty constituted a "radical change (*bouleversement*) of the laws of animal economy."²⁸ So, by following the sympathies, one could understand how passions caused diseases.²⁹ Of course, Esquirol's thesis, *Des passions*,³⁰ would be supported by this tradition, which saw passions no longer as effects upon the soul, but as phenomena of animal economy caught in a general circulation of impressions and affections.

THE EQUIVOCAL STATUS OF MADNESS
IN THE *ENCYCLOPÉDIE*

The articles dealing with mental illness in the *Encyclopédie* represented the vision of madness in this anthropological and medical tradition at the middle of the century. In this work, multiple approaches to madness coexisted, without any attempt to synthesize them. The entries included *folie*, *manie*, *mélancolie*, *fureur*, *démence*, *phrénésie*, and *délire*.

There was some contrast between *folie (morale)* and *folie (médecine)* by d'Aumont, and *manie* by Ménuret. Only the latter was presented in the animal economy scheme. In the article "Folie (morale)," d'Aumont acknowledged an essential relativity in the concept of madness, which prevented it from being seen as real illness. Madness meant to depart from reason—not consciously, as a "slave of a violent passion" (this would be "weakness")—but "confidently and, firmly persuaded that one is following reason." People locked up in hospitals seemed, then, to have "a less common sort" of madness—lunacies that "do not fit with social order" ("elles n'entrent pas dans l'ordre de la société").³¹ D'Aumont was skeptical about the etiology of madness: "Madness seems sometimes to stem from an alteration of the soul, communicated to the body's organs; sometimes from perturbation of the body's organs, which influence the soul's operation: this is difficult to separate (*démêler*). No matter which is the cause, the effects are the same." Consequently, the classical dual division of madness between a "moral" and a "physical" aspect was of no validity. Madness was essentially an excess ("every excess is madness"). This vocabulary

of “excess” pervaded the whole literature on madness; here it suggested that madness depended upon a point of view.³² D’Aumont subscribed to the Christian relation between lunacy and wisdom: what seemed mad to the world could be reasonable to the wise man. The world was insane: the order of society was a “combination of human madness,” such that madness “enters into the order of society.” Pascal conceived something similar: “Les hommes sont si nécessairement fous que c’est être fou d’un autre tour de folie que d’être sage.” Men are so inevitably mad that to be wise would be to give a mad twist to madness.³³

The article “Folie (morale)” was followed by “Folie (médecine).” D’Aumont here presented madness as “a species of lesion in the animal functions.”³⁴ Madness was compared to mania, melancholia, and delirium. The classification was not strict, and in the whole *Encyclopédie* it was difficult to trace a real classification of mental illnesses. D’Aumont distinguished delirium and phrenesia, the latter being accompanied by fever; this was the classical distinction of *mania* and *phrenesis*, inherited from ancient medicine. But, while the first article on “moral madness” insisted on the importance of “excess,” this one on “medical madness” stated that madness was “a deprivation of the thinking faculty.” Deprivation and excess were the two main dimensions of an ancient, nonmedical conception of madness.

In the *Encyclopédie*, in the articles “Mélancolie” and “Manie,” Ménéuret offered a somewhat different conception of madness, sharply marked by the scheme of animal economy. This was evident in the article “Mélancolie”:

Considering all those observations, and the most ordinary causes of this illness, one would be close to believing that all of its symptoms are most of the time excited by some defect in the lower stomach (*bas-ventre*), mostly in the epigastric region. It is likely that here lie usually the immediate causes of *melancholia*, and that the brain is only sympathetically affected; to be convinced that some disturbance in those parts can excite a melancholic delirium, one has only to pay attention to the simplest laws of animal economy, and to remember that those parts are pervaded by a great quantity of extremely sensitive nerves, to consider that their lesion induces trouble and disorder within the whole machine, sometimes followed by death . . . and finally, to know that the bearing and influence of the epigastric region upon the rest of the body, and principally on the head, is very considerable.³⁵

Here, the French physician Ménéuret made use of the same concepts as William Cullen, the Scottish adherent of “animal economy” medicine, who wrote in the opening of his *Lectures in the Materia Medica*: “Nothing affects more the mind than the state of the stomach, and nothing induces

more the stomach into sympathy, than the affections of mind.”³⁶ So according to those two medical traditions, in mania, moral causes and physical alterations are both at work in a reciprocal way: while (a) the sympathy between the brain and other centers of the “economy” explains the production of psychical symptoms, conversely (b) the moral affections clearly are possible causes of diseased organs.

