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Time to Cure: Psychiatry, Psychology, and Speed in Modern France, c.1880s-1930s

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Time to Cure: Psychiatry, Psychology, and Speed in Modern France, c.1880s-1930s

A dissertation submitted in partial satisfaction of the

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in History

by

Maia Isabelle Woolner

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ABSTRACT OF THE DISSERTATION

Time to Cure: Psychiatry, Psychology, and Speed in Modern France, c.1880s-1930s

by

Maia Isabelle Woolner

Doctor of Philosophy in History

University of California, Los Angeles, 2020

Professor Laure Murat, Committee Co-Chair

Professor Theodore M. Porter, Committee Co-Chair

"Time to Cure" reveals that from the late nineteenth century and well into the first decades of the twentieth, different notions of time and various time-keeping tools were instruments of change in French psychiatric theory and practice. During this period French alienists and mind scientists became preoccupied not only with how their patients and experimental subjects related to the increasingly widespread presence of clocks and watches and to the temporal constructs and pressures of modern life, but also with how they might deploy time-keeping tools themselves to serve the still elusive goal of curability. Using a wide variety of

sources from course books and clinical reports to cinematography and photography, each chapter of this dissertation explores a different facet of how French mental health practitioners used time to re-envision psychiatric classification, diagnosis, treatment duration, the spatial organization of psychiatric hospitals, and lastly, the observation of their patients' inner mental lives.

By looking at different aspects of mental health practice and research, including charting techniques, reaction time measurements, and the interpretation of "temporal delusions," "Time to Cure" queries how the rise and proliferation of precision time-keeping instruments, the seductive power of speed, and new ideas about the temporal trajectory of mental illness were intertwined in France from the 1880s to the 1930s. It asks: how did mental health practitioners and researchers fashion time into a device, tool, measure, and metaphor with the aim of chipping away at the thorny problem of psychiatric curability? This study equally examines how the ability to accelerate processes in science and technology has influenced the expectations and experiences of mental illness and treatment.

Meditating on how what "counts" as cured is highly dependent on context, this study demonstrates that it is through the framework of temporality that the criteria for, and limitations of, curability become visible in starkest relief. Finally, by placing the relationship between time and psychiatric cure center stage, this history connects to contemporary concerns about the pressures of productivity and profit for medicine more broadly.

The dissertation of Maia Isabelle Woolner is approved.

Soraya de Chadarevian

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2020

To Philip

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Acknowledgements

When I set out to write my dissertation, the project I envisioned was different from the one I have now completed. This feeling is no doubt familiar to many who have taken this long and often isolated road called "doing your PhD." The work evolved at times slowly and intentionally, and at other times chaotically and exponentially. Regardless, I can say in earnest that curiosity was my guiding light, and if nothing else, I am proud of following that through until the end.

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Maia Isabelle Woolner
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A note about translation

Unless otherwise indicated, all translations are my own.

"Speed enables you to see. It does not simply allow you to arrive at your destination more quickly, rather it enables you to see and foresee…Speed changes the world vision."

-- Paul Virilio, *The Politics of the Very Worst* (1999)

INTRODUCTION

On 20 October 1889, not long after the International Congress of Chronometry had convened in Paris, a strange article written by French journalist Émile Gautier appeared in *Le Figaro*. Entitled "La névrose des chronomètres" or "the neurosis of chronometers," the article identifies a peculiar phenomenon where watches and clocks, exposed to ambient magnetism and electricity in the urban environment, suddenly start to beat out of whack. Gautier satirically critiques a number of treatments proposed to cure these chronometers of their neurosis: from boiling a watch and its component parts in hot oil to an "electrical treatment" using a dynamo, few of these interventions, he writes, seem truly curative. He speculates that before long it will become "fashionable to send sick watches to special establishments, just in the same way that doctors send their clients" to therapeutic institutions outside of the city. How ironic, Gautier laments, that in a "society as intense and overworked as ours," where more than ever we "need to know and watch the time," it has become so difficult to be punctual and precise.[1]

It is only near the end of the article that Gautier's full critique comes to light, for it is not only watches and clocks that have been upended by this new overly stimulated and excessively electrified world, but also the general health (*la santé générale*) of us all. The havoc wreaked on timepieces is a metaphor for how "Time" itself has been overthrown by the technological developments of the second industrial revolution. The resultant temporal upheaval now threatens to proliferate "the grand neurosis" (*la grande névrose*) across a French populace burdened by the belief that "time is money" and where everything must be accomplished with "frenzied impatience." The mind is especially at risk: "who knows if the capricious power that makes

[1] Émile Gautier, "La névrose des chronomètres," *Le Figaro* 20 Octobre 1889. See also "La névrose des chronomètres," *Journal Suisse d'horlogerie* (Genève: Administration du Journal Suisse d'Horlogerie, 1890): 235-240.

compasses and watches crazy doesn't also make one lose his head?" "Who knows," Gautier asks, "if we shouldn't…invent a demagnetizer" not only for our watches, but also "for the brain?"[2]

Gautier's article, as peculiar though it is, serves as the starting point for this study, which asks: how were the rise and proliferation of precision time-keeping instruments, the seductive power of speed, and new ideas about the temporal trajectory of mental illness intertwined in France between the 1880s-1930s? How did mental health practitioners and researchers fashion time into a device, tool, measure, and metaphor with the aim of chipping away at the thorny problem of psychiatric curability? After all, the obsession with the link between muddled timepieces, the accelerated pace of society, and the deranged mind was not unique to Gautier, nor to the fin-de-siècle. From the late nineteenth century onward and well into the first decades of the twentieth, French alienists and mind scientists became increasingly preoccupied not only with how their patients and experimental subjects related to these technological devices and to the temporal constructs and pressures of modern life, but also with how they might deploy time-keeping tools themselves to serve the still elusive "doctrine of curability."[3] Indeed, what this dissertation demonstrates is that between the 1880s and 1930s, time-keeping tools became a principle instrument of change in French psychiatric theory and practice.

Time to Cure queries how what we might call different modalities or notions of time—from measurability and periodicity to speed and duration—were instrumentalized in French psychiatry between the last two decades of the nineteenth century and the first three of the twentieth. Each chapter of this dissertation explores a different facet of how French mental

[2] Émile Gautier, "La névrose des chronomètres," *Le Figaro* 20 Octobre 1889.

[3] The phrase "doctrine of curability" is a slight modification of Albert Deutsch's phrase, the "cult of curability." See Albert Deutsch, "The cult of curability, its rise and decline," *American Journal of Psychiatry* vol. 92, no. 6 (1936): 1261-1280.

health practitioners deployed new time concepts and novel timekeeping devices in the various domains of their field including: classification, diagnosis, treatment duration, the spatial organization of psychiatric hospitals, and finally in the observation and interpretation of patients' inner mental lives.

This study also interrogates how the ability to accelerate processes in science and technology has influenced the expectations and experiences of mental illness and psychic curability. French doctors and researchers beginning in the 1880s explored the possibility of graphic charts as a more efficient and comprehensible way of annotating changes in their patients' symptoms in comparison to written case notes. In the 1890s others took to the idea that measuring "the speed of thought" using precision clocks and stopwatches would enable them to distinguish "normal" from "abnormal" individuals. Acceleration and the representation of instantaneous cures took on a particularly important role in French psychiatry during World War I, when mobilized neurologists, psychiatrists, and psychologists used cameras and cinematographic machines to demonstrate the viability of their expedited treatment methods. After the war, in a period frequently referred to by physicians and cultural commentators alike as the "century of speed,"[4] clinical temporalities—or the structuring of time in the clinic—dictated the spatial organization of new structures for psychiatric care known as "open-door" hospitals.[5] To theorize and demonstrate the relationships between temporal consciousness and mental illness, some French doctors and researchers turned away from the notion of time as a measurable duration and instead constructed links between psychopathology and an inability to

[4] This formula was widespread. See for example such diverse sources as Louis-Ferdinand Céline, *Journey to the End of the Night*, translated by Ralph Manheim (Surrey: Alma Classics, 2012), 7; "De l'influence de la T.S.F. sur l'organisme humaine. Une visite au docteur Toulouse," *Le Temps*, 27 août 1932.

[5] I borrowed the term "clinical temporality" from cultural anthropologist Elise Andaya. See Andaya, "Race-Ing Time: Clinical Temporalities and Inequality in Public Prenatal Care," *Medical anthropology* (2019): 1-13.

structure and experience the passage of time as past, present, and future. To this end they also took note of psychiatric patients who believed themselves to be clocks or whose delusions featured timepieces as a symbol for psychic unbalance. Take for example the French-Polish psychotherapist Eugène Minkowski's (1885-1972) fascination with the "mental" patient of Dr. Gilbert Robin (1893-1967), who purportedly tried to shoot his watch with a revolver, an aggressive action Minkowski interpreted as the patient's fantasy to kill "objective" clock time, his greatest enemy.[6]

Thus while focusing on France, *Time to Cure* ultimately poses broader questions that transcend its geographic and temporal boundaries: How has psychiatry transformed the lived experience of time? And how have notions of time and ideals of speed transformed the practice and theories of psychiatry? In addressing these issues, this research not only unseats prior assumptions about the history of psychiatry and mental medicine, but it also connects this history to contemporary concerns about the increased medicalization of our daily lives and the pressures of advanced global capitalism on health systems and those who use them.

These developments in French psychiatry took place roughly synchronously with that period in European history dominated by, to borrow Wyndham Lewis' phrase, the "cult of time,"[7] when the theme of temporality seemed all pervasive in art, culture, physics, and philosophy. Questions of time were of course also important to new organizational methods in economic and social life as well. Innovations in horology and the mass production of clocks and watches, the synchronization of national clock-time, and the eventual verdict in 1911 to adopt international time-keeping with Greenwich Mean Time, were all momentous events in France

[6] As discussed by Eugène Minkowski in his 1929 article, "La notion du temps en psychopathologie," *L'Evolution psychiatrique* 1 (1929): 76.

[7] Wyndham Lewis, *Time and Western Man* (London: Chatto and Windus, 1927), 290.

(and beyond) that had reverberations, however small or large, in scientific and non-scientific communities. Lynn Hunt reminds us in *Measuring Time, Making History* (2008) that we should not underestimate the excitement generated, for example, by the 1912 International Conference on Time held in Paris, and Jimena Canales's work, *The Physicist and the Philosopher* (2016), demonstrates that even highly intellectual debates over the nature of time had widespread and popular consequences.[8] It has become commonplace in the extensive literature on the history of modernism and the second industrial revolution to discuss the late nineteenth century and the early twentieth as characterized by a growing gap between "public" and "private" time, a breakdown in traditional temporalities, and new experiences of speed and sensory overload.[9] Drawing on Marx's notion that modernity is characterized by the annihilation of space through time, theorists from Harmut Rosa to Thomas Hylland Eriksen, equally attest to the inseparable links between modernity, relentless technological progress, and the individual's sensation of acceleration and lack of time.[10] Even recent scholarship in the human and hard sciences has turned to the theme of time as a crucial organizing principal. From Peter Galison's *Einstein's*

[8] Lynn Hunt, *Measuring Time, Making History* (Budapest: Central European University Press, 2008), see especially the section entitled "When Time Becomes Urgent." Jimena Canales, *The Physicist and the Philosopher: Einstein, Bergson, and the Debate That Changed Our Understanding of Time* (Princeton: Princeton University Press, 2016).

[9] There is an extensive literature on the history of modernism and time, as well as the relationship between new modes of communication and transportation and the experience of acceleration. See for example Stephen Kern, *The Culture of Time and Space*, *1880-1918* (Cambridge: Harvard University Press, 2003); Wolfgang Schivelbusch, *The Railway* Journey: *The Industrialization of Time and Space in the Nineteenth Century* (Los Angeles: University of California Press, 2014); Ronald Schleifer, *Modernism and Time*: *The Logic of Abundance in Literature, Science, Culture 1880-1930* (Cambridge: Cambridge University Press, 2009); Tim Armstrong*, Modernism, technology and the body: A cultural study* (Cambridge: Cambridge University Press, 1998); Bryony Randall, *Modernism, Daily Time and Everyday Life* (Cambridge: Cambridge University Press, 2009).

[10] See for example Harmut Rosa, *Social Acceleration*: *A New Theory of Modernity*, translated by Jonathan Trejo-Mathys (New York: Columbia University Press, 2013); Harmut Rosa and Wiliam Scheuerman, eds., *High-Speed* Society: *Social Acceleration, Power and Modernity* (University Park: Pennsylvania State University, 2009); Thomas Hylland Eriksen, *Tyranny of the Moment*: *Fast and Slow Time in the Information Age* (London: Pluto Press, 2001); Bart Zantvoort, "Political Inertia and Social Acceleration" *Philosophy and Social Criticism* vol. 43, no. 7 (2017): 707-723; Paul Virilio, *The Politics of the Very Worst*. *An Interview with Philippe Petit* (New York: Semiotext(e),1999).

Clocks, *Poincaré's Maps* (2003) to Robert Brain's *The Pulse of Modernism* (2016), the tempos, rhythms, and cadences of "modern time" take center stage.[11]

Despite this vast literature, how mental medicine and mind science responded and contributed to these wider social, cultural, and economic developments is a story that remains largely untold.[12] It is only in the second half of the twentieth century that historians of medicine and medical practitioners interested in history started to pay closer attention to such subjects as how their predecessors approached the temporal rhythms and trajectories of illness and how time is constructed and deployed in clinical and research spaces.[13] Moreover where such research does exist in the context of French psychiatry in the nineteenth and early twentieth centuries, the focus has tended to be on the history of "degeneration theory," "diseases of memory," or the chronicization of mental illness.[14]

As contributors to Christophe Bouton and Philippe Huneman's recent collection, *Time of Nature and the Nature of Time* (2017), have demonstrated, time does not mean, nor *do*, the same

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[11] See Peter Galison, *Einstein's Clocks*, *Poincaré's Maps*: *Empires of Time* (New York: W.W. Norton & Company, 2003); Robert Brain, *The Pulse of Modernism*: *Physiological Aesthetics in Fin-de-Siècle Europe* (Seattle: University of Washington Press, 2016); and Michael Cowan, *Technology's Pulse*: *Essays on Rhythm in German Modernism* (Paris: Rhuthmost, 2018).

[12] Two notable exceptions include L. del Pistoia, "Le Problème de la temporalité dans la psychiatrie française classique," L'évolution psychiatrique (1971): 445-474 and Jimena Canales, *A Tenth of a Second* (Chicago: University of Chicago Press, 2009). Pistoia analyzes and distinguishes between the different ways in which the notion of temporality enters into the work of Benedict Morel ("degeneration theory"), Valentin Magnan ("chronic delusional state of systematic evolution") and Paul Sérieux and Joseph Capgras ("chronic interpretive psychosis"). Canales focuses on the category of "a tenth of a second" for experimental psychology, optics, and physiology, but does not directly investigate its implications for mental medicine or psychiatry.

[13] See for example L. S. Kay Toombs, "The Temporality of Illness: Four Levels of Experience," *Theoretical Medicine* vol. 11 (1990): 227-241; Tania L. Gergel, "Illness perception, time perception, and phenomenology - an extended response to Borrett," *Journal of Evaluation in Clinical Practice* vol. 19, no. 3 (2013): 501-508; Pierre Vadamme, "Gestalt-thérapie et pathologies du temps," *Revue Gestalt* vol. 2, no. 47 (2015): 105-119. See also the special millennium issue of *Annales of Internal Medicine* vol. 132, no. 1 (2000) edited by Richard V. Lee, which is dedicated to the theme of "time and medicine."

[14] See L. Del Pistoia, "Le Problème de la temporalité dans la psychiatrie Française classique," for a discussion of the temporality of degeneration theory; Ian Hacking, *Rewriting the Soul*: *Multiple Personality and the Sciences of Memory* is a classic in the history of memory disorders; Georges Lantéri-Laura, "La Chronicité dans la psychiatrie française moderne. Note d'histoire théorique et sociale," *Annales* vol. 27, no. 3 (1972): 548-568.

things in different branches of science. How geology, evolutionary biology, and physics represent, measure, model, and "use" time concepts as epistemological tools reveals the plurality and heterogeneity of times at work in the sciences.[15] This is no less true for mental medicine than it is for other medical and non-medical fields.

Building upon Luciano del Pistoia's observation that "the optic of temporality permits one to conduct an in-depth epistemological investigation of classificatory systems in psychiatry,"[16] this project examines how time became a motor of change in French psychiatric practice and theory from the fin-de-siècle though the interwar period. From the invention of new kinds of charting techniques for the visualization of chronic and acute disorders to the ways in which clinical temporalities dictated the spatial layout of novel psychiatric facilities, time and how to use it in service of curability were central to the concerns of French practitioners. By investigating how physicians and scientists conceptualized and deployed different forms of "objective" and "subjective" time in the clinic, asylum, research lab, trenches, and beyond, I unearth a medical milieu in which often-contradictory practices and ideas were held together in an uneasy balance. Between the last decades of the nineteenth century and the end of the 1930s, the pathologization of "slow thinking" and the valorization of "swift curability" were ideals upheld simultaneously to the notion that "too rapid" social climbing and the tempo of "modern life" could cause mental illness. But the promise of speed emerged then—like now—as both a threat and a hope.

[15] Christophe Bouton and Philippe Huneman, eds., *Time of Nature and the Nature of Time*: *Philosophical Perspectives of Time in Natural Sciences* (Dordrecht: Springer, 2017).

[16] L. del Pistoia, "Le Problème de la temporalité dans la psychiatrie Française classique," 454.