The question of a seat of “madness” was treated in a very cautious way by Ménéuret in the article “Manie”:

All of those causes are established by a great number of observations; but it has not yet been possible to find out what is the defect, the internal disturbance, which is the origin and the proximate cause of the symptoms constitutive of this disease. In general, the etiology of the diseases of the head, and above all those diseases during which operations of the head have complications, is extremely obscure; anatomical observations are in no way illuminating in this matter; the brains of some maniacs have shown no manifest defects to the most perspicacious researchers, while some others have been found full of yellow serum.³⁷

In the “animal economy” system, the question of a localization, or a physical seat, of madness—like the brain—was of no importance: more essential was the circulation of those affects that explained the disease. Such an emphasis on circulation was inherited from Herman Boerhaave and Friedrich Hoffmann, with their iatromechanical models; but in the scheme of animal economy the circulation of fluids was reinterpreted through the concept of sensibility. Eventually, animal economy—whether constituted in a nervous-centered approach in the Whytt-Cheyne tradition, or in a kind of sensibility monism, as in the vitalistic approach—offered a descriptive and etiologic scheme of disease, which made it possible to classify the forms of insanity among the disorders, and understand them as *specific forms of global economical perturbation*.

HEALING THE INSANE: ANTHROPOLOGY AND THE REASSESSMENT OF PSYCHIATRIC PRACTICE

The therapeutics of *économie animale* involved a wide diversity of practices, ranging from philosophical admonishments to sudden cold baths or astringents. Nothing was really new and the authors’ examples often referred back to the remedies of the ancients. Ménéuret wrote thus about melancholia: “One must begin by curing the mind, then apprehending the defects of the body, when one recognizes them, which implies that the physician has already won the patient’s confidence, enters into his ideas,

adapts to his delirium, seems convinced that things are as the melancholic imagines them.” The treatment entails peculiar remedies: “when a lunatic believes that he has some animal alive inside his body, one must act as if one takes it out of him.”³⁸ About the cure of mania: “It seems to me that in order to cure mania, one must violently and suddenly disturb the body, hence creating a considerable change.”³⁹

Basically, treatments of the insane could be classified along two axes: distract the insane patient from his diseased idea or passion, or change his way of life by a sudden shock. Whether moral or physical, medical practice pursued one of those two approaches: “substitute new ideas” or “violently stress the body,” as proposed in the *Encyclopédie*.⁴⁰ According to Cullen, “the cure consists in interrupting the patient’s attention, or making him pay attention to other objects than the ones he’s used to dealing with.”⁴¹ Travel and walking were always suggested in the literature, because, as Beauchesne said, they vary the objects of attention.⁴² This purpose was emphasized in the English tradition, encouraged by Locke’s emphasis on the association of ideas.⁴³ It is important to note here that this diversity of means was made somewhat more unified and consistent by the scheme of animal economy, especially in its French vitalistic version.

Ways of influencing insanity were, along the two axes, either moral or physical. In the framework of vitalistic animal economy, however, the two series of means could be conflated. The same target had to be reached by all operations: the sensibility. The two axes were two ways of changing the economy, by globally disturbing its form, or locally modifying the circulation of a sensitive element. A cold bath or a violent emotion, like a sudden joy or a surprise—as related in Ménuret’s accounts of melancholics—were essentially the same approach of global disturbance. Going for a ride or having a philosophical conversation were also two closely related therapeutic means, modifying the circulation of sensibility. “Moral” or “physical,” in such a scheme, were not really relevant categories for describing therapeutic actions.

The essential purpose of the physician was to redress the animal economy. That was why the relationships between the economy and the milieu—the exchanges—would seem more and more important. Acting on the milieu—“managing the milieu,” to use Roselyne Rey’s word⁴⁴—would appear as a major therapeutic parameter in the treatment of insanity, a parameter then further qualifying all the methods included in the previous treatment and reassessed in the animal economy scheme. In his famous *Mémoires sur les hôpitaux*, published in 1788, Jacques Tenon (1724–1816) wrote: “Man is not sufficiently considered as a sentient being, and, if I am not mistaken, in the hospitals he should be

apprehended mostly according to this perspective. Sad experience tells us how much he is sensible to pain."⁴⁵ Here, the vitalistic concept of sensibility was used—"sensibility" meaning both the physical sensation of pain and the moral sentiment of suffering. Hospitals had to be reconceived according to the *économie animale* of man as a sentient being. Tenon explained his interest in specifically psychiatric hospitals: "The ordinary hospitals are intended to host the diseased patient; the ones which treat insanity are at the same time intended as remedies; and the first remedy is to give to the lunatics some freedom, to make it possible for them to follow with the right measure the inclinations that nature imposes on them."⁴⁶ In short, the "animal economy" scheme allowed Tenon to think of the asylum as a place of healing, because curing insanity meant acting on the animal economy of the insane by managing their milieu.

If we look at the multiple therapies of madness in this period, if we consider Tenon's definition of the madhouse, we seem very near to the Pinellian "moral treatment." It is as if, under this new term, Pinel presented to the world a unified synthesis of practices that the scheme of animal economy helped to conceive. We know that Pinel admired the English madhouses, particularly Haslam's Bedlam, Battie's St. Luke and, above all, the Retreat at York.⁴⁷ However, he deplored the English preference for preserving the secrecy of their method.⁴⁸ In fact, the emphasis placed on the "milieu," and importance of managing this milieu, hence creating a special place adapted to insane pathologies, was a principle of the Retreat. Samuel Tuke's famous *Description of the Retreat*, in 1813, seemed to develop the idea enunciated in a vitalistic context by Tenon. Tuke claimed that the moral management of the insane was more important, therapeutically, than the etiological theories of madness.⁴⁹

To better appreciate the shift in approaches to healing the insane at this period, one can compare Boissier's statement in 1739 to Pinel's later therapeutic program. In mania and melancholia, according to Boissier, we must first correct the vices of the blood, and then "also use the help provided by the moral (*la morale*)."⁵⁰ Where Boissier added "les secours de la morale" to the medical actions upon madness, Pinel spoke of "traitement moral." The substitution of *traitement* for *secours* expressed the idea that mental disease was now entirely caught in the medical realm. What was usually labeled by Boissier as "medical," things like emollients, baths, or bleedings—as opposed to *secours moraux*—became only a part of a wholly medical attitude that included relationships, talks, exchanges, moral exhortations, and little manipulations. As Pinel claimed in his *Nosographie philosophique*, it was time for a "straight union, reciprocal dependency between moral philosophy and medicine."⁵¹

THE RISE OF PSYCHIATRY AND THE NATURAL
HISTORY OF MAN

The career of Philippe Pinel has been well studied, especially with such recent works as those of Jacques Postel,⁵² Jackie Pigeaud,⁵³ and Dora Weiner,⁵⁴ while Gladys Swain's thesis has examined the philosophical meaning of Pinel's famous gesture of liberating the insane.⁵⁵ For the purposes of this study, it is important to appreciate and situate Pinel's theory of madness relative to "animal economy" medicine.

If the legitimization of moral treatment was partly to be found in the "animal economy" scheme, Pinel's definition and etiology of madness—called "mental alienation"—were rather confusedly entangled with this scheme. "Animal economy" helped Pinel to bring about a double synthesis, both between the pathological and the physiological, and between mania and ordinary illness. Pinel wrote that "the constant laws of the animal economy, considered in lunacy (*manie*) as in other diseases, impressed me with their uniformity."⁵⁶ Pinel's *Médecine clinique* stated the general relationship between *économie animale* and disease: "A disease can be conceived only through its symptoms, either contemporary or successive; according to these views, it constitutes a kind of complex idea, a result of many simple ideas; it represents a peculiar modification of the animal economy, with a certain duration; considered from its beginning until its end, it constitutes an indivisible and unique whole."⁵⁷ With regard to insanity, his commitment to the animal economy scheme enabled him to recognize laws of madness.