Timekeeping, psychiatry, curability

As French mental health practitioners and researchers tried to address specific problems within their field of medicine, as well as larger pressures such as overcrowding in asylums, the exigencies of war, and psychological effects of life in fast-paced urban "modernity," time-keeping and time management became for them, as for many others working in schools, factories, and the military, important tools of the trade. Time and timepieces were at once actual implements for mental and physical measurement and analysis, imposed and used by the psychiatrist and psychologist to evaluate and regulate illness and disorder, while also serving occasionally as metaphors for patient suffering. Georges Dumas (1866-19146), for example, who conducted experimental psychometric and psychophysiological testing on female patients interned at the Sainte-Anne asylum at the end of the nineteenth century, used the sound of a ticking clock to measure how "hysterical" women in states of "morbid sadness" responded to auditory stimuli.[17] One of his patients told him that these testing machines "served as the instruments of her torture."[18]

The ideas, methods, and practices I describe, analyze, and unravel were first articulated and enacted during the last decades of the nineteenth century. The idea of illness as existing in measureable and representational time in the field of psychiatry makes its first appearance in the 1880s, when professor of psychiatry Emmanuel Régis (1855-1918) developed a special kind of chart for graphing the temporal trajectory of specific diagnoses according to common units of "calendar" time—first in weekly increments, and then by days. By transforming the patient's (often cyclical and recurring) history of mental symptoms into a visual "temporal object," Régis

[17] George Dumas, *La Tristesse et la joie* (Paris: Felix Alcan, 1900), 35-36.

[18] Ibid., 91.

put forward a graphic argument in support of the idea that each individual illness has a specific temporal trajectory and outcome. What distinguished Régis' contribution to the wider debate over how to delimit chronic forms from acute episodes of mental illness was his emphasis on rhythmic patterns in mental illness, a uniform time scale, and more precisely, the power of daily graphical measurement.

To theorize mental illnesses as time-bound entities with measurable and standardizable temporal signposts as Régis did also serves as an introduction to the problem of curability, for it is within the context of duration, beginnings, and ends that the stakes of curability are visible in starkest relief. Curability rests not only on the possibility of medically effective cures, but also on the theoretical (and rhetorical) positions physicians and patients took vis-à-vis markers and measurements of health.[19] Curability required psychiatrists and researchers to define the temporal parameters of *illness*, but also, I argue, to demarcate the temporal parameters of *cure*. What kinds of boundaries—definitive or loose—were medically identified between sickness and health, between order and disorder, between therapeutic improvement or clinical decline? As we shall see, diagnoses like circular insanity (*folie circulaire*), wartime "pithiatism," and what were called in French "les petits mentaux" (nonpsychotic mental illnesses), posed serious challenges to straightforward triage between what constituted chronic and acute mental illnesses, categories the definitions of which are inseparable from the conditions of curability and what constitutes "being cured."

[19] See for example, Eli Clare, *Brilliant Imperfection*: *Grappling with Cure* (Durham: Duke University Press, 2007); Bharat Jayram Venkat, "Cures," *Public Culture* vol. 28, no. 3 (2016): 475-97; Bharat Jayram Venkat, "Of Cures and Curses: Toward a Critique of Curative Reason," *Public Culture* vol. 30, no. 2 (2018): 277-282.

Scope of the Project

By taking time, temporality, and notions of curability as its thematic foci, this project not only fills a lacuna in the history of modernism and temporality, but also provides a different perspective on the nature of historical change in the field of psychiatry, accounts of which have often focused on professionalization, the move toward biological psychiatry (and its conflict with dynamic psychiatry and psychoanalysis), and innovations in therapeutics.[20] *Time to Cure* only engages with these issues at its margins. Revealing the intimate links between time and cure in psychiatric practice and theory instead enables me to tell a different kind of story, one that while certainly "medical," still connects psychiatry to other fields of medicine, new technologies, and the necessities of war and the effects of its aftermath.

This study also gives a unique perspective on how doctors and clinical researchers tried to solve problems of diagnosis and curability using new timekeeping instruments. The time concepts and time-measurement tools psychiatrists and applied psychologists used for analyzing, recording, and penetrating the mind demonstrate the inseparable relationship between technologies, medical epistemology, and the ontology of illness. The history of the chronometer, for example, has yet to be fully considered within the context of psychiatry. In the work that follows I try to appreciate how technological devices including chronometers, graphic recording machines, cameras, and cinematographs worked to standardize mental illnesses as temporal

[20] For the standard accounts of professionalization see Jan Goldstein, *Console and Classify*: *The French Psychiatric Profession in the Nineteenth Century* (Chicago: Chicago University Press, 2001) and Ian Dowbiggin, *Inheriting Madness: Professionalization and Psychiatric Knowledge in Nineteenth-Century France* (Los Angeles: University of California Press, 1991). Gregory M. Thomas also makes a "professionalization" argument in his work *Treating the Trauma of the Great War*: *Soldiers, Civilians, and Psychiatry in France, 1914-1940* (Baton Rouge: Louisiana State University Press, 2009). For works that focus on the move toward biological psychiatry and innovations in treatment, see for example Jean-Noël Missa, *Naissance de la psychiatrie biologique*. *Histoire des traitement des maladies mentales su XXe siècle* (Paris: Presses Universitaires de France, 2006); Edward Shorter, *A History of Psychiatry*: *From the Era of the Asylum to the Age of Prozac* (New York: John Wiley & Sons, 1997); Joel Braslow, *Mental Ills and Bodily Cures: Psychiatric Treatment in the First Half of the Twentieth Century* (Los Angeles: University of California Press, 1997).

objects and to delimit the temporalities of cure—or the boundaries between the "before" and "after" of cure. To date few scholars have been interested in the use of before-and-after photography and cinematography to demonstrate the efficacy of therapeutic interventions in psychiatry.[21] Indeed, the history of photography and cinema and its intersection with the history of mental medicine and psychology has largely focused on the politics of representation, rather than on the epistemological transformations enabled by such image-making (and time-keeping) machines, though there have been some notable exceptions.[22] My work tries to show how the use of these technologies changed not only the representational possibilities of psychiatry, but also transformed the temporalities of illness and curability as well.

Each of the five chapters of this dissertation takes a particular time concept or time object as deployed by clinicians and researchers for thinking about and doing psychiatry and follows it and its implications. This structure has enabled me to try and untangle the knotty matrix of psychopathology, temporality, curability, and technology while demonstrating how notions of time and temporality echoed within different aspects of the field from nosology to treatment. Though the chapters follow one another in a basic chronology, I have tried to avoid superimposing a rigid linearity on the narrative, and therefore the reader will notice some temporal jumps and overlaps. This structure, which is occasionally temporally disruptive, where

[21] Stefanos Geroulanos and Todd Meyer are among the few who have (in passing) mentioned the use of before-and-after films used to create a visual measure of the therapeutic trajectory of patients during World War I. See Stefanos Geroulanos and Todd Meyer, *The Human Body in the Age of Catastrophe* (Chicago: University of Chicago Press, 2018). See also Jordan Bear and Kate Palmer Albers, eds., *Before-and-After Photography*: *Histories and* Contexts (London: Bloomsburg, 2017).

[22] For classic works on the politics of representation in mental illness, see for example, Sander Gilman, *Seeing the Insane* (New York: J. Wiley, 1982); Sander Gilman, Hugh W. Diamond, and John Conolly, *Face of Madness: Hugh W. Diamond and the Origin of Psychiatric Photography* (Brattleboro: Echo Point Books & Media, 2014); Georges Didi-Huberman, *Invention de l'hystérie*: *Charcot et l'iconographie photographique de la Salpêtrière* (Paris: Macula, 1982). For works that focus on the relationship between the epistemological transformations engendered by photographic and image-making technologies see Beatriz Pichel, "From facial expressions to bodily gestures: Passions, photography and movement in French 19th century sciences," *History of the Human Sciences* (2015): 1-22; Marta Braun, *Picturing Time*: *The Work of Etienne-Jules Marey (1830-1904)* (Chicago: University of Chicago Press, 1992).

different forms of time interrupt, intersect, and diverge, mimics the changing ways in which time was experienced by individuals and in communities across France (and elsewhere) during this period. As French researcher Dr. Slyvie Droit-Volet has stated: "There is no single, uniform time, but rather multiple times which we experience."[23]

Chapter 1, "Graphical Representations and the Temporal Trajectories of Mental Illness," argues that Emmanuel Régis' new charting techniques, which he developed in the 1880s for recording variations in symptom intensity over time, changed the way French psychiatrists thought about and visualized mental illness prognosis. Moving from text to graphical trace, Régis' new paper technology had profound effects on the way psychiatrists observed their patients illnesses, recorded their symptoms, and shared patient case histories. This chapter shows how these changes in data visualization, borrowed from physiology and general medicine, privileged prognosis as a criterion for diagnosis and classification, while still permitting the "natural history" of the illness to determine its temporal shape.

Chapter 2, "D'Arsonval's 'Marvelous Little Instrument," charts the rise of psychometry in France between the 1880s and 1920s primarily through the history of a "precision time" object: the chronometer invented by Jacques-Arsène d'Arsonval (1851-1940). Beginning in the late 1880s, French psychiatrists and psychologists used this highly portable instrument to study and diagnose "hysterical" women in the asylum. As the practice expanded, reaction time testing enabled further collaborations between clinical psychiatrists and experimental psychologists who advanced a culture in which the performance of mental speed was equated with normalcy. As psychometric methods were imported into the French military and classroom, reaction time tests

[23] Marc Gozlan, "A Stopwatch on the brain's perception of time. Research by neuro-physiologists shows that our emotions affect our awareness of the passing of time," *The Guardian,* 1 January 2013. Accessed 21 April 2018. https://www.theguardian.com/science/2013/jan/01/psychology-time-perception-awareness-research

became a “straightforward” way to classify the “best” and “worst” members of a “high-speed society.” By analyzing medical instruments, films, and archival documents, this chapter shows how rather than allowing the illness to dictate its own duration, practitioners used the “duration of thought” to determine the illness.

In Chapter 3, “Swift Curability and Cinematography in French Neuropsychiatry during the Great War,” I investigate the temporalities of cure by identifying the emergence of a new paradigm that I call “swift curability.” This framework for thinking about and treating mental illness helped overturn the longstanding therapeutic pessimism that characterized French psychiatry in the second half of the nineteenth century and laid the conceptual groundwork for twentieth-century “acute” therapies. In order to bolster the veracity of their arguments, French practitioners turned to visual technologies that were able to manipulate time, including photography and cinematography. This chapter demonstrates how wartime neuropsychiatrists marshaled “before-and-after” images for the first time to support their claims of successful therapeutic interventions. By exploring how the exigencies of war placed pressures on French psychiatrists, I also show how what counts as “cured” is dependent on context.

Chapter 4, “Clinical Temporalities: Psychiatry at two (or more) speeds,” is an examination of how, in the interwar period, time and its organization in the clinic were critical components to the initiatives of the mental hygiene movement in France. By investigating the creation and organization of “open-door” psychiatry, and in particular the Henri Rousselle Hospital in Paris, this chapter examines how the creation of new kinds of psychiatric institutions reorganized expectations about the temporal trajectories and durations of treatment. What the organization of this new facility shows, however, is that the distinction between fast and slow treatments, and short and long hospital durations, was far from straightforward.

Chapter 5, "A 'truer' sense of time?," investigates how psychologist Charles Blondel (1876-1939), psycho-technician J.M. Lahy (1972-1943), and psychotherapist Eugène Minkowski interpreted their patients' and experimental subjects' disjointed and fragmented experiences and descriptions of time. Puzzled by the inability to distinguish between past, present, and future they observed in individuals under states of mental duress, these practitioners turned to philosophy and sociology, and especially the work of Henri Bergson (1859-1941) and Émile Durkheim (1858-1917), to provide a framework through which to try and make sense of atypical experiences of time. By fixing their attention on how individuals with mental illness enacted and expressed temporality "abnormally," Blondel, Lahy, and Minkowski noted that individuals in states of psychosis or extreme pressure are often unable to cast their own lives according to the "normal" structures of temporal organization. Their observations encouraged them to turn away from traditional clinical methods, leading Blondel and Minkowski in particular to question the usefulness of "objective time measurement" and swift curability in psychiatry. Going back to the illness as manifest in the temporal consciousness of their patients, these practitioners were interested in what the differences between private and public time could reveal about the disordered mind.

CHAPTER 1
Graphical Representation and the Temporal Trajectories of Mental Illness

Struck by the pedagogical difficulties of explaining to his students the differences between intermittent and periodic forms of insanity, French doctor of mental medicine Emmanuel Régis (1855-1918) developed a series of graphical images to visually depict the typical evolution of their illness course. Presumably his students considered these images effective because shortly thereafter Régis asked a more senior colleague of his, Dr. Auguste-Alexandre Motet (1832-1909), to present his pedagogical innovation at a meeting of the *Société médico-philosophique* (Medico-Psychological Society) in Paris in March 1884. Motet's short but optimistic lecture praised Régis for his original application of the graphic method to the study of insanity and expressed the hope that these "traces of madness and their progression" might one day make it possible to ascertain the clinical outcome of various diagnoses.[1]

Though the published report of the 31 March 1884 session at the Medico-Psychological Society did not reprint the graphics Motet presented to the group, we can assume from Motet's descriptions that they were relatively similar, if not identical, to the four graphical images Régis published a year later in his first psychiatric textbook, *Manuel pratique de médecine mentale* (*Practical Manual of Mental Medicine*, 1885). A chart entitled "Constitution of an outbreak of double-form insanity" (Figure 1.1) is the first of the four. Along the left-hand side of the graph, a horizontal column labels a hierarchy of symptoms organized according to intensity from "melancholy with stupor" to "acute delirium." The most extreme symptoms radiate outward from the line, AB, that divides the image into a "top" and "bottom" half.

[1]Auguste-Alexandre Motet, "Méthode graphique appliquée à l'étude de la folie à double forme," *Annales médico-psychologique* no. 12 (1884), 104-107.

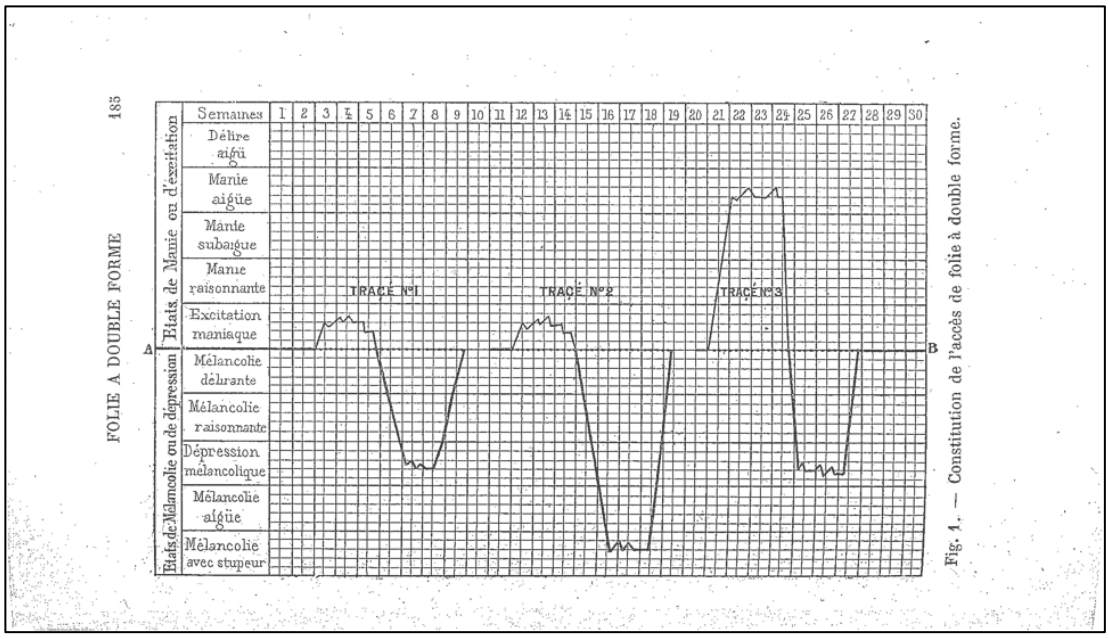

Figure 1.1 "Fig. 1. – Constitution de l'accès de folie à double forme" (Constitution of an outbreak of double-form insanity) from Régis' *Manuel pratique de médecine mentale* (1885)

Line AB, straight like an arrow, denotes the "normal state" as singularly narrow. To be "normal," or healthy, one has to present an absolute absence of fluctuation in emotional or mental states. Moving from left to right the passage of time is marked by quadrants, each of which designate one week, as is indicated by the timescale in the top row. The graphic curves themselves, denoted as "traces 1-3," undulate above and below the baseline designation of normalcy and create three wave-like figures that represent the temporal shape of double-form insanity's standard outbreaks, which are constituted by rhythmic oscillations in mania and melancholy. As Régis explained, "all of these particularities relative to the formation of the episode…to its modes of transition…and its types of evolution" are "difficult to explain clearly and in a precise fashion." And to solve this problem "I imagined a way to depict them with graphic traces" and thus "render them distinct and more easily comprehensible."[2] The four graphic charts featured in Régis' *Practical Manual* function as normative images of ideal or exemplary cases of illness progression. By abstracting away from the details of

[2] Emmanuel Régis, *Manuel pratique de médecine mentale* (Paris: Octave Doin, 1882), 184. Until further notice, quotes from this work are taken from the 1885 edition.

individual difference, Régis' published graphics served as tools of standardization, uniformity, and calibration. In the classroom and lecture hall they worked to "train the eye to pick out certain objects as exemplary"[3]—in this case the temporal structure and periodic patterns distinctive to the unique prognosis of what was then called "double-form" or "cyclical" insanity.