The knowledge of animal economy formed the basis of a medical approach to mental alienation for Pinel. This was evident in relation to three topics. First, there was the place of the passions. To understand the alienation, he says, "presupposes a medical history of the passions" because those provoke most of the lunacies, when exacerbated.⁵⁸

Second, there was the use of the sympathies. Mania manifests a "reaction of epigastric forces upon the functions of understanding," which can either increase or oppress those functions.⁵⁹ Pinel refers to Bordeu and Lacaze, concerning the major influence of the epigastric source on "sympathetic tuning," in order to explain effects in the crisis of mania. The etiology of mania does not necessarily involve the brain, if we keep in mind the epigastric priority in the order of centers in the animal economy.⁶⁰ In the "animal economy" scheme, circulation of affects between the centers matters in fact more than the alleged sources of the affects. So within the "animal economy" scheme, Pinel could undertake a definition of madness as a disease—correlated with a reappraisal of moral therapeutic practice

in medicine—but without identifying madness as a brain disease, and therefore without assigning it to an already constituted branch of medicine. On the other hand, if the etiology of madness has to be stated in terms of “sympathies” in an animal economy, we see that epigastric affects are more relevant to the cause of insanity than errors of judgment. “It is much more the motions of an irascible nature, than the disturbance of ideas or the weird singularities of judgement, that constitute the true nature of those events”⁶¹—which thereby definitively neutralizes the traditional equation between madness and error.

Third, there was the sense of the “milieu.” Concerning medicine in general, Pinel states this point in his *Médecine clinique*, while he presents the medical method of settling a case. After having described the current state of a disease, and having traced it back to its origin, the physician must “find out the exciting and predisposing causes.” These were to be found: “1. in the profession and way of life of the patient; 2. in accidents previous to the present illness, in the preceding healthy state; 3. sometimes, in the diseases which occurred in the patient’s relatives.”⁶² At this point, medicine articulates an anthropological consideration of ways of life, together with medical notions of health and disease. The growing movement of “hygienism” would vindicate such an approach, which later led to the works of Villermé.⁶³ Through the idea of predisposing causes, medicine became committed to a conception of illness that extended both beyond the current state of an ill body (since it refers to its past), and beyond its individual person (since it is grounded on a way of life shared with others and based on social conditions).

Pinel was therefore fundamentally receptive to appreciating the social components of madness. He would have remembered Cheyne’s *English Malady*, which he considered important; and he would have connected his clinical experiences, in *Bicêtre* in *La Salpêtrière*, the French Revolutionary tornado. The fragility of social positions and the rising of violent passions were apt terrains for creating alienations.⁶⁴ This argument, studied by Rosen,⁶⁵ suggests the junction of two major trends in anthropology during the last decades of the eighteenth century—namely, the trend toward a “natural history of man” here investigated and the simultaneous trend toward a more naturalistic anthropology. The major philosophical references for such an anthropology were Rousseau’s discourses and Buffon’s *Histoire naturelle de l’homme*, and its main materials were the reports from non-European countries, such as the Jesuits’ travel relations (Lahontan, Lafitau, and so forth).⁶⁶ This anthropological tradition, essentially created by naturalists—and whose last major achievement was Jules Joseph Virey’s *Histoire naturelle du genre humain* (1817)—insisted on the forging of man’s character by his milieu: climate,

customs, and institutions. Such works traced the relationships between races, and addressed the conflicting positions of polygenesis (defended by Lord Kames, for instance) versus monogenesis (defended by Buffon, among others). Therefore, some questions arose spontaneously, such as the pervasive influence of social life on man: after Buffon and Rousseau, Bichat's *Recherches*, for instance, questioned the impact of civilized life on the average duration of individual human lives.⁶⁷ According to the Rousseauist perspective, society was always seen as disadvantageous for individual men and women. As in Bichat, Pinel's treatise conflated the two anthropological traditions—namely, he conflated the issues of civilization and nature with the animal economy problem of the “milieu” as a condition of health. Concerning mental health, there were anthropological circumstances, which had to be understood in the context of social life, and particularly with regard to the rise of sentiments and passions unknown in a less-civilized state. These issues came to Pinel as part of the intellectual legacy of the Enlightenment.