What is prognosis, if not the medical attention to time? Derived from the Latin term meaning foreknowledge, the ability to forecast the longitudinal evolution and outcome of an illness has long been privileged in the medical profession. Recall that Hippocrates' *Aphorisms* and *Book of Prognostics* tell us much about the ways in which classical Greece conceptualized the relationship between time and disease.[4] The ability of a physician to offer a patient a reasonable picture of the likely course and conclusion of their illness would become the mark of an excellent and experienced doctor, and though the methods for establishing a patient's prognosis have changed, this is as true today as it was centuries prior.[5]

If the idea of forecasting the typical progression and outcome of an illness in medicine is literally ancient, however, its theorization and importance in psychiatry specifically is relatively new. French psychiatrists, or "alienists" as they were then called, imported the notion of a "diachronic dimension" or prognosis for each illness into their theoretical apparatus only in the second half of the nineteenth century. Moreover, it wasn't really until the last quarter of the that century, with the work of Régis and others, that an

[3] Lorraine Daston and Peter Galison, "The Image of Objectivity," *Representations* no. 40, Special Issue: Seeing Science (Autumn, 1992): 85-86.

[4] For a discussion and overview of the legacy of Hippocratic medicine's concept of prognosis, see Luke Demaitre, "The Art and Science of Prognostication in Early University Medicine," *Bulletin of the History of Medicine* vol. 77, no. 4 (2003): 765-788.

[5] Roy Porter, *The Greatest Benefit to Mankind*: *A Medical History of Humanity* (New York: W.W. Norton & Company, 1999), 61-62; Edward Shorter, "Primary Care," in *The Cambridge History of Medicine*, ed. Roy Porter (Cambridge and New York: Cambridge University Press, 2011), 112.

emphasis on what we might call the idea of "mental illness as a temporal object" began to establish a broader and more widely accepted foothold in French psychiatry.

This shift began slowly as clinicians working around the mid-nineteenth century like Jean-Pierre Falret (1794-1870), Jules Baillarger (1808-1890), Bénédict Augustin Morel (1809-1873) and then later, Valentin Magnan (1835-1916), began to describe new forms and theories of mental illness that deemed psychic disease as essentially a chronic and durable condition.[6] But the notion of acute mental illness didn't vanish completely. Responding to the need to make the temporal trajectories and signposts of various forms of mental illness more clear, French practitioners and researchers in subsequent generations, from Emmanuel Régis to Paul Richer (1849-1933), increasingly sought to clarify diagnoses and disease categories by standardizing their temporal evolution using graphical and representational means. Régis was at the forefront of this movement. He was the first to introduce a new kind of graph and graphing technique into French psychiatry that accentuated above all else the relationship between measurable time and "the natural history" of disease.

Borrowing charting techniques from general medicine and internal pathology, and especially febrile medicine where change over time was and is considered highly relevant, Régis developed a practice of "picturing prognosis" in linear form, first of chronic and periodic forms of mental illness, and then later of acute, or short-course illnesses as well. A hybrid between paper technology and pedagogical tool, Régis' method and the graphs he created between the 1880s and 1914 show how a turn toward measurable, linear, and "irreversible" time in psychiatry forms an important but overlooked component of nineteenth-century alienism's continued "will to science."[7] While previous French

[6] For an account of French debates about curability and prognosis in general medicine, see Jason Szabo, *Incurable and Intolerable: Chronic Disease and Slow Death in 19th-century France* (New Brunswick, NJ: Rutgers University Press, 2009).

[7] The phrase "will to science" is borrowed from Isabelle Stenger's work on psychoanalysis, *La volonté de faire science*. *A propos de la psychanalyse* (Paris: Les Empêcheurs de penser en rond, 2006).

psychiatrists had certainly started to pay attention to the importance of illness course, Régis saw in graphs and graphing the opportunity for psychiatrists to benefit from measurement practices, temporal accounting techniques, and visualization procedures that were considered innovative, precise, and helpful elsewhere.

Too frequently associated solely with the work of German psychiatrist Emile Kraepelin (1856-1926), or the degeneration theory of Bénédict Morel, the diachronic dimension of illness course and the temporal structure of insanity were at the core of Régis' graphical impulse.[8] As we shall see, Régis envisioned his charts not only as classroom props for the visualization of "ideal" cases, but also as a clinical technique that could be mobilized to streamline and make more efficient every-day observation in the insane asylum or private psychiatric clinic. By the beginning of the twentieth century this method for representing the temporal trajectory of an individual's illness course was adopted by other clinicians whose graphics were also published in the leading textbooks and journals for psychiatry during this period. These charts, alongside new photographic practices in medicine and physiology, and specifically the production of serial photographs and chronophotography, confirm the role of paper technologies and graphing techniques in advancing temporally standardized understandings of mental illness.[9] By analyzing and contextualizing Régis' graphs alongside anatomical and physiognomic methods for representing psychiatric diagnoses and illness categories, I demonstrate both the novelty of Régis' linear depictions of prognosis and the

[8] Richard Noll, *The Encyclopedia of Schizophrenia and Other Psychotic Disorders* (New York: Facts on File, 2007), xiii-xiv. See also, Luciano del Pistoia, "Le problème de la temporalité dans la psychiatrie française classique," *L'Évolution psychiatrique* no. 36 (1971): 445-475. This is the only work I have found that directly identifies the "problem of temporality" and its relationship to French psychiatry. In it Pistoia uses the notion of temporality to discuss amongst other things Morel's degeneration theory. Because "degeneration" has been the subject of so much scholarly work, I do not treat it in detail in this dissertation, but instead show the other ways in which the question of temporality was addressed in French psychiatric theory and practice.

[9] For a fascinating work on psychiatric photography in France, see Beatriz Pichel, "From facial expressions to bodily gestures: Passions, photography and movement in French 19th-century sciences," *History of the Human Sciences* vol. 29, no. 1 (2016): 1-22. Though not the focus of her article, Pichel does discuss how Albert Londe used chronophotography to depict the chronological order of a hysterical attack. See also, Geneviève Aubert, "Neruological illustration: from photography to cinematography," *Handbook of Critical Neurology* 95 (2009): 289-302.

mounting acceptance amongst increasing numbers of French psychiatrists that mental illnesses should be viewed as distinct temporal objects. The diffusion of the technique of prognostic representation, and its role in the circulation of psychiatric knowledge during the last quarter of the nineteenth century and beginning of the twentieth supports the assertion made by historians Frank Pillmann and Andreas Marneros that by this period "many French psychiatrist[s]…put more emphasis on [illness] course than on symptomatology."[10]

In failing to account for and unpack the new emphasis on temporality and illness trajectory in late nineteenth-century French psychiatric theory and practice, the secondary literature has overlooked how the questions of distinguishing chronicity, cyclical phenomena, acute outbreaks, and disease trajectory put the stakes of curability and the possibility of genuine recovery, into starkest relief.

Paper technology, pedagogical tool

Emmanuel Régis was born in Auterive in southwestern France in 1855. He started medical school in Toulouse, but at age 22 decided to relocate to Paris, where he obtained several important internship positions, first at the Ville-Évrard asylum just outside of Paris and then at Sainte-Anne, an asylum located within the city's boundaries in the fourteenth *arrondissement*. After finishing medical school in Paris in 1880 with a thesis on *folie à deux* (insanity shared by two people), Régis worked for a short period at Benjamin Ball's clinic and then as a *médecin-adjoint* at Sainte-Anne. Shortly thereafter, however, Régis gave up what might have been a distinguished career as a practitioner in the capital when he was offered a position at a private clinic in Castel-d'Andorte in 1882. A year later Régis began teaching a course on mental illnesses for medical students and jurists at the nearby medical

[10] Frank Pillmann and Andreas Marneros, "Brief and acute psychoses: the development of concepts," *History of Psychiatry* vol. 14, no. 2 (June 2003): 166.

faculty of Bordeaux and was offered an official position there in 1893.[11] He remained a professor and then Chair of mental medicine at Bordeaux until the end of his career. In contemporary scholarship Régis is a minor household name for his role, alongside that of Angelo Hesnard (1886-1969), in introducing Sigmund Freud's theories to a French audience.[12] During his lifetime, however, he was considered one of the most important teachers and writers of his day, largely for his prolific publication record and especially for his widely disseminated textbook, *Précis de psychiatrie* (*Handbook of Psychiatry*), which was published in three editions (1906, 1909, and 1914) and appeared again after Régis' death in a revised and updated fourth edition (1923).[13]

What is immediately striking about Régis' representations of illness course (Figures 1.1, 1.2, 1.4 and 1.5) is that they are, in essence, rudimentary graphs. The vertical y-axes chart the intensity of symptoms, and the horizontal x-axes, moving from left to right at the bottom of the graphs, denote the passage of accounted-for time. The resultant curves, produced by plotting symptom fluctuations every day, or week, are revelatory of important clinical patterns and cycles that otherwise may have gone unnoticed.

As introduced above, it was in the context of his teaching career that Régis first developed his visual representations of prognosis. After testing them out with his students and then his colleagues at the Medico-Psychological Society in Paris, Régis decided to publish these images in 1885 as part of his first course book, *Practical Manual of Mental Medicine*. The *Manual*'s two editions—which appeared in 1885 and 1892—served as precursors to the aforementioned *Handbook of Psychiatry*, in which these visualizations of illness course appear again in revised and augmented form. In what follows we will examine

[11] Pierre Morel, *Dictionnaire biographique de psychiatrie* (Le Plessis-Robinson: Synthélabo, 1995), 204-205.

[12] See for example, Emmanuel Régis and Angelo Hesnard, *La psychanalyse des névroses et des psychoses*: *ses applications médicales et extra-médicales* (Paris: Félix Alcan, 1914).

[13] Paul Camus, "Le Professeur E. Régis (1855-1918)," *Paris médical* no. 30 (1918): 298-299.

the developmental trajectory of Régis' "pictures of prognosis" as he modified and recontextualized them in the various editions of these works.

Régis' *Practical Manual* is arranged according to the typical organization of French psychiatric textbooks from the last quarter of the nineteenth century. It opens with a section dedicated to the history of the profession. This segment is then followed by chapters on general considerations, symptomology, causes, special pathologies, and so on. Though nearly 600 pages long, the *Practical Manual* features only four images—all of which are graphical representations of periodic and intermittent forms of mental illness. The chapter in which these images are located, entitled "Double-form insanity (circular insanity, alternating phase insanity etc.)," begins with a short description of the diagnosis and emphasizes two specific particularities of the illness that require the practitioner's utmost attention:

> Double form insanity is essentially constituted by the succession of melancholic and manic episodes, it is necessary to study in succession, first, the composition of the episodes, and second, the way in which they follow one another…these distinct states of mania and melancholy are not unique to circular insanity…therefore it is not necessary to attribute to double form insanity a special symptomology. [14]

Régis insisted that what made circular or double form insanity "special" was its temporal evolution rather than its symptomology. In fact, its peculiar and unique illness course was what clinicians would have to identify correctly in order to discern the presence of the disease.[15]

"Circular" and "double-form insanity" were two terms invented by French psychiatrists Jean-Pierre Falret and Jules Baillarger respectively around the mid-nineteenth century to describe the illness contemporary practitioners now fold under the category of

[14] Régis, *Manuel pratique de médecine mentale*, 180.

[15] Ibid.

bipolar disorders.[16] In delineating the clinical course of circular/ double-form insanity as essentially the "regular succession of a manic state, melancholic state, and," in the case of Falret, "a lucid interval"[17] that must succeed one another in the same order, Falret and Baillarger helped introduce the "diachronic criterion" into French psychiatry.[18] Their arguments helped consolidate the idea that as in other forms of somatic disease, each mental illness should have a distinct and identifiable prognosis. As Falret wrote,

> One must fix his attention on the course of the illness, on the diverse phases that it undergoes, on the oscillations and alternations that it presents; one must observe, in a word, the ensemble of moral and physical symptoms and their order of succession, rather than concentrating on the data that one notices immediately when interrogating a patient at any given moment.[19]

A singular moment (for example, at the time of admission to an asylum) was insufficient to make a correct diagnosis. Falret insisted that diagnosis was possible only after observing the patient in the *longue durée*. In short, true medical observation necessitated that a practitioner dig beneath the distracting superficialities of symptoms to the true "essence" of the illness: its existence as an object in time, as an "ensemble of connected phenomena and their *order* of

[16] Pierre Pichot, "The Birth of Bipolar Disorder," *European Psychiatry* vol. 10, no. 1 (1995): 7. See also Pichot, "Tracing the origins of bipolar disorder: From Falret to the DSM-IV and ICD-10," *Journal of Affective Disorders* vol. 96, no. 3 (2006): 145-148.

[17] This definition comes from the work of Falret. See Jean-Pierre Falret, "De la folie circulaire," in *Des maladies mentales et des asiles d'aliénés* (Paris: J. B. Baillière et Fils, 1864), 461-2. This text republished Falret's 1850-51 lectures, "On Circular Insanity," and "On the Non-Existence of Monomania," alongside a number of his other important works. The differences between Falret and Baillarger's definitions of the diagnostic category are minimal. The essential distinction is Falret's theorization of a "lucid interval" between each episode of mania and melancholy. For examples of Baillarger's work on the subject see, Jules Baillarger, "Note sur un genre de folie dont les accès sont caractérisés par deux périodes régulières, l'une de dépression et l'autre d'excitation," *Bulletin de l'Académie impériale de médecine* no.19 (1853): 340-352; Baillarger, "De la folie à double forme. Leçons faites fait à la Salpêtrière dans le semestre d'été de 1854," *Annales médico-philosophiques* no.6 (1854) : 369-391; Baillarger, *De la folie à double forme* (Paris: Imprimerie de E. Donnaud, 1880).

[18] The "diachronic criterion" is a term used by Thomas Lepoutre in his introduction to an English translation of Falret's *De la non-existence de la monomania* (*On the Non-Existence of Monomania*, 1854). See Jean-Pierre Falret, "'De la non existence de la monomanie' (Part I)," trans., Thomas Lepoutre, *History of Psychiatry* vol. 23, no. 3 (2012): 358.

[19] Falret, *Des maladies mentales,* xvi.

succession."[20] By the mid-1860s Falret considered ascertaining "the unique course of each particular species of insanity" by far the most important work future generations of psychiatrists could do.[21]

In his description of circular and double form insanity in the *Practical Manual of Mental Medicine*, Régis—like Falret, Baillarger, and their synthesizers after them—foregrounded the unique temporal course of the illness, which, once established could be expected to repeat itself basically indefinitely and predictably.[22] Echoing the words of Falret, Régis asserted: "what is important to know is that when one episode [of circular/double-form insanity] has taken place, it is usual to see the following episodes resemble it exactly," so that "when one knows one episode, one knows them all."[23] Unlike in Philippe Pinel (1745-1826) or Etienne Esquirol's (1772-1840) general view of mental alienation, there was no "going back" in time to a state of health. As the disease continued and progressed across an increasingly long duration and its cycles became clear in visual form, Régis had no illusions or hesitations about forecasting the ultimate direction of the disease. Its progress was irreversible; its end was death:

> As for the duration of the illness itself, it is very long. We can even say that it indefinite, interminable, for once the alternation is constituted, the patients turn in the same pathological circle for many years, and most often, until their decease.[24]

[20] Falret, *Des maladies mentales*, x. My emphasis.

[21] Ibid. xxvii.

[22] It took about two decades for Falret and Baillarger's ideas about periodic forms of mental illness to gain real traction in the French psychiatric establishment. Deny and Camus confirm that the "new pathological entity" was not "enthusiastically welcomed" by other contemporary alienists. Gaston Deny and Paul Camus, *La Psychose maniaque-dépressive*: *les folies intermittentes* (Paris: J. B. Baillière et fils, 1907), 10.

[23] Régis, *Manuel pratique de médecine mentale*, 181. Régis cites both Falret and Baillarger in this chapter and elsewhere throughout the manual.

[24] Ibid., 188.

But Régis' interest in the temporal structure and rhythmic patterns of circular/ double-form insanity extended beyond that of his teachers. Not only was he interested in understanding the normative course of the illness as a whole and its serious (and usually fatal) outcome, but he was also keen to distinguish and make concrete circular / double-form insanity's other, more subtle, temporal signs: for example, the temporal constitution of each individual outbreak, as well as how one phase transitioned into another over time. Then there was also the matter of clarifying the difference between its intermittent and continuous forms. All of these temporal particularities, Régis conceded, remained abstract and intangible using words alone. By replacing verbal descriptions with graphic traces, he imagined, he could provide the ideal solution.[25] As Régis explained how to "read" Figure 1.1:

> The constitution of the episode of double-form insanity. The horizontal black line AB indicates the normal state. Above are the diverse states of mania and excitation; underneath, the diverse states of melancholy or depression. Trace no. 1 of this figure shows the normative constitution of the episode, comprised of manic excitation and melancholic depression…Traces 2 and 3 show different possible formations….[26]

To understand the tricky transitional periods between manic and depressive phases of an episode also required visualization (Figure 1.2). In this figure, "Mode of transition from one phase to another," keeping track of subtle changes over time is even more important. Régis remarked, "though very occasionally the transition from one phase to another might happen abruptly, more often than not the evolution happens slowly, in almost indiscernible gradations."[27] Without his graphical images, Régis implies, the "indiscernible gradations" would remain just that, imperceptible changes in the illnesses' temporal shape that would escape even the clinically-trained eye.

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[25] Régis, *Manuel pratique de médecine mentale*, 184.

[26] Ibid.

[27] Ibid., 181.

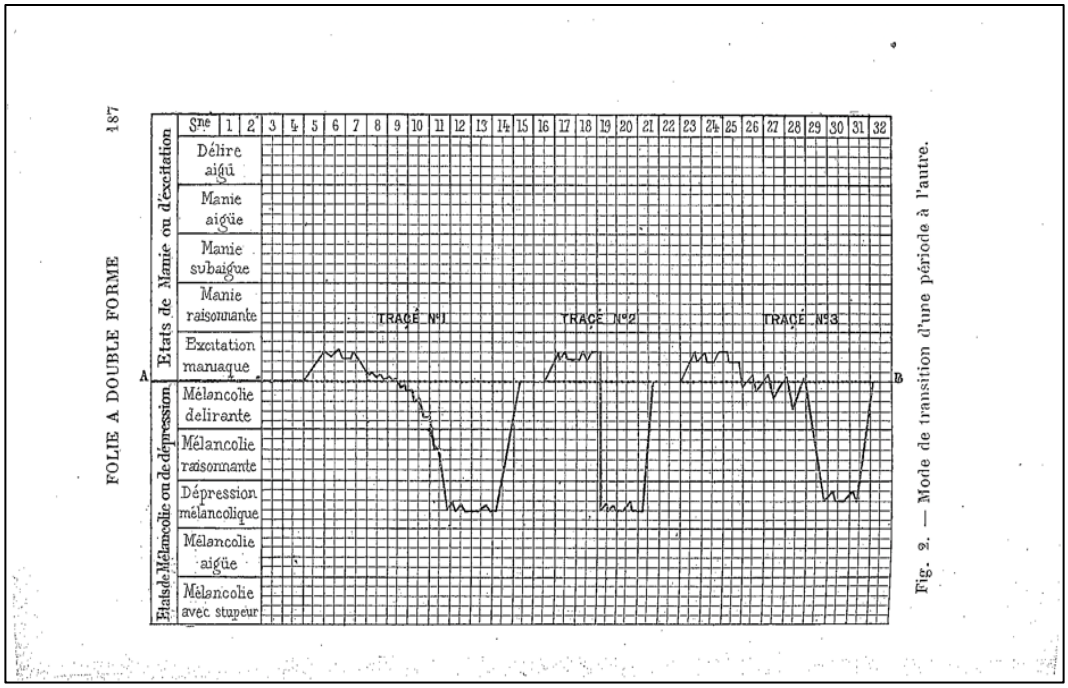

Figure 1.2 "Fig. 2 – Mode de transition d'une période à l'autre," (Mode of transition from one phase to another) from Régis' *Manuel pratique de médecine mentale* (1885)

That Régis aligned his practice with febrile medicine and temperature charting is highly significant. In the wake of Carl Wunderlich's 1868 work on clinical thermometry, *The Course of Temperature in Diseases,* which gave 98.6 degrees Fahrenheit as the mean human body temperature, thermometry had become one of the most quantitative and reliably numerical methods available to physicians for understanding and identifying the internal pathological processes of the living body during illness.[28] As temperature charts became an essential visual tool for medical pedagogy, they started to pepper the pages of French medical textbooks from the 1870s onwards. It is clearly from these images and this technique that Régis drew his inspiration, as is apparent from an example of temperature charts taken from *Traité de Pathologie Interne* (*Treatise on Internal Pathology*, 1870), a textbook written by Dr. Sigismond Jaccoud of the Lariboisière hospital in Paris (Figure 1.3). The attention paid to

[28] Porter, *The Greatest Benefit to Mankind*, 345.

fevers in general medicine was intimately linked to an emphasis on the temporality and the longitudinal aspects of disease. As Dr. Jaccoud wrote:

> What is important is not a few isolated figures belonging to one or another epoch of the disease; it is the *mode of progression* which leads to these figures…in other words, what is characteristic is *not* the temperature itself, it is its *evolution*, either in the entire cycle of the disease, or in each of its stages. […] The figures obtained are reported at each observation on a divided paper, and if we then join the points which express the daily biological oscillations of the temperature, we obtain a curve which is a true graphical representation of the febrile temperature, and which makes it possible to grasp at a glance all the peculiarities of its course.[29]

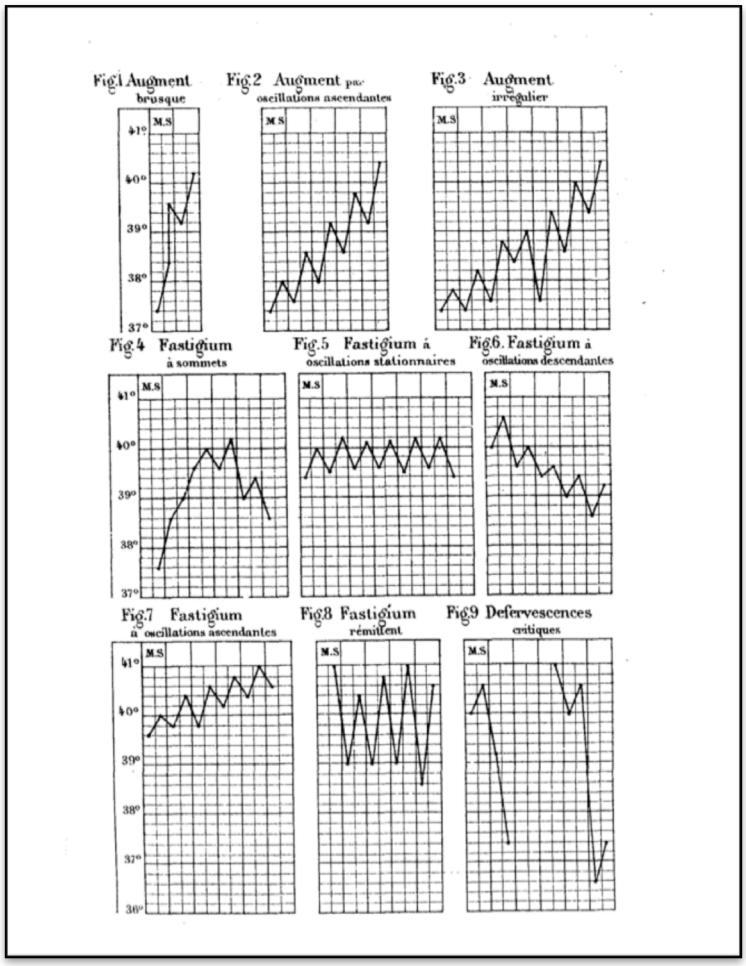

Figure 1.3 Fever charts from Jaccoud's *Traité de pathologie interne* (1870)

The creation of these kinds of fever charts had permitted physicians to ascertain that certain febrile illnesses, including cholera and malaria, had distinct fever patterns and periodicities

[29] Sigismond Jaccoud, *Traité de Pathologie Interne* (Paris: Adrien Delahaye, 1870), 75. My emphasis.

that indicated the particular disease the patient was suffering from.[30] Thus Régis' appropriation of fever charting techniques suggests that he perceived of the temporal patterns and evolution of insanity as the essential signposts of mental pathology.

Moreover, the temperature chart was more than a pedagogical and research tool. It equally functioned as a paper technology that entered the quotidian practice of doctors working in hospitals. Régis intended the same applicability for his innovation: psychiatrists could use this technique to render visible the temporal trajectories of symptomatic patients who found themselves interned in asylums, very often for extended periods of time. Their functionality could provide, Régis argued,

> real service in practice to represent the other clinical particularities of double-form insanity, its moments of exacerbation, its remissions, its diverse degrees of intensity…in short, to figure day by day the course of the illness (*la marche de la maladie*) with its minor variations, as is done for fever.[31]

The proposal of daily observation shows how Régis was even more focused on the notion of temporality and illness. The question was not simply about the informative nature of longitudinal observation in general, but about keeping track of the illness in increasingly smaller units of time. It was required in asylums in the nineteenth and twentieth century, for example, to provide a medical update in the form of a "certificate" about the frequency and reoccurrence of symptoms fifteen days after a patient's admission.[32] By 1892, Régis' graphical representations of illness prognosis were now using days as units of measure, instead of weeks.

Régis elided, however, a remarkable difference between his method and that of fever charting: the fact that in "collecting" data to produce his graphical representations of circular

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[30] Dimie Ogoina, "Fever, Fever patterns, and diseases called fever- a review" *Journal of Infection and Public Health* vol. 4, no. 3 (2011): 108-124.

[31] Régis, *Manuel pratique de médecine mentale*, 186.

[32] Julien Raynier and Henri Beaudoin, *L'Assistance psychiatrique française*: *assistance, législation, médecine légale, psychiatrie sociale* II (Paris: E. Le François, 1950), 108.

insanity's temporal progression, no measurement instruments (like the thermometer) were actually employed. Intensity does not directly translate into numbers. Instead it was up to the individual alienist to transform a qualitative judgment about the magnitude of the patient's symptoms into a point on a line. But how does one decide where to place the point, given the potentially subtle differences between "acute mania" and "sub-acute mania," for example? This elision, a kind of collapsing of qualitative judgment and quantitative measurement, is worth considering. Perhaps in an attempt to further insist on the scientificity of his method, in the text accompanying these first pictures of prognosis, Régis alludes to other physiological measurements including pulse and blood pressure, the measurement of which would have also required the use of instruments such as the newly invented sphygmomanometer.[33]

The internal physiological dimension of human body temperature is equally relevant to this discussion. In the same way that doctors measuring and plotting temperature were ascertaining and visualizing information about the inner workings of the body, Régis' graphical representations of circular insanity were part of a pedagogical practice intended to train the "medical gaze" of psychiatrists to see their patients' illnesses in a particular way, where the descriptive language of symptomology fades behind the conclusive quadrants of graph paper and distinctive lines.[34] Recalling Jean-Pierre Falret's emphasis that practitioners needed to look beneath the surface level of their patient's delusions, Régis' insistence on the clinical applicability of his charting method aimed at showing the hidden longitudinal structure of the patient's illness. These graphs would be visual histories not of the typical behaviors or outer appearance of symptoms, but of the evolutionary history of the disease itself.

[33] An instrument for measuring blood pressure, the sphygmomanometer was invented in 1881.

[34] Roy Porter refers to this as well. See Porter, *Greatest Benefit to Mankind,* 346.

At the same time, in his published versions of the graphs, by reducing the variability of individual difference and constructing exemplary types, these images additionally functioned as normative images of an expected and essentially predetermined prognosis. Thus in the classroom and in published format, Régis' charts served as tools of standardization and calibration. This move from text to image does the work—in the words of Steve Woolgar and Michael Lynch—of progressively linking "a sense of natural reality to an abstract theoretical position."[35] Whereas Falret and Baillarger's theorization of circular insanity's prognosis remained at the conceptual-textual level, Régis' graphical representations gave circular insanity the heft of the concrete. Circular insanity's "natural" reality as a temporal object—where its temporal signs are its defining characteristics—is confirmed by the ability to determine and make evident in visual (and material) form the patterns of circular insanity according to a specific and accounted-for timescale.[36]

In the second edition of his *Practical Manual of Mental Medicine* (1892) Régis changed several things around. First he added new figures to give "a clear idea of the numerous particularities relative to the constitution and the evolution of general psychoses,"[37] increasing the overall number of graphical representations from four to six. But he also consolidated the previous four images of circular insanity to two, which suggests that by the last decade of the nineteenth century, it was no longer required to spend so much didactic energy on clarifying its particular temporal form.

[35] Michael E. Lynch and Steve Woolgar, eds., *Representation and Scientific Practice* (Cambridge, MA: MIT Press, 1990), 5-6.

[36] In the 1885 edition of Régis' work, the timescale is in weeks. In 1892, this has been reduced to days.

[37] Régis, *Manuel pratique de médecine mentale* (Paris: Octave Doin, 1892), 210. Unless otherwise noted, quotes from Régis are now excerpted from the 1892 edition.

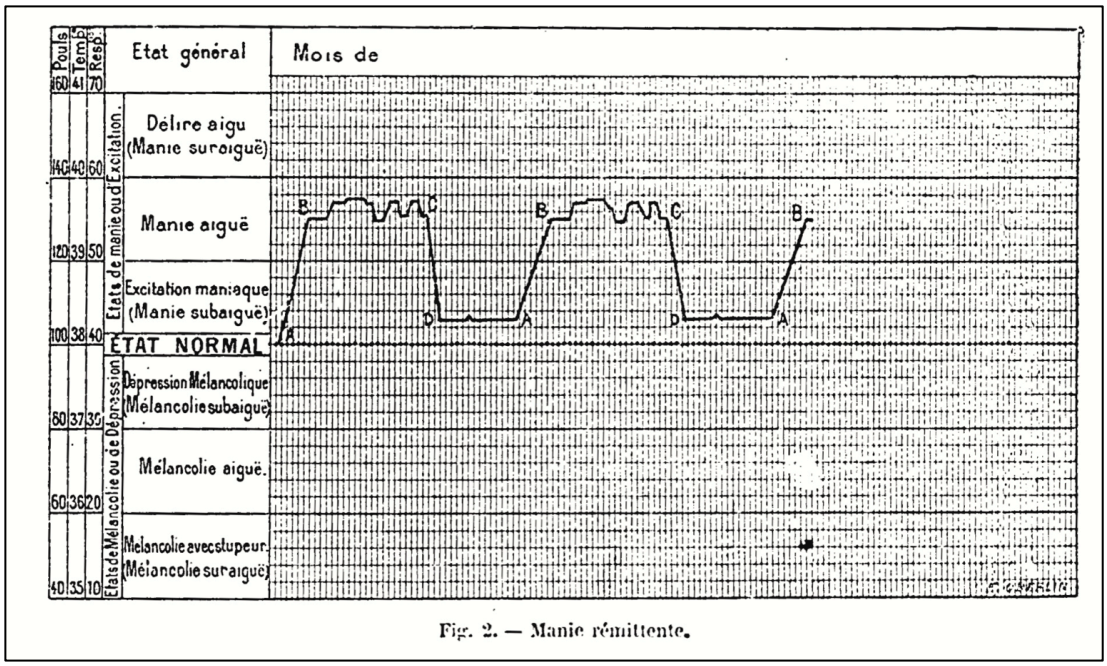

Fig. 2. — Manie rémittente.

Figure 1.4 "Manie rémittente" (Remittent mania) from Régis' *Manuel pratique de médecine mentale* (1892)

In "*Manie rémittente*" (Figure 1.4) we can observe a number of other significant changes from Régis' earlier graphics of the 1880s. As previously mentioned, the timescale has been reduced: measurements are now charted every calendar day. On the left-hand side of his new graphs, Régis also added additional columns that include normative (and numerical) ranges for pulse, temperature, and rate of respiration. Stressing the importance of quotidian updates, Régis intended that practitioners chart the temporal structure of the patient's symptoms alongside their physiological concomitants.[38] This side-by-side placement further masks the essentially qualitative work of determining the intensity of symptoms by likening it to other forms of quantitative biological measurement where numerical values were possible. Moreover, bio-temporality is correlated to "psycho-temporality."

The fact that fever charting and graphical recording and analysis were ascendant in general medicine and physiology during the last quarter of the nineteenth century helps explain why Régis turned to this particular aesthetic to represent the temporal shape of

[38] Régis, *Manuel pratique de médecine mentale*, 220.

mental illnesses.[39] As psychiatrists in France sought to establish themselves as genuine medical practitioners—in sync with new developments in scientific medicine—they increasingly worked to distance themselves from techniques that were deemed unscientific and to align themselves with advances in other medical fields. Visual echoes of the graphical recording methods of Étienne-Jules Marey (1830-1904), Régis' charts, though made "by hand" and not "by machine," were part of a wider medical trend historian Roy Porter has described: "by 1900 it was becoming possible to understand a patient not by his [or her] story, nor even simply though pathological signs ascertained by the 'medical gaze,' but by ceaseless physiological monitoring."[40] Régis' 1892 graphs show how the practices of "evidence based" general medicine were increasingly relevant for French psychiatrists interested in scientific methods for recording data and in new kinds of charting techniques.

Mental illnesses as temporal objects

The more significant adjustment in the 1892 edition of the *Practical Manual of Mental Medicine*, however, was Régis' expanded use of linear representations to illustrate the temporal trajectories not just chronic forms of mental illness like circular insanity, but also acute forms like "simple" acute mania (Figure 1.5).

[39] For discussions of graphical medicine and graphical recording see for example, Robert Michael Brain, *The Pulse of Modernism*: *Physiological Aesthetics in Fin-de-Siècle Europe* (Seattle: University of Washington Press, 2015); Soraya de Chadarevian, "Graphical Method and Discipline: Self-Recording Instruments in Nineteenth-Century Physiology," *Studies in the History and Philosophy of Science* vol. 24, no. 2 (1993): 267-291; Robert G. Frank, Jr. "The Telltale Heart: Physiological Instruments, Graphic Methods, and Clinical Hopes, 1854-1914," in William Collman and Frederic L. Holmes (eds), *The Investigative Enterprise: Experimental Physiology in Nineteenth-Century Medicine* (Los Angeles: University of California Press, 1988); Frederic L. Holmes and Kathern. M. Olesko, "The Images of Precision: Helmholtz and the Graphical Method in Physiology," in Norton M. Wise (ed.), *The Values of Precision* (Princeton: Princeton University Press, 1995).

[40] Porter, *The Greatest Benefit to Mankind*, 346. See also Étienne-Jules Marey, *La Méthode graphique dans les sciences expérimentales et principalement en physiologie et en médecine* (Paris: G. Masson, 1878); Marta Braun, *Picturing Time: The Work of Etienne-Jules Marey 1830-1979* (Chicago: University of Chicago Press, 1992).

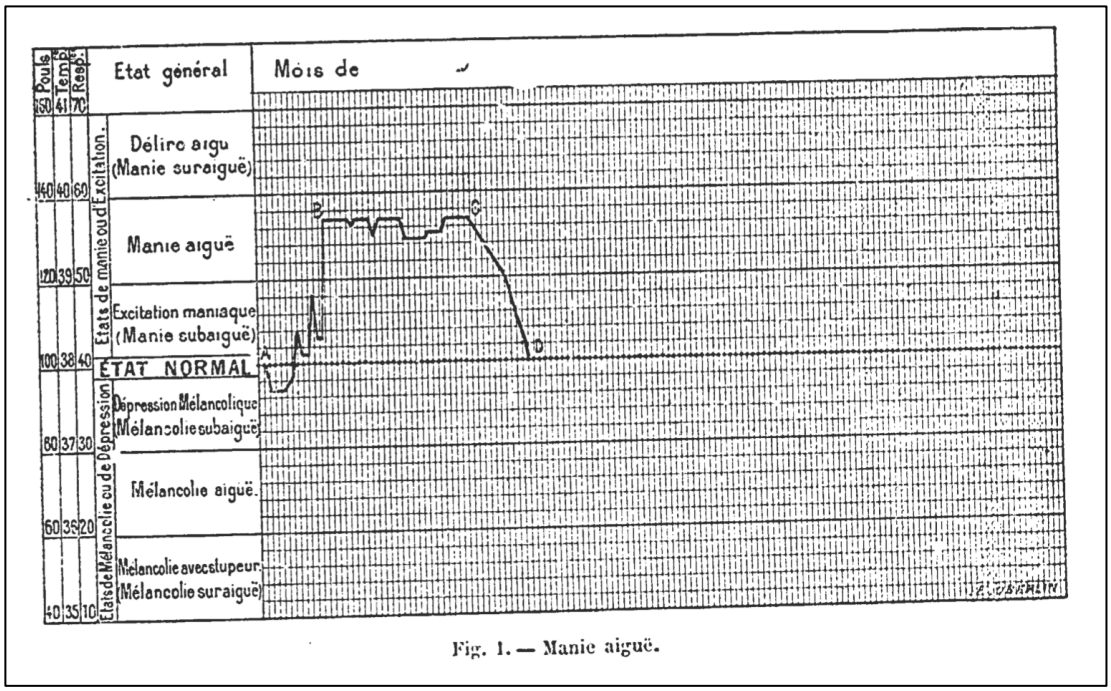

Fig. 1. — Manie aiguë.

Figure 1.5 "Manie aiguë" (Acute mania) from Régis' *Manuel pratique de médecine mentale* (1892)

Though he had already signaled in 1885 (in a footnote) the possibility of using his graphing technique for "the observation of *all* varieties of mania and melancholy—acute, chronic, remittent and continuous,"[41] it was only in the second edition of the *Practical Manual* that Régis actually put this idea to the page. Now it was evident that the importance of temporal analysis and visual signposting had to go beyond that of circular and double-form insanity. Shorter duration forms of mental illness *also* displayed important temporal signs. Régis elucidated the possible "time signatures" of "acute mania" (Figure 1.5) as such:

> See first, *the period of outbreak* (AB) characterized by depression and sadness, and then by a progressive excitation, which can reach its apogee either rapidly or gradually… second, the *period* of *the state* (BC), the actual period of the outbreak, characterized by the acute evolution of excitation; third, the *termination period* (DC) in the case of recovery…is characterized by either a sudden return, oscillations or by indiscernible transition to the normal state.[42]

[41] Régis, *Manuel pratique de médecine mentale*, 220, note 1. My emphasis.

[42] Ibid., 212.

Régis' inclusion of graphs for both acute and chronic forms of mental illness in the 1892 edition of his textbook places him at the center of what historian of psychiatry Georges Lantéri-Laura has called a "paradigmatic shift" in the second half of nineteenth-century psychiatry: the move from a unitary notion of mental alienation to the idea of many (plural) mental illnesses.[43] I would argue that this shift goes even further—that mental illnesses were increasingly conceptualized as distinct temporal objects, where each illness as a "natural entity," displayed distinct beginnings, middles, and ends.[44] It is the temporal trajectory and signposts of a disease that enabled practitioners to distinguish between sanity and insanity, between the illness' outbreak and its denouement, and finally, between relapses and the occurrence of a completely new illness. I use the notion of a temporal object, a term borrowed from the philosophy of Edmund Husserl, but without its "phenomenological baggage," to designate how French practitioners came to conceptualize mental illnesses as objects or entities that are temporally extended, but that are also constituted as a whole.[45] This kind of notion about the distinct temporalities of particular mental illnesses was largely absent from the work of psychiatrists working in the first half of the nineteenth century; instead, for them time mattered only insofar as it was possible for any morbid form to follow any other without compromising the quality of the prognosis.[46] As Paul Dumouchel has argued, for Pinel, "mental illness was an a-temporal phenomenon."[47]

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[43] Georges Lantéri-Laura, *Essai sur les paradigmes de la psychiatrie moderne* (Paris: Éditions du temps, 1998).

[44] The rhetoric of "natural specimens" comes from Falret's writing. See Falret, *Des maladies mentales et des asiles d'aliénés*, 472.

[45] Edmund Husserl, *The Phenomenology of Internal Time-Consciousness*, trans. James S. Churchill (Bloomington: Indiana University Press, 1964), 43. This usage differs from that of S. Kay Toombs, who keeps the phenomenological dimension. See Toombs, "The Temporality of Illness: Four Levels of Experience," *Theoretical Medicine and Bioethics* vol. 11, no.3 (1990): 228. For my discussion of the phenomenology of time and mental illness, see Chapter 5 of this dissertation.

[46] Georges Lantéri-Laura, "La chronicité dans la psychiatrie moderne française. Note d'histoire théorique et sociale," *Annales. Histoire, Sciences Sociales* vol. 27, no. 3 (1972): 554.

[47] Paul Dumouchel, "Qu'est-ce qu'une maladie? Pinel, aliéniste et nosographe," *Philosophiques* vol.33, no.1 (2006): 21.

Part of this move toward conceptualizing mental illnesses as temporal objects was the broader discussion amongst French (and European) psychiatrists during this period about the chronicity or achronicity of insanity. As Luciano del Pistoia has shown, it was only during the second half of the nineteenth century that alienists in France began to elaborate theories of psychiatric disease in terms of temporality, and more specifically, as Lantéri-Laura describes in his work on the chronicization of mental illness, the opposition between long-duration and short-duration forms. This duality only became a decisive axis in French psychiatry after the work of psychiatrists including Falret, Baillarger, and of course Bénédict Augustin Morel, whose *Traité des dégénérescences physiques, intellectuelles et morales de l'espèce humaine* (*Treatise on the Physical Intellectual and Moral Degeneracy of the Human Race*, 1857) established mental illness as an essentially chronic (and hereditary) condition. As is well known, Morel's theory that families tainted by degeneration gradually proceeded through the stages of neurosis, psychosis, idiocy, and ultimately imbecility across successive generations, went on to become one of the most influential models in nineteenth-century medical circles and beyond, exerting widespread influence on the arts and social and cultural theory alike.[48]

Thus in contrast to alienists working in the first half of the nineteenth century like Philippe Pinel and Etienne Esquirol, who largely believed that mental alienation was an acute medical problem, practioners working in the aftermath of degeneration theory came to the widespread conclusion of its chronicity.[49] Whereas Pinel and Esquirol always maintained the possibility that the outcome of a person's illness was contingent and recovery always possible, the specter of incurability and interminability dominated in the wake of Morel's

[48] Gail Marshall, ed., *The Cambridge Companion to the Fin-de-Siècle* (Cambridge: Cambridge University Press, 2007), 15. Bénédict Augustin Morel, *Traité des dégénérescences physiques, intellectuelles et morales de l'espèce humaine et des causes qui produisent ces variétés maladives* (Paris: J.B. Baillière, 1857).

[49] For a discussion of Pinel's view of mental illnesses as acute see Dumouchel, "Qu'est-ce qu'une maladie?," 23-24.

(and others) hereditary explanations for mental disease. Moreover, as Lantéri-Laura has observed, by the beginnings of the Third Republic (1870-1940), the conditions of psychiatric observation and French population demographics had significantly changed. The rise in average life span, and the coming to fruition of the asylum system called for in the 1838 law on mental alienation (which also required the labor of its patients to remain self-sufficient), ensured that practitioners were more likely to see chronicity and incurability as indelible aspects of mental disease.[50]

Despite the condition of chronicity as the commonly considered norm, the desire to identify acute forms of mental illness did not entirely disappear. A generation or two after the likes of Falret and Morel, doctor Valentin Magnan joined the nosological fray. An admissions physician at the Sainte-Anne asylum from 1867 until his retirement in 1912, Magnan, from 1881 onwards, was a firm believer in the principle "that mental illnesses should be classified on the basis of careful study of the entire course and outcome of disease."[51] Magnan's own adoption of the diachronic principle is evident in his description of a diagnosis he called "Chronic delusional insanity of systematic evolution."[52] Like Régis and Falret's descriptions of circular insanity, Magnan proposed that "chronic delusional insanity of systematic evolution" be considered a "special unvarying form of mental affection, which in its nature, beginning, and progress, must be clearly distinguished."[53] But to this chronic mental illness Magnan opposed an acute category he termed *bouffée délirante* (delirious flash), which he

[50] Lantéri-Laura, "La chronicité dans la psychiatrie moderne française. Note d'histoire théorique et sociale," 552.

[51] Ian Dowbiggin, "Back to the Future: Magnan and the Classification of Mental Diseases 1885-1925," *Social History of Medicine* vol. 9, no. 3 (1996): 387.

[52] Yohan Trichet, *L'entrée dans la psychose*: *Approches psychopathologiques, clinique et (auto) traitements* (Rennes: Presses universitaires de Rennes, 2011), 49.

[53] Valentin Magnan, *Chronic Delusional Insanity of Systematic Evolution: twelve lectures by Dr. Magnan*, translated by D. A Marie and Dr. J. Macpherson," (Paris: Gauthier-Villars, 1892), 3.

described as a "veritable thunderclap in a serene sky."[54] Introduced in his medical lectures in 1886, *bouffée délirante* or "acute delirious puff" was used to specify an episode of sudden onset mental illness.[55] Of particular importance was its unusually abrupt and unexpected arrival, as well as its atypically rapid evolution, but also—unlike chronic delusional insanity of systematic evolution—its positive outcome. According to Henri Chabrol of the Department of Psychopathology at the University of Toulouse in France, "the main interest of this diagnostic category, which was claimed by French psychiatrists, was to define a good prognosis acute psychotic disorder."[56]

Régis believed, as did most of his contemporaries, that short-term mental illness was uncommon. Nevertheless, he recognized that the ability to distinguish acute from chronic forms was an absolute clinical necessity. Like Magnan, he also made the link between acuity and better outcomes: "The distinction between acute and chronic forms of insanity is of utmost importance, for only those in the first [category] are curable."[57]

Régis' inclusion of graphs of illness trajectory for both acute and chronic forms of mental illness shows Régis as an innovator in the use of representational forms to conceptualize mental illnesses as distinct temporal objects, the importance of which served not only theoretical, but also practical ends. As Régis stressed in his 1892 text, his charts would enable the easy and fast (*d'un coup d'œil*, in the blink of an eye) appreciation of distinctions which had immense value from the perspective of discharging recovered patients

[54] As quoted in Angélique Christaki and Marie-Christine Pheulpin, "La notion du bouffée délirante aiguë," *Annales Médico-psychologique* vol. 177, no. 1 (2019): 72.

[55] See Paul Maurice Legrain. *Du délire chez les dégénérés: observations prises à l'asile Sainte-Anne, 1885-1886 (service de M. Magnan)* (Paris: A. Delahaye et E. Lecrosnier, 1886).

[56] Henri Chabrol, "Chronic Hallucinatory Psychosis, *Bouffée Délirante*, and the Classification of Psychosis in French Psychiatry," *Current Psychiatry Reports* vol. 5, no. 3 (2003): 191.

[57] Régis, *Manuel pratique de médecine mentale*, 49-50. This text is included in the 1885 edition, but the graphical images of acute forms of mental illness are not.

to the use of relevant temporal information in the forensic, or "medical-legal," context.[58] Thus in the context of the "chronicization of mental illness," the identification of acute forms of mental illness became even more compelling. As historian Elizabeth Nelson has noted, the 1890s asylum reform movement in France was keen to see the creation of "separate institutions for curable and incurable patients," a change—long hoped for, but not yet realized—that would alleviate overcrowding and enable the "transformation" of "institutions from storehouses for the socially undesirable into sites of treatment and recovery."[59]

Indeed, the stakes of mental illnesses as temporal objects are precisely those of curability. The attribute of acuity was linked to very possibility of curability, and curability was a prerequisite for the prospect of meaningful medical intervention on the part of psychiatrists, an essential factor for a medical specialty that always seemed to be under attack.[60] That was why certain psychiatric institutions, like the Sainte-Anne asylum, were designated from the very start (though in practice this proved very difficult to carry out) as centers for acute care and treatment, while others, more like hospices, were selected for the housing of the chronic and incurable mentally ill.

Visual culture and representational context

In order to truly appreciate how novel Régis' representational images were in the context of 1880s and 90s French psychiatry, one has to consider the wider visual culture of mental medicine in during the nineteenth century. When Régis developed his first pictures of prognosis, imaging practices and paper technologies were not absent from psychiatry. French

[58] Régis, *Manuel pratique de médecine mentale*, 220.

[59] Elizabeth Nelson, "Running in Circles: A Return to an Old Idea about Asylum Reform in Nineteenth-Century France," *Journal of the Western Society for French History* vol. 42 (2014): 116.

[60] For an account of the longstanding "attacks" against psychiatry and the asylum, see Aude Fauvel, "Témoins aliénés et 'Bastilles modernes': une histoire politique, sociale et culturelles des asiles en France (1800-1914)," PhD Dissertation in History and Civilization, Paris, EHESS, 2005.

alienists had long busied themselves with tables and charts to collect data on the causes of mental illness, and in particular, heredity.[61] Manuals and treatises featuring drawings and medical photography were beginning to gain ground, especially publications coming out of the Salpêtrière hospital, where a photography lab had been established in the 1870s under the auspices of the French neurologist, Jean-Martin Charcot (1825-1893).[62] But Régis inaugurated a new representational technique that diverged from the physiognomic tradition of mental illness imaging and was better suited to demonstrating the temporal structure of mental illnesses.[63]

To view this contrast, consider Figures 1.6-1.9, which we might call "portraits" of psychiatric patients. These close-ups of the face or full-length images of the body come from some of the most famous examples in the visual history of French psychiatry, which include drawings from Pinel's 1801 work (Figure 1.6) and the "atlas" of Etienne Esquirol (Figure 1.7), as well as the photographs of patients published in the medical journals, *Iconographie photographique de la Salpêtrière* (*Photographic Iconography of the Salpêtrière*) and *Nouvelle iconographie de la Salpêtrière* (*New Iconography of the Salpêtrière*) (Figure 1.8).

[61] See for example, Theodore Porter, *Genetics in the Madhouse* (Princeton: Princeton University Press, 2018).

[62] For the classic account of Charcot's photography laboratory see Georges Didi-Huberman, *Invention de l'hystérie: Charcot et l'iconographie photographique de la Salpêtrière* (Paris: Macula, 1982). Albert Londe joined Charcot's team at the Salpêtrière as a photographer in 1878. See for example, Albert Londe, *La photographie médicale. Application aux sciences médicales et physiologiques* (Paris: Gauthier-Villars et fils, 1893). See also Mary Hunter, *The Face of Medicine: Visualising Medical Masculinities in Late Nineteenth-Century Paris* (Manchester: Manchester University Press, 2016), as well as Beatriz Pichel's previously cited article, "From facial expressions to bodily gestures: Passions, photography and movement in French 19th-century sciences."

[63] For a history of this tradition see for example Bruno-Nassim Aboudrar, *Voir les fous* (Paris: PUF, 1999). See also Sander Gilman, *Seeing the Insane*: *A Visual and Cultural History of Our Attitudes Toward the Mentally Ill* (New York: J. Wiley, 1982).

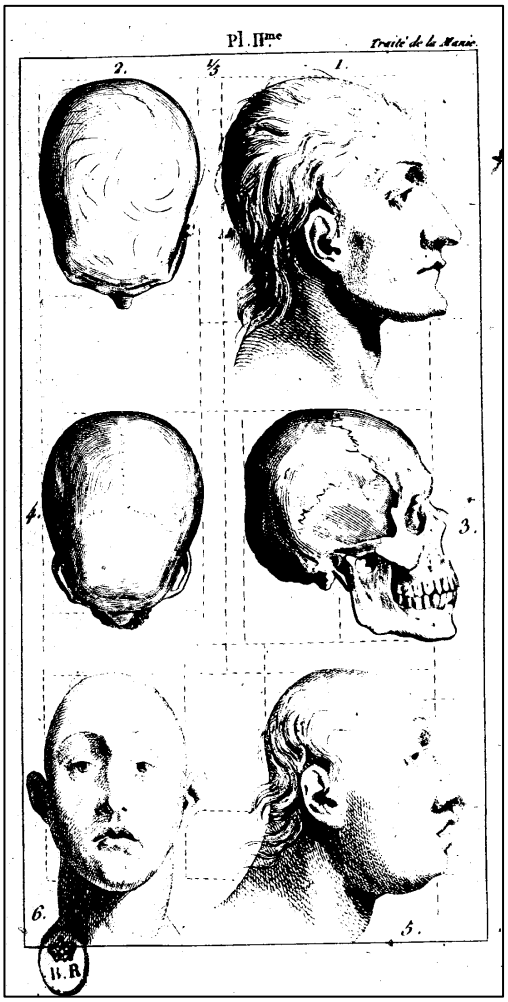

Figure 1.6 "Planche II" from Pinel's *Traité médico-philosophique sur l'aliénation mentale, ou la manie* (1801)

Figure 1.7 "Démonomaniaque" (Demonomaniac) from Esquirol's *Des maladies mentales* (1838)

Figure 1.8 "Intermittence et démence précoce" (Intermittence and dementia praecox) from the *Nouvelle Iconographie de la Salpêtrière* (1910)

In particular, let us examine more closely several of the photographic images featured in French psychiatrist Henri Dagonet's (1823-1902) *New Treatise on the Fundamentals of Mental Illnesses* (1876), the first psychiatric textbook to include photographs of patients (Figure 1.9).[64] After publishing a similar textbook fourteen years earlier, Dagonet realized that his text accompanied by a series of photographs would augment his classificatory argument. He hired the photographer J. Valette to create portraits of a number of his patients at Sainte-Anne. The images were meant to represent Dagonet's classification of nine principle mental disorders: mania; melancholy; stupidity; megalomania; impulsive insanity; dementia/general paresis; idiocy; and cretinism.

Figure 1.9 is comprised of a set of three photographic images of different patients. To describe image I, in the upper left, Dagonet writes, "hysterical mania, erotic tendencies, incoherence, loquacity, periods of manic excitation;" image II represents "acute mania, incoherence, habitual rage;" and image III portrays "tranquil mania, happy, chronic, extravagant behavior."[65] In each, the focal point of the clinical gaze is the patient's symptoms as visible on the face and body. These kinds of images, which remained extremely popular in textbooks and publications throughout the late nineteenth and the first half of the twentieth century, depict both the patient and the disease at a singular moment in time. They often equate the static snapshot with the whole of the diagnosis. By assimilating the illness with a slice of (exposure) time, portrait-style psychiatric images give a far more fixed impression of mental illness and often reinforce the idea that insanity has to be located somewhere on the body or manifest itself in outward behaviors and corporeal appearance. Here mental illness appears as a kind of atemporal phenomenon, divorced from any relationship to change. It

[64] Aaron H. Esman, "Henri Dagonet and the Origins of Psychiatric Psychiatry," *American Journal of Psychiatry* vol. 156, no. 9 (September 1999): 1439.

[65] Henri Dagonet, *Nouveau traité élémentaire et pratique des maladies mentales suivi de Considérations pratiques sur l'administration des asiles d'aliénés* (Paris: J.B. Baillière et fils, 1876), 175.

should come perhaps as no surprise that Dagonet was a critic of Falret's description of circular insanity, so much so that he gave it no more than a brief reference it in his 1876 textbook.[66]

Figure 1.9 "Manie" (Mania) from Dagonet's Nouveau traité élémentaire et pratique des maladies mentales (1876)

[66] Deny et Camus, *La Psychose maniaque-dépressive*, 11.

In light of these images (Figures 1.6-1.9), we can see the true originality of Régis' graphical representations of prognosis on two fronts. First, any representation of physical symptoms has been stripped away. Bodies are replaced by lines and curves. Affect and emotion have been removed, sterilized. The "objectivity" of graphs—based on depersonalization and abstraction—provided a different kind of objectivity than that presumed by the "mechanical eye" of the camera.[67] Second, the immobile, atemporal representation of insanity is replaced by a visual of dynamic change, where the temporal evolution, patterns, and signposts are the most important markers and carriers of meaning for the disease, not the symptoms per se.

It should be noted, nevertheless, that as the notion of mental illness as a temporal object in psychiatry became progressively relevant during the last quarter of the nineteenth century, some practitioners did use physiognomic representation to try and depict the temporality of certain diagnoses. For example, Paul Richer (1849-1933) a doctor and artist who worked closely with the neurologist Jean-Martin Charcot at the Salpêtrière in the 1870s and 80s developed what he called a "synoptic table" to visually depict the standard chronological phases of what Charcot had dubbed an archetypical "grand hysteria attack" (Figure 1.10). Charcot in his description of the outbreak insisted that the "four phases of hysteria succeed one another with the regularity of a mechanism" and that with this "formula," definitive diagnosis could be easily carried out.[68]

[67] Albert Londe, photographer at the Salpêtrière, wrote "the photographic plate is the true retina of the scientist." As quoted in Daphne de Marneffe, "Looking and Listening: The Construction of Clinical Knowledge in Charcot and Freud Signs: Journal of Women in Culture and Society vol. 17, no. 1 (1991): 79.

[68] As quoted in Jan Goldstein, *Console and Classify*: *The French Psychiatric Profession in the Nineteenth Century* (Chicago: University of Chicago Press, 2001), 326.

Figure 1.10 "Tableau synoptique de la grande attaque hystérique complète et régulière" (Synoptic table of the complete and regular grand hysterical attack) from Richer's *Etudes cliniques sur la grande hystérie ou hystero-épilepsie* (1881)

The first column of Richer's "Synoptic table" depicts the "warning signs" of an immanent outbreak. The columns that follow are grouped according to the four phases of a grand hysterical episode and show the outbreak of typical and variant symptoms according to their linear and chronological appearance. In the description of Georges Didi-Huberman, Charcot and Richer's representational technique created a "grammar of the visible" that spatially organized previously "scattered temporalities."[69]

Richer even used mixed / composite methods to produce these visual proofs of hysteria's "universal" temporal laws. Drawing on the graphic recording method of Marey, Richer's brought together the archetypical gestures of the body and the graphic traces of muscular contracture over the course of the different phases (Figure 1.11). Using the myograph (an instrument to measure the intensity of muscle contraction) developed by

[69] Georges Didi-Huberman, *The Invention of Hysteria*: *Charcot and the photographic iconography of the Salpêtrière*, trans., Alisa Hartz (Cambridge, MA: MIT Press, 2003), 25.

Marey, Richer and his colleague at the Salpêtrière, Dr. Regnard, measured the bodily convulsions of patients in order to render as precisely as possible the characteristics of the so-called "epileptoid" period.[70] Charcot and his coterie at the Salpêtrière, including the medical photographer Albert Londe (1858-1917), also deployed innovative chronophotographic techniques, or rapid-fire serial photography, to force the symptoms of hysteria into the distinct temporal phases initially depicted in ink by Richer. [71] Invented by Eadweard Muybridge and Marey, the method of chronophotography—literally the "photography of time"—was particularly well suited to the photographic "manufacture" of a hysterical event.

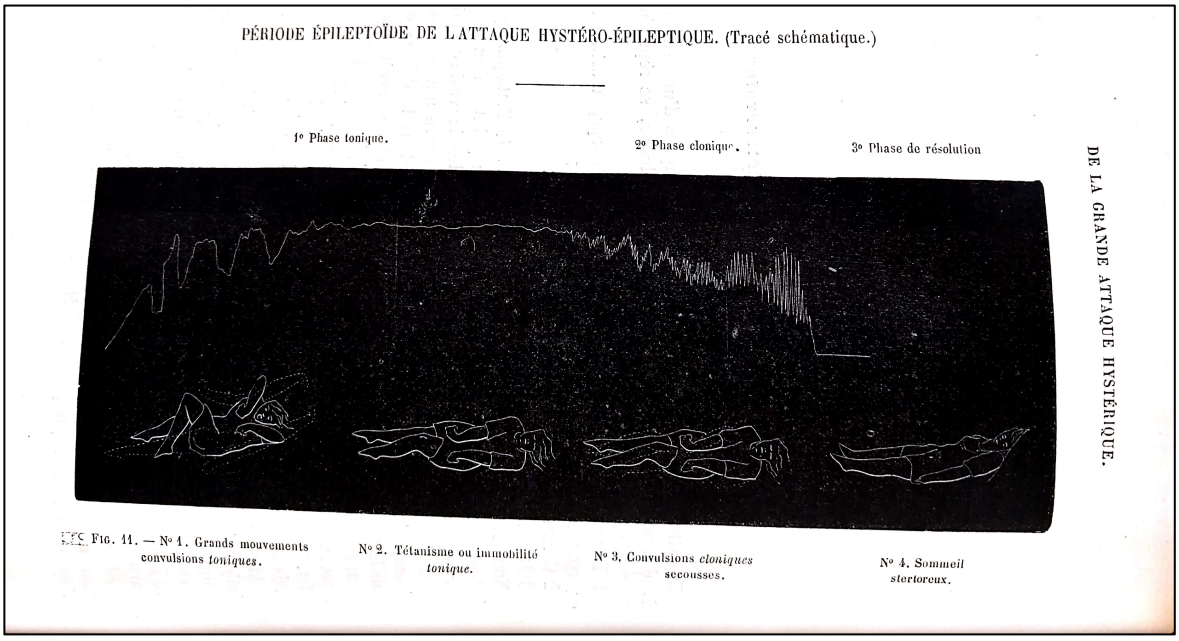

Figure 1.11 "Période épileptoïde de l'attaque hystéro-épileptique. (Tracé schématique.)" (Epileptoid period of the hysteric-epileptic attack) from Richer's *Etudes cliniques sur la grande hystérie ou hystero-épilepsie* (1881)

[70] Paul Richer, *Etudes cliniques sur la grande hystérie ou hystéro-épilepsie* (Paris: Adrien Delahaye et Émile Lecrosnier, 1885), 40.

[71] For a discussion of Londe and chronophotography see Beatriz Pichel, "Reading Photography in French Nineteenth Century Journals," *Media History* vol. 25, no. 1 (2018): 51-69.

Diffusion and debate

In 1903, one year before establishing the first psychiatry ward at the Hôtel Dieu Hospital in Paris, French psychiatrist Gilbert Ballet (1853-1916) published a large co-authored textbook (the first of this kind in France) entitled *Traité de pathologie mentale* (*Treatise of Mental Pathology*, 1903).[72] To give one a sense of how relevant images had become in psychiatric textbooks by the beginning of the twentieth century, Ballet's *Treatise of Mental Pathology* includes over 215 figures of all different kinds: photographs, drawings, tables, graphs, etc.

Contributing author and psychiatrist, Francois-Leon Arnaud (1858-1927) took on the question of representation and illness course when he published a series of figures in his chapter on periodic or intermittent insanity.[73] Like Régis, Arnaud stressed that what "distinguishes a certain number of clinical forms," is their "evolution, not their symptoms."[74] One of the first figures deployed by Arnaud in his text to represent various prognoses of periodic forms of insanity consists of red and black triangles pointing in opposite directions and alternating along horizontal lines (Figure 1.12). This shows that even before the publication of Régis' first edition of the *Handbook of Psychiatry* (1906), practitioners had already devised other kinds of diagrams for emphasizing and representing the temporal structure of various diagnoses. This suggests that by the beginning of the twentieth century the importance given to the temporal progression of mental illnesses was widely recognized as carrying specific and highly relevant meanings. As Arnaud wrote,

> The opinions of Morel [one of the critics in 1860s of circular/double form insanity] did not prevail, and today all authors admit the existence of a distinct group of

[72] Morel, *Dictionnaire biographique de la psychiatrie*, 22.

[73] Arnaud's text in Gilbert Ballet's work is a section on constitutional psychoses. Chapter 2 of this section is dedicated to periodic and intermittent forms of insanity. See Arnaud, "Psychoses périodiques ou intermittentes," in *Traité de pathologie mentale*, ed. Gilbert Ballet (Paris: Octave Doin, 1903): 576-617.

[74] Arnaud, "Psychoses périodiques ou intermittentes," 577.

illnesses called periodic or intermittent psychoses. They have as a common characteristic the reproduction of more or less frequent and regular episodes of mania or melancholy, separated by intervals of normal or almost normal intellectual health.[75]

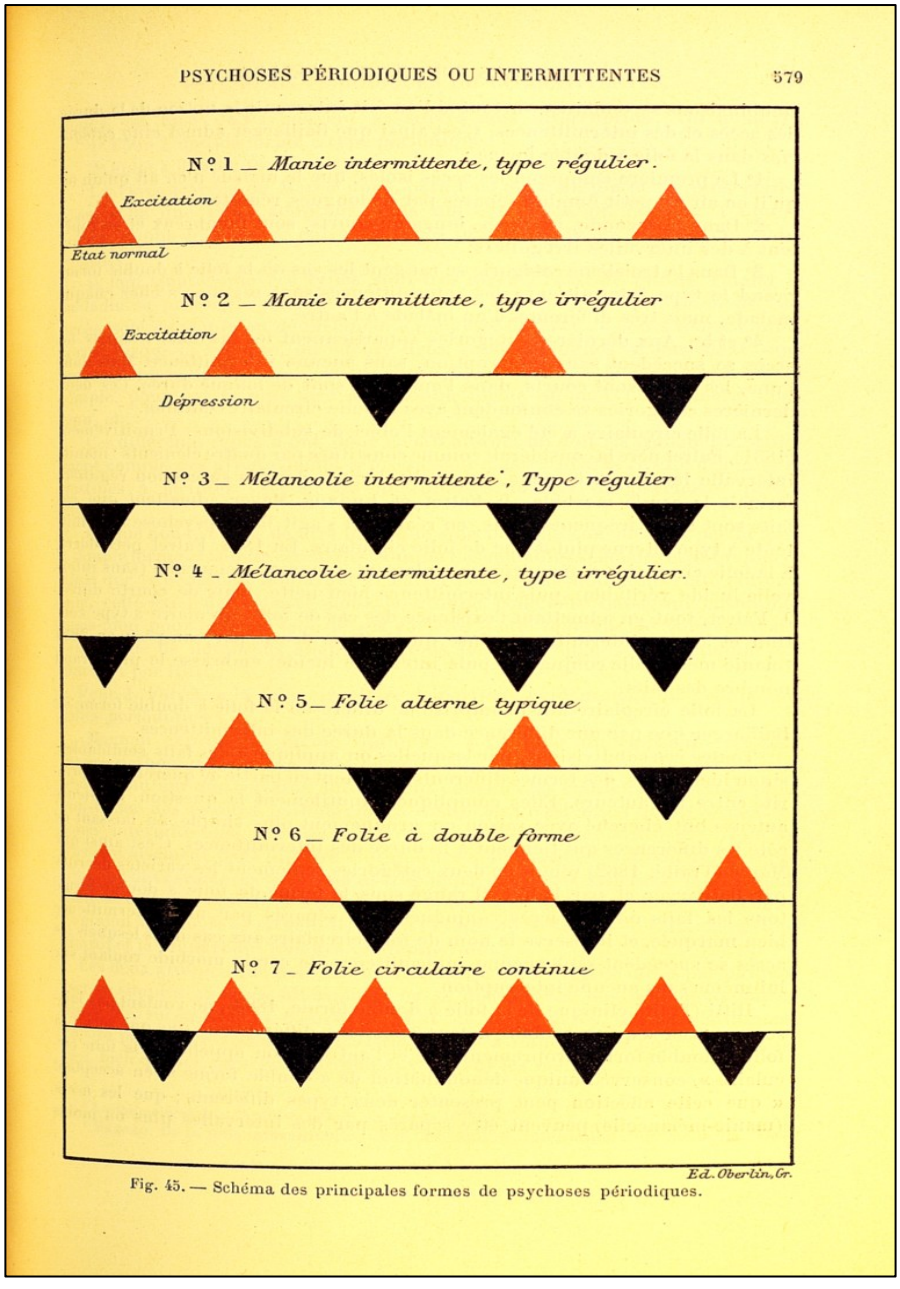

Figure 1.12 "Figure. 45 - Schéma des principales formes de psychoses périodiques" (Schema of the principal forms of periodic psychoses) from Arnaud, "Psychoses périodiques ou intermittentes," in Ballet's *Traité de pathologie mentale* (1903). Original consulted at the Oskar Diethelm Library, New York City.

[75] Arnaud, "Psychoses périodiques ou intermittentes," 576.

Arnaud also published graphics that applied Régis' charting technique to specific individual patients (Figure 1.13). In a series of full-page figures, Arnaud reprinted the longitudinal evolution of a number of cases that he or his colleagues had supervised. These visual histories of illness course are reproduced without commentary. The only information a reader can learn about the patient beyond the temporal patterns of their illness trajectory is communicated in short form at the top of each page.

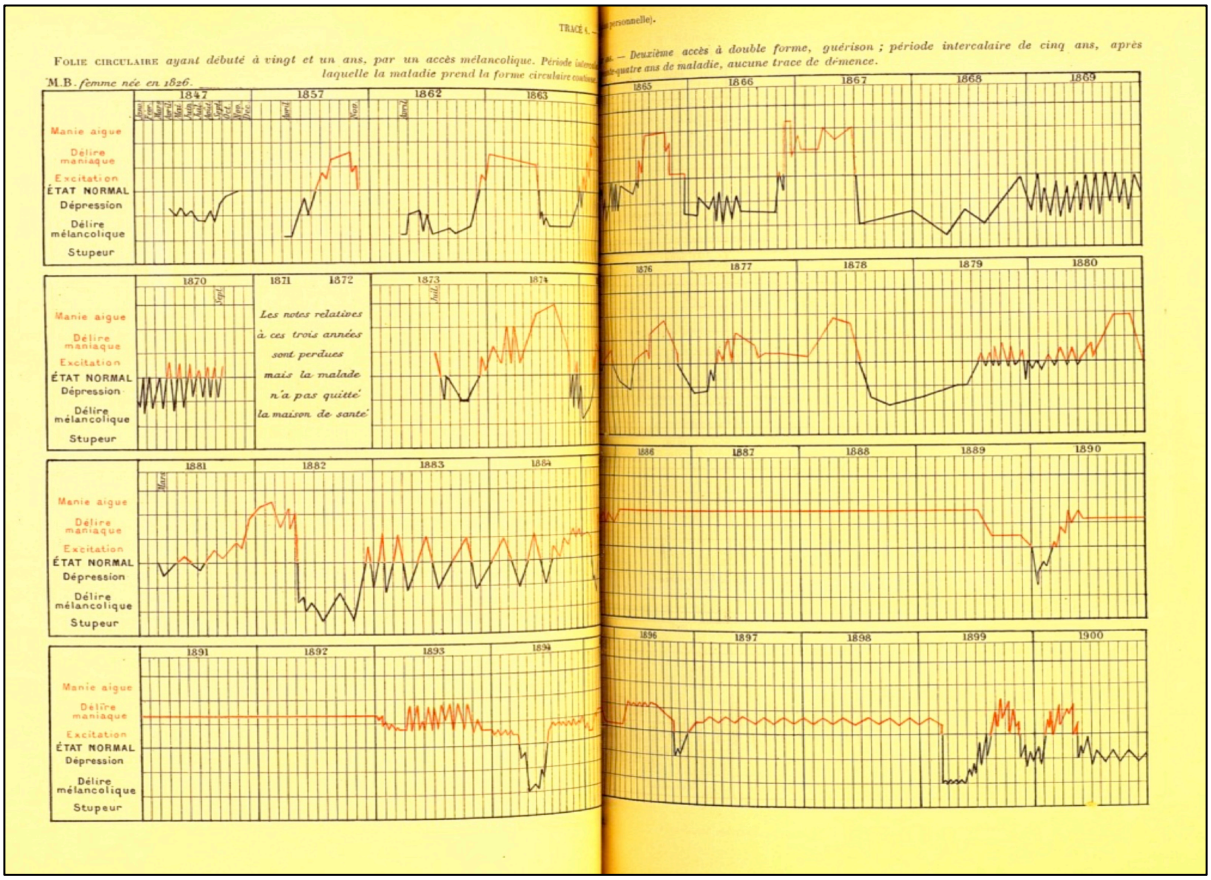

Figure 1.13 "Trace 6. Folie Circulaire chez M.B." (Circular Insanity in M.B.) from Arnaud "Psychoses périodiques ou intermittentes," in Ballet's *Traité de pathologie mentale* (1903). Original consulted at the Oskar Diethelm Library, New York City.

In "Trace 6. Circular Insanity in M.B." (Figure 1.13), for example, the heading of the chart indicates that patient "M.B" was born in 1826. She had an episode of mental illness that started when she was 21 that began with an outbreak of melancholy. After a second episode,

and a "dividing period of five years," "the illness took on the form of continuous circular [insanity]." After decades of illness, "no signs of *démence*."[76] The only written reference Arnaud makes to the graphics themselves is in a passing remark that these figures demonstrate that the "law of resemblances" (of each episode) does not always hold. Though this comment insinuates that Arnaud recognized a gap between the personalized application of the technique and its ideal or archetypal form, the lack of explanation of the figures is telling. It suggests that the "reading" of patients' symptoms using this style of graphical representation didn't require further clarification. According to Arnaud, the graphic traces of madness spoke for themselves.

While the first edition of *Handbook of Psychiatry* (1906) didn't feature substantial changes to the graphical representations of prognosis (in comparison to the 1892 edition of the *Manual*), Régis' figures did become the subject of substantial critique in the year following its publication. In 1907, in a significant publication dedicated to the subject of periodic psychoses, Gaston Deny (1847-1923) and Paul Camus (1877-19..), both French doctors working in Paris, argued forcefully against Régis' graphical representations. They contended that his method should be abandoned for two reasons. First, they claimed that Régis' graphics were misleading because his figures seemed to support the hypothesis that alternating phases of excitation and depression were *hyper*- and *hypo*- manifestations of normal mental activity. Deny and Camus belonged to the school of thought (associated with German psychiatry) that mania and melancholy are actually two manifestations of the same substratum.[77] Second, they complained that Régis' graphics suggested the possibility of

[76] Arnaud, "Psychoses périodiques ou intermittentes," 606-7.

[77] G. Deny and Paul Camus, *Les Folies Intermittentes* (Paris: J.-B. Baillière et fils, 1907), 59-60.

returning to a normal state, when in fact, "this normal state doesn't exist."[78] They found the intersection of the curve with the line representing normalcy in Régis' graphs deceptive.

Régis' images were again the subject of intense debate at the 1907 Congress of Alienists and Neurologists, held that year between 1-7 August in Geneva and Lausanne, Switzerland. On 2 August 1907, Dr. André Antheaume (1867-1927) took Deny and Camus, as well as Régis, to task. He proposed an entirely different method for charting the symptoms of circular insanity, where the cyclical nature of the illness' temporal structure was accentuated even further (Figure 1.14).

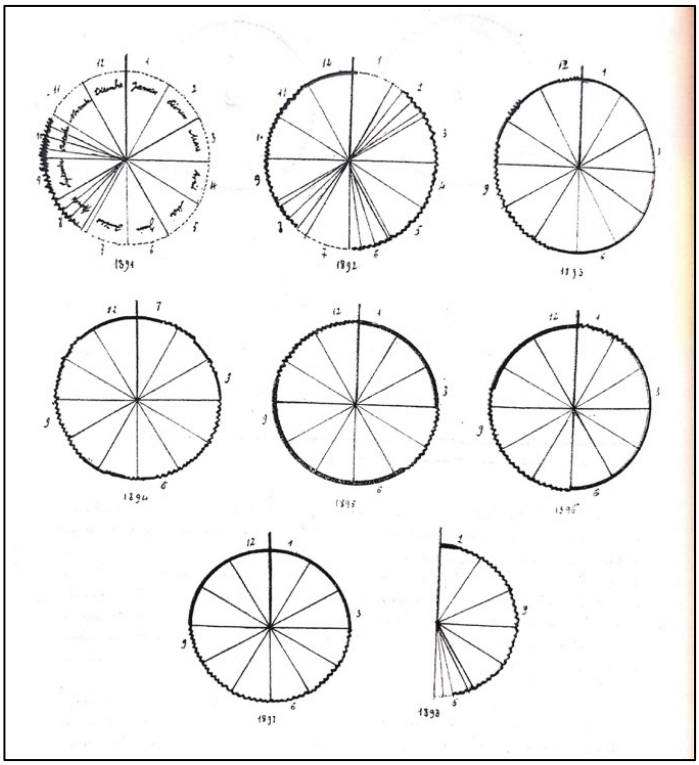

Figure 1.14 "Représentation schématique" (Schematic representation) from Antheaume's *Les psychoses périodiques* (1907)

Like Régis' method, Arnaud intended his graphs as a way to chart subtle changes in symptomology over long durations. In Figure 1.14 each "morbid circle" represents a year of

[78] André Antheaume, *Les psychoses périodiques* (Genève: Société Générale d'imprimerie, 1907), 37.

the patient's illness. The circles are divided into twelve segments for each month of a year, not dissimilarly to the face of a clock divided according to hours and minutes. Manic symptoms are designated by undulating lines, melancholic symptoms by thick bolded lines, and periods of "normalcy" by dotted lines.[79] Here the repetition, resemblance, and ultimate chronicity of the condition are heightened by the circularity of the representational technique itself.

Conclusions: From the time of illness to the time of cure

As Régis' images of prognosis were reprinted across various editions of his widely circulated texts between 1885-1923 they played a significant role in standardizing the notion of mental illness as temporal object over nearly a forty-year period in France. By the 1914 and 1923 editions of Régis' *Handbook of Psychiatry*, the individual graphic traces had been consolidated into a larger, but singular foldout page (Figure 1.15). The accompanying text also underwent significant revisions in comparison to the 1906 and 1909 versions. Placed within the pages of a new chapter entitled "Mania and Melancholy by Outbreak," Régis entitled his new chart, "Graphical Representation of States of Mania and Melancholy." As demonstrated in Figure 1.15, it is composed of eight smaller diagrams, each of which corresponds to a specific diagnosis. Color has been added. Via the rhythmic, fluctuating curves in red and blue temporal order is given to madness. Their side-by-side placement encourages comparison. As we saw in the previously discussed graphical charts, within each individual diagram horizontal lines represent the "normal" mental state as steady and invariable. The vertical axes plot the deviation of an exemplary patient's psychic amplitude, and symptom distribution is plotted according to days.

[79] Antheaume, *Les psychoses périodiques,* 38.

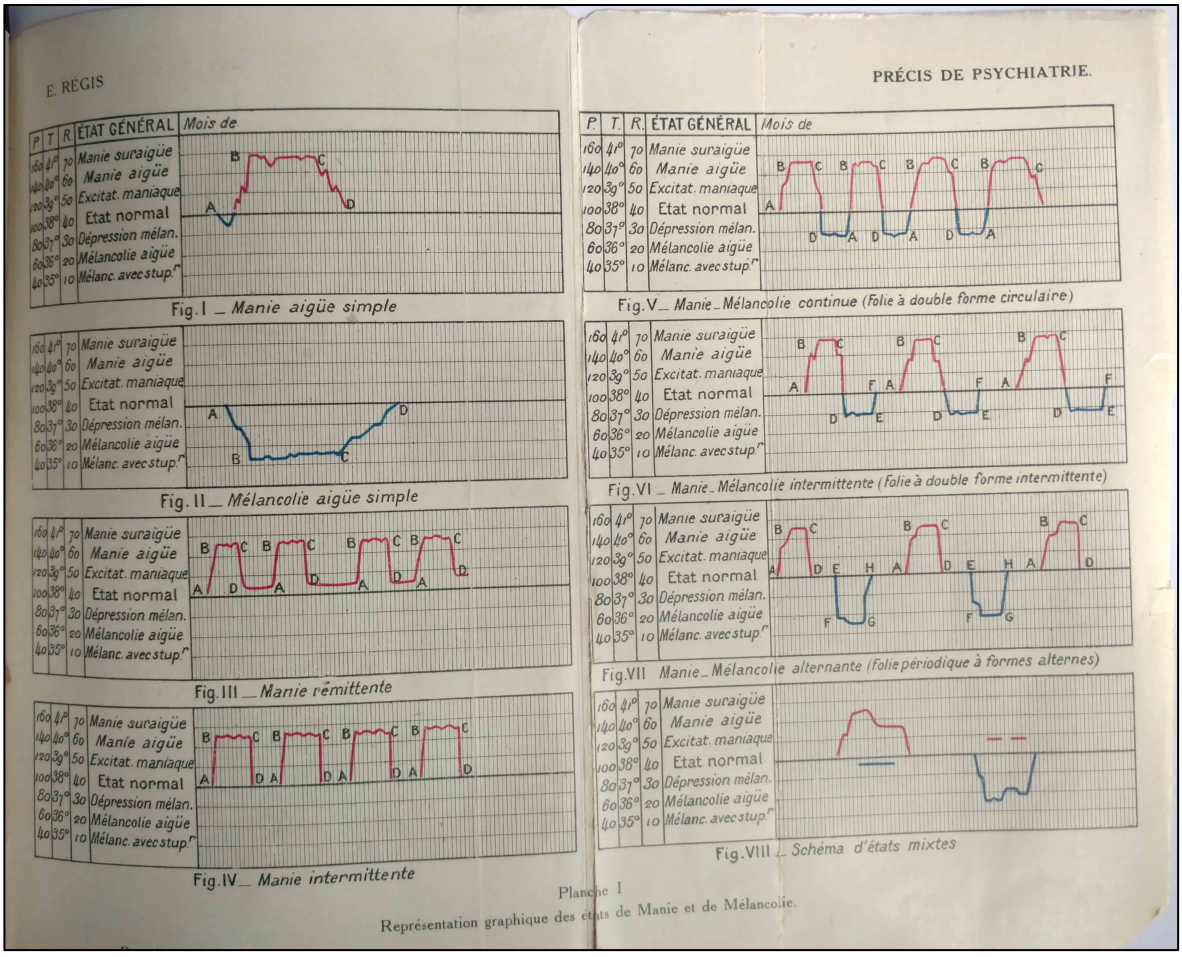

Figure 1.15 "Représentation graphique des états de Manie et Mélancolie" (Graphical representation of states of Mania and Melancholy) from Régis' *Précis de Psychiatrie* (1914 and 1923). Original consulted at the Bibliothèque Henri Ey, Paris.

But if these graphics of prognosis seem relatively unchanged, significant textual revisions that first appeared in 1914 give us a forewarning. In the 1914 and 1923 editions of Régis' *Handbook of Psychiatry* one can see how the establishment of mental illnesses as distinct temporal objects had set up important foundations for both continuity and contrast with the temporal logics of the psychiatrists and psychiatric practices to be discussed in chapters to come. On the one hand, Régis' method for picturing prognosis had encouraged practitioners to let the temporal trajectory of the illness itself to dictate its own temporal signs, duration, and prognosis. Observation of illness trajectory, rather than necessarily active intervention and manipulation, was at the basis of Régis' charting technique. Régis' wanted

his clinical tool to work with and alongside the rhythms and tempos of mania and melancholy, while ultimately letting the "natural history" of the disease dictate both the diagnosis and the expected possibility of recovery or curability.

But on the other hand, as the notion of mental illnesses as temporal objects became more engrained and combined with the fear of therapeutic impotence—at least partially a byproduct of hereditary explanations for psychiatric disease—so did the idea of preventative treatment and early detection become prevalent.[80] As we shall see in the chapters to come, it became more common for practitioners and researchers to actively intervene in the temporality of illness. By the early twentieth century, it was "the doctrine of curability" that would dictate the illnesses' temporal trajectory. Psychiatrists worked to overcome the temporality of chronicity and long-duration mental illness while brandishing their burning desire to cure madness rapidly and preemptively. This ethos was already palpable at the 1907 Congress. One commentator and supporter of Régis was Charles Antoine Vallon (1853-1924), a specialist in mental pathology and law, as well as a medical inspector for the Paris Prefecture of Police. Vallon stressed that recognizable prognostic patterns should allow one "to take circumstantial measures even before the outbreak of an episode." He even believed that certain "patients are perfectly aware that their illness is returning and can accordingly voluntarily intern themselves" ahead of time before they get worse or commit a crime. [81]

Régis took this a little further when he discussed the treatment of periodic insanities in 1914. In this edition of his *Handbook* Régis referenced the diagnosis "cyclothymia" for the first time, which he characterized as a "light" form of cyclical psychosis.[82] The term was first

[80] Antheaume also points out that for most French alienists the prognosis of intermittent psychoses is less considered somber than for German practitioners (Kraepelin, Ebing, Schüle). See Antheaume, *Les psychoses périodiques*, 91.

[81] Dr. Long, ed., *Comptes Rendus du Congrès des médecins aliénistes et neurologistes de France et des pays de langue Française*, XVIIe session, vol. II (Paris: Masson, 1907), 181.

[82] Emmanuel Régis, *Précis de psychiatrie* (Paris: Octave Doin, 1914), 311. Hereafter quotes from this work are from the 1914 edition.

introduced into the field by German psychiatrist Karl Ludwig Kahlbaum in 1883 and was intended to designate a milder form of cyclical mood disorder.[83] Like Vallon, Régis admitted that sometimes the lack of severity of symptoms of periodic insanity's attenuated forms did not require internment in an asylum. But he also claimed that he had efficaciously deployed what he called a "preventative cure." In the same breath Régis linked the idea of preemptive intervention with early detection. He argued that the treatment of periodic insanities should be oriented toward predisposition, and that this would provide the new way forward for psychiatry.[84] But how can someone be cured of an illness before they fall sick?

As we shall see in the next chapters, as French psychiatrists and psychiatric practice moved beyond asylum walls, it became more and more possible to expand the available patient population to individuals with "light" symptoms and attenuated forms of mental illness. Like Régis and his appropriation of fever charting techniques, asylum doctors and mind scientists tried to penetrate their patient's inner mental workings using new kinds of devices borrowed from other disciplines and contexts, and in particular chronometers and other time-keeping devices. Psychiatrists and psychological researchers turned these instruments onto the study and measurement of mental illness, and in particular to the relationship between psychic health and the speed of one's "psychic time."

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[83] Ewald Hecker, "Cyclothymia, a Circular Mood Disorder," *History of Psychiatry* vol. 14, no. 3 (2003): 391.

[84] Régis, *Précis de psychiatrie*, 323.

CHAPTER 2
D'Arsonval's "Marvelous Little Instrument:" Timekeeping Devices and the Rise of Psychometry

In 1899 Jean Philippe (1862-1931), director of research at the laboratory of physiological psychology at the Sorbonne in Paris, published his doctoral dissertation in medicine. Entitled "Chronomètre à embrayage magnétique pour la mesure directe des phénomènes de courte durée" (The d'Arsonval chronometric technique for the measurement of psychic time), Philippe's text was a concise, but technically sophisticated account of d'Arsonval's relatively new time-measurement device. In it Philippe discussed not only the object's material components and parts, and how to calibrate them, but he also emphasized how his new instrument improved upon other time-measurement apparatuses and techniques, including the Hipp chronoscope and Marey's method of graphic recording. In particular, Philippe stressed the chronometer's portability. Designed in 1885 by the French polymath Jacques-Arsène d'Arsonval (1851-1940), the small, comparably easy-to-use, and compact chronometer (Figure 2.1) was especially well suited not only to "physiological and pathological research on the speed of nerve transmission"[1]—as its inventor had intended—but also to medical use in the mental and nervous clinic. With the ability to measure exceedingly short durations of up to 1/100th of a second using the power of electromagnetism, d'Arsonval's chronometer, Philippe claimed, was "one of the rare ways of accessing…the most complex manifestation of nervous activity and mental functions."[2] Though the chronometer only measured the duration of "psychic time," it was

[1] Jacques-Arsène d'Arsonval "Chronomètre à embrayage magnétique pour la mesure directe des phénomènes de courte durée," *Comptes rendus des séances de la Société de biologie et de ses filiales* (1886): 236.

[2] Jean Philippe, *Technique du chronomètre de d'Arsonval pour la mesure des temps psychiques* (Paris: Georges Carré et C. Naud, 1899), 42.

nevertheless in the analysis of the "speed and regularity" of thought that alienists and psychological researchers could identify "the indicators of something profound..."[3]

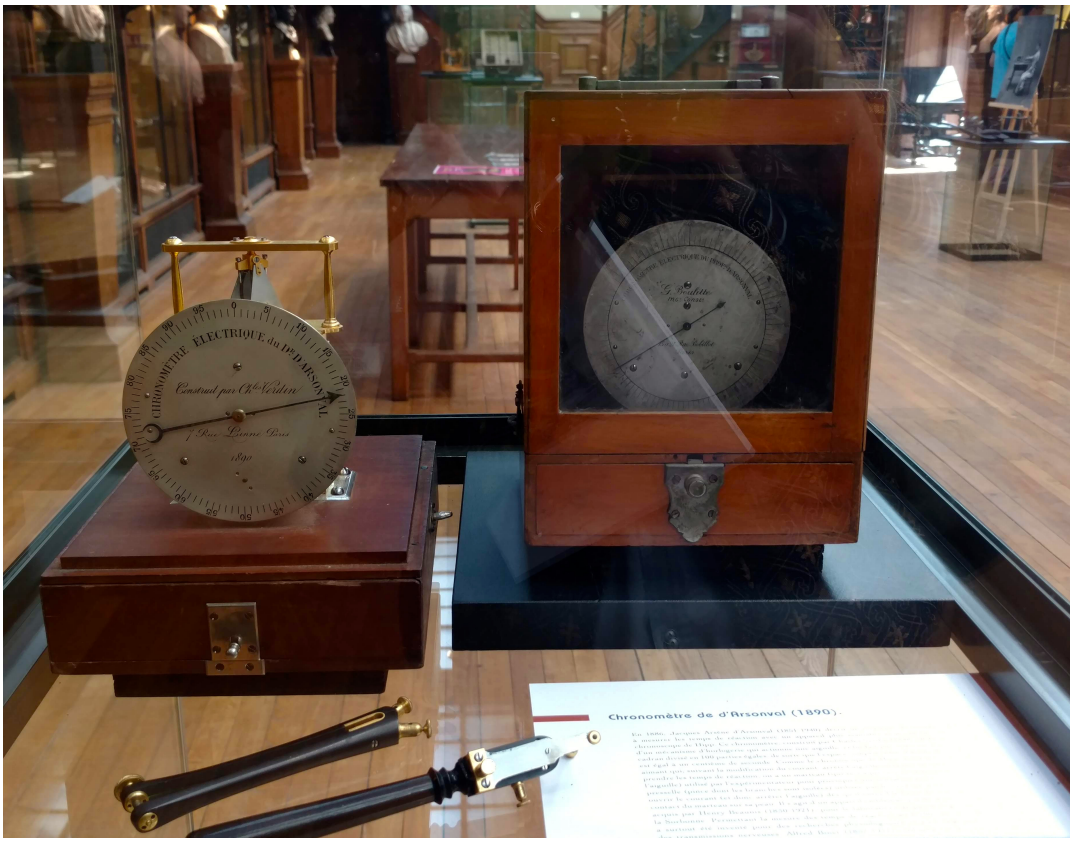

Figure 2.1 "d'Arsonval's Chronometer" (1890) from the collection of the Musée d'histoire de la médecine, Paris.

This chapter charts the rise of mental chronometry in French psychiatry between the 1880s and 1920s. It argues that the use of chronometers, clocks, and stopwatches in the psychiatric space is an overlooked contributor to the valorization of speed as a signifier of proper mental functioning and to the "pathologization of slowness" typical to the experience of social acceleration in the twentieth century. Pinned to the invention of d'Arsonval's chronometer, but also to the therapeutic frustrations of late nineteenth-century psychiatry, the use of chronometric

[3] Philippe, *Technique du chronomètre de d'Arsonval*, 42.

devices for the measurement of reaction times offered French psychiatrists and mind science researchers the possibility of "objective" numerical data to define the boundaries between the "normal" and "pathological" individual.[4] By focusing on the intersection of the material history of chronometric devices and new measurement practices in French alienism and experimental psychology, this chapter demonstrates how "the speed of thought" became a barometer for psychological and emotional health at the very same time that the tempo and intensity of modern life was cited as a cause of mental illness and psychic breakdown by clinicians and critics alike.

Despite the fact that the problem of time and temporality has been extensively studied by scholars interested in fin-de-siècle- and early twentieth-century European art and philosophy, mental chronometry and its legacy for psychiatry has yet to be fully integrated into both medical and cultural histories of this period in French history.[5] Largely considered the purview of German and American experimental psychology,[6] reaction time experiments and clinical chronometry were also conducted in France as part of a psychiatric project bent at finding a biological basis for mental disorders.[7] Even if that quest during the first half of the twentieth century ended largely in failure, the intertwined and complex medical and social meanings attached to the value of speed reveal not only how French psychiatry as a discipline sought after

[4] The term "reaction time" was coined by the Austrian physiologist Sigmund Exner in 1873.

[5] See for example Stephen Kern, *The Culture of Time and Space, 1880-1918* (Cambridge, MA: Harvard University Press, 2003); Jimena Canales, *The Physicist and the Philosopher*: *Einstein, Bergson, and the Debate That Changed Our Understanding of Time* (Princeton, NJ: Princeton University Press, 2016).

[6] For an account of how the "standard narrative" of German experimental psychology was established see Jimena Canales, *A Tenth of a Second* (Chicago: University of Chicago Press, 2009). Also, see the offhand remark about experimental psychology in Germany in Henri Ellenberger, *The Discovery of the Unconscious* (New York: Basic Books, 1970), 403.

[7] For a history of the "first biological psychiatry," see Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (New York: Wiley, 1997). The works of Jimena Canales and Beatriz Pichel are notable for their attention to material culture and disciplinary practices. See Pichel, "From facial expressions to bodily gestures: Passions, photography and movement in French 19th-century sciences," *History of the Human Sciences* (2015): 1-22; Canales, *A Tenth of a Second*, especially chapter 3, "The Measure of all Thoughts."

"more scientific" foundations through the use of time measurement, but also how French cultural anxieties about delayed development and national decline in the wake of the Franco-Prussian war permeated the construction of psychiatric knowledge. Thus while mental chronometry as a psychiatric technique was not uniquely French, its rise to prominence in France had its own technological, medical, and social particularities. Moreover, the specific ways in which mental chronometry was deployed within French psychiatric spaces elucidates how instruments borrowed from other, better-established and "more scientific" settings provided the tools for the growth of French psychiatry's professional reach. As we shall see, mental chronometry in the Third Republic was not limited to asylums and private clinics. Eventually the dissemination of chronometric instruments, and the practices and theories associated with reaction time measurement, facilitated the discipline's engagement with questions of labor productivity, military recruitment, and childhood education.

Of course, the history of mental chronometry, or what Jean Philippe called "psychic time," is not only a history about the development and dissemination of chronometers in French psychiatric asylums. Nor is it only about the development of a medical discourse centered on time measurement and speed. It is also a history about how patients—and I stress patients—responded to and sometimes resisted chronometric testing, as well how they challenged the medical valorization of mental speed as an indicator of psychic health. Historians have too frequently sidestepped the fact that in France especially, many of the first experimental psychology labs were actually housed in asylums, and that the "experimental subjects" used in these labs were individuals (often involuntarily) interned in those asylums.[8] Even if it was in the

[8] While Kurt Danziger does mention the power and gender differentials in French experimental contexts (which he calls "the clinical experiment"), he does not describe in any detail the "lay subjects" he refers to. Kurt Danziger, *Constructing the Subject* (Cambridge: Cambridge University Press, 1900), 52-54. A rare exception to this is found in a conference paper delivered in 2014 by Annick Ohayon on "the history of clinical psychology in France:

context of the French "clinical experiment," as Kurt Danziger tells us in *Constructing the Subject* (1998), that the term "subject" was first consistently used to denote the person on whom experimental testing was performed, it behooves us as historians not to replicate the linguistic operations of distancing and abstraction performed by French practitioners to render their psychological work more "objective." Unlike in the German context, where the experimenter and "experimentee" were often interchangeable roles shared by different participants in a laboratory setting, in the French asylum, there was no such interchangeability. The roles of doctor-researcher and patient-subject were, by definition, fixed. Thus this chapter also acknowledges this historical context more explicitly and where possible tries to give specifics about doctor-patient interactions during the process of mental chronometric testing.

The European origins of mental chronometry

Though their work had important precedents, Francis Cornelis Donders (1818-1889), a Dutch physiologist, and his student, Johan Jacob de Jaager (unknown dates), claimed in the late 1860s to be the first researchers to measure "the speed of mental processes."[9] Using various instruments to determine the time it took for individuals to react to various stimuli, Donders and Jagger proposed three different methods for isolating the different components that comprised

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Foundations and First Attempts" at the Colloque "Actualité de la psychologique clinique," at Villetaneuse 14-11-2014.

[9] Jaager wrote a dissertation on their joint experiments entitled "Over den Physiologischen tijd der psychische processen," in 1865 and Donders followed up with a publication entitled "Over de snelheid van psychische processen" (On the Speed of mental Processes) in 1868/69. A translation of this article appeared in French as "La vitesse des actes psychiques" in 1868. See Donders, "On the Speed of Mental Processes," translated by W.G. Koster, *Acta Psychologica* vol. 30 (1969): 412-431. The work of their antecedents includes especially the research of Herman von Helmholtz. See for example, Helmholtz, "On the Methods of Measuring Very Small Portions of Time, and Their Application to Physiological Purposes," *The London, Edinburgh and Dublin Philosophical Magazine and Journal of Science* 4 (1853): 313-325.

decision-making and motor responses.[10] The first method was borrowed from astronomer Adolf Hirsch's 1860s studies of "physiological time."[11] In this model experimental subjects were asked to produce a standard response to the repeated presentation of a single stimulus. Hirsch had presumed that this measurement of reaction time represented the duration required for motor information to travel across the nervous system. In the second method, Donders and Jaager tested the ability to distinguish between two stimuli by asking test-takers to respond to each stimulus with a separate action. The Dutchmen argued that this method measured the speed of two mechanisms: the time needed to establish which of the two stimuli had been presented (an act of discernment), and the time needed to perform the appropriate response. Finally, in the third method, the test-taker was presented with several stimuli and was asked to respond to only one of them. For example, Donders and Jaager might have presented the sound of a bell, the sound of a hammer hitting a table, and the sound of a whistle. At the sound of the bell only, the test taker would make a sign. They claimed that this method made it possible to measure the speed of thought itself, without the added time required to select a response, because the type of reaction the subject was supposed to enact was determined ahead of the experiment.[12]

For the 1860s and 70s, this research was provocative. It rippled across European scientific communities and spurred similar experiments in the decades that followed. The most famous uptake of reaction time measurements was undoubtedly that of Wilhelm Wundt's (1832-

[10] For a description of these instruments, see F.C. Donders, "Two Instruments for Determining the Time Required for Mental Processes," translated by W.G. Koster, *Acta Psychologica* vol. 30 (1969): 432-435.

[11] Adolph Hirsch, "Expériences chronoscopiques sur la vitesse des différentes sensations et de la transmission nerveuse," *Bulletin de la Société des sciences naturelles de Neuchâtel* 6 (1864): 100-114. For an astute account of Hirsch's physiological time, see Jimena Canales, "Exit the frog, enter the human: physiology and experimental psychology in nineteenth century astronomy," *British Journal for the History of Science* vol. 34, no. 2 (2001): 174-197.

[12] Geoffrey O'Shea and Theodore R. Bashore, Jr., "The Vital Role of the American Journal of Psychology in the Early and Continuing History of Mental Chronometry," *The American Journal of Psychology* vol. 125, no. 4 (2012): 436.

1920) experimental psychology laboratory, which opened in 1879 in Leipzig, Germany. Wundt's research agenda aimed to investigate the "elements of consciousness" as well as the laws governing the combination of these elements.[13] One of Wundt's early projects in the 1880s was to develop a fourth method to supplement Donders' findings and to establish a technique for the measurement of what Wundt called "apperception," or the time required to make a "pure discrimination."[14]

The German context of mental chronometric research has received much scholarly attention. But Donders' and Jaager's research was also influential in France, where publications such as the French *Journal of anatomy and of normal and pathological physiology in man and in animals* republished translations of Donders' work into French almost immediately.[15] Théodule Ribot (1839-1916), who became a masthead for French experimental psychology at the Collège de France in Paris, was equally responsible in the 1870s for introducing chronometric experiments and the equipment of "the German school" to French psychologists.[16] Additionally, French researchers, including such diverse figures as the civil engineer Léon Lalanne (1811-1892) and Charles Richet (1850-1935), a French doctor and physiologist, worked on questions of

[13] Thomas, Nigel J.T., "Mental Imagery", *The Stanford Encyclopedia of Philosophy* (Summer 2019 Edition), Edward N. Zalta (ed.), URL = <https://plato.stanford.edu/archives/sum2019/entries/mental-imagery/>.

[14] Geoffrey O'Shea and Theodore R. Bashore, "The Vital Role of the American Journal of Psychology in the Early and Continuing History of Mental Chronometry,"436.

[15] F.C. Donders, "Deux instruments pour la mesure du temps nécessaires pour les actes psychiques (Extrait des Archives Néerlandaises)," *Journal de l'anatomie et de la physiologie normales et pathologiques de l'homme et des* animaux 5 (1868). Donders' 1868 research was still being cited in French publications in the 20th century. See for example, Jules Amar, *Physiologie – Le psychographe et ses applications. Communications présentées à l'Académie des Sciences* (Paris: Gauthier-Villars, 1918), collected in Lahy's personal papers. See Lahy Archives, Box 9C.

[16] See in particular, Théodule Ribot, *La Psychologie Allemande contemporaine* (Paris: Baillière et Cie, 1879); and Ribot, "De la durée des actes psychiques d'après les travaux récents," *Revue philosophique de la France et de l'étranger* (1876): 267-88.

duration and the speed of nervous sensations.[17] But differences in technology and research culture, and in particular d'Arsonval's 1885 invention of his own precision instrument, meant that French doctors and psychologists made a distinctive turn away from the German emphasis on fixed laboratory experiments and the search for the laws of normal psychology. While still part of the wider debate over whether or not mental processes were measurable and quantifiable, mental chronometry in France was not limited the confines of the independent research lab. D'Arsonval's chronometer, because of its portability and simplicity, was assimilated into the broader scope of the French "pathological method" in physiological medicine and psychology.[18] As Jean Philippe stated in his thesis, d'Arsonval's chronometer was becoming more and more common in the clinic and offered the clinician "indications on mental state," which had "importance in positive diagnosis."[19] This meant that from the beginning, the new time-measurement instrument facilitated the creation of research-cum-clinical spaces that were part of the asylum and hospital. The "French school" of "pathological psychology," under the influence of Claude Bernard, was founded on the idea that the "morbid case" was more instructive than the "normal" one.[20] From the vantage point of this pathological method, French psychopathologists and doctors started with the premise that differences in the speed of reaction times derived from a variety of individual causes, both physical and psychic. As the French popular science writer,

[17] See for example, Léon Lalanne, "Note sur la durée de la sensation tactile," *Journal de l'anatomie et de la physiologie normales et pathologiques de l'homme et des animaux* vol. 12, (1876): 449-455; Charles Richet, "Études sur la vitesse et les modifications de la sensibilité chez les ataxiques," *Comptes rendus des séances et mémoires de la Société de Biologie* vol. 3 (1877): 79-89; Richet, "De la durée des actes psychiques élémentaires," *Revue Philosophique de la France et de l'Étranger* vol. 6 (1878): 393-396; Richet, "L'Unité psychologique du temps," *Comptes rendus de l'Académie des séances* vol. 173, no. 25 (1921): 1313-1317.

[18] Jacqueline Carroy and Régine Plas, "La Méthode pathologique et les origines de la psychologie Française au XIX siècle," *Revue international de psychopathologie*, no. 12 (1993): 603-611.

[19] Philippe, *Technique du chronomètre de d'Arsonval*, 11.

[20] See for example Georges Canguilhem, *The Normal and the Pathological*, translated by Carolyn R. Fawcett (New York: Zone Books, 1989).

Rodophe Radau, weighed in, "one perceives, thinks, and acts more quickly than another: an affair of temperament and fortuitous disposition."[21]

D'Arsonval's "marvelous little instrument"

When Jacques-Arsène d'Arsonval presented his chronometric device to the Paris Society of Biology on 15 May 1886, he contended that the real innovation of his instrument was the passage from "the measure of time using the graphic method to direct chronometry."[22] Constructed according to his instructions by the Parisian instrument maker M. Verdin, the chronometer, d'Arsonval asserted, was so light and compact that it could easily fit into a doctor's pocket for use in the clinical observation of patients.[23] Thus unlike Wundt, who was largely content to confine himself to laboratory studies of the adult "normal" man, d'Arsonval—with his background as an assistant to both Claude Bernard and the neurologist Charles-Édouard Brown-Séquard—immediately saw potential for the medical application of reaction time testing.[24]

D'Arsonval's chronometer, like Marey's recording drum and Albert Londe's chronophotographic camera, was a tool designed to render mental illness temporally measurable and accessible to practitioners and researchers in "real time." But unlike the graphic method or the use of "instantaneous photography," d'Arsonval's chronometer permitted French doctors and researchers the ability to move from the interpretation of visual signs to what they argued was

[21] Rodophe Radau, "La Vitesse de la volonté," *Le Moniteur scientifique* vol. 5 (1868), 91.

[22] D'Arsonval, "Chronomètre à embrayage magnétique pour la mesure direct des phénomènes de courte durée," 236.

[23] Ibid.

[24] For a concise biographical account of D'Arsonval, see P. Vayre, "Docteur Jacques Arsène d'Arsonval (1851-1940): De la biophysique à l'Académie de chirurgie," *e-mémoires de l'Académie National de Chirurgie* vol. 6, no. 2 (2007): 62-71. For a comparison between Wundt's laboratory model and the French experimental psychology model at the Sorbonne, see Jacqueline Carroy and Henning Schmidgen, "Psychologies expérimentales: Leipzig-Paris-Würzburg (1890-1910)," *Mil neuf cent. Revue d'histoire intellectuelle* vol. 1, no. 24 (2006): 177.

the "simple" reading of "pure" numerical data.[25] This innovation was not only about "objectivity" and quantification, but also more specifically about the possibility of acquiring and charting numerical data about the mental state of an individual.

To create the graph "Courbe des temps de réaction simple à des excitations tactiles chez une malade hystérique" (Curve of simple reaction times to tactile excitations in a hysterical patient) (Figure 2.2), the psychologist and psychotherapist Pierre Janet (1859-1947) used d'