The shift that Pinel brought to this legacy—as the later French alienists like Esquirol would receive it—was the vindication of a specific status and role for this new scientist and therapist, the “psychiatrist.” (using the name forged a few years later by Johann Christian Reill). Pinellian *aliénation mentale* was an autonomous category, requiring an independent therapy.⁶⁸ Pinel's creation was less conceptual or theoretical than, let us say, topical: under the phrase *aliénation mentale*, he created the locus for a new vision and understanding of all mental perturbation—between moral/metaphysical “folie” and physiological “neurosis.” That is precisely where he departed from the scheme of “animal economy.” Indeed, as an autonomous disease not reducible to the mind's error or to the brain, mental alienation stems from what Pinel called the “principe de la manie.” About a lunatic, he writes: “through the incoherency of his ideas one grasps the principle of his mania.”⁶⁹ From this principle—which is neither physiological (such as a nervous lesion) nor intellectual (such as a kind of error)—derived the symptoms of alienation; it was hidden behind those symptoms, though wholly individual, since always embedded in a singular subject's disease. This enabled the doctor to classify the subject's lunacy, and at the same time, to develop a therapeutic dialogue. We see here the difference between moral practices used by *économie animale* physicians, and by Pinel in his moral treatment: whereas the former referred to a general knowledge of animal economy, Pinel stressed the “principle of the mania,” belonging to the autonomous psychiatric space postulated by the *Traité médico-philosophique de l'aliénation mentale ou la manie*. Such a conception of mania required a medical specialist, the *aliéniste* of the nineteenth century.

Esquirol, in “De la folie” (1818), further pursued Pinel’s anthropological concerns. Esquirol addressed the question of whether there were more insane people since the Revolution than there were before. His answer invoked a sort of statistical bias, according to which precisely the birth of psychiatry and the construction of asylums—both following the Revolution, if we consider that even Pinel’s Bicêtre was still a madhouse within a general hospital—discovered and classified great numbers of insane people who were not registered before as such; hence, the increasing numbers for alienation in this period. Esquirol analyzed the relations between alienation and milieu. In the same text, he stated that there was the “most manifest dependence of mental illness on public and private *mœurs*”;⁷⁰ as an example, he mentioned the decline of religion.⁷¹ Therefore, one could conclude that the origins of modern anthropology—as developed by Durkheim and Weber in the nineteenth century⁷²—lay partly in the conflation of the anthropological traditions of the naturalists and physiologists. This conflation was articulated by Pinel when he first addressed this topic of the social-historical conditions of lunacy as a disease.

CONCLUSION

“Animal economy,” especially in vitalistic thought, was a scheme for conceiving of the whole man, “au physique et au moral.” This scheme enabled Pinel to attribute to mental illness an etiological and therapeutic specificity. We are accustomed to seeing the history of psychiatry as a succession of dialectically opposed stages: the “mental” approach of Pinel’s disciples; then the “somatic” psychiatry, emerging from A. L. J. Bayle’s thesis on general paralysis (1822) and culminating in Griesinger’s treatise and Morel’s theory of degeneration; then another “mental” stage represented by psychoanalysis.⁷³ The history of psychiatry, in this conception, is a struggle between an organogenic vision of mental illness and a psychogenic conception of alienation. Today, this same struggle appears in the rivalry between psychotropic medication and more or less Freudian psychotherapies. However, this distinction was not relevant during the emergence of psychiatry in France in the late eighteenth century. In fact, Pinel has been able to specify a kind of illness called *alienation mentale*, to vindicate a mode of therapy, and to institute a new kind of medical specialty, because he did not raise the question of the mental or physical nature of this problem and its etiology. He was in a position to formulate it, because he was thinking within the anthropological framework of “animal economy,” which treated the distinction between mental and physical events with indifference. The great division between the



organogenic and psychogenic positions within psychiatry occurred later, and this could happen only because psychiatry was at first essentially indifferent concerning those positions. Emerging psychiatry was, therefore, not concerned, metaphysically speaking, with the mind-body problem, and this formative indifference was rooted in the protoanthropological perspective of animal economy.

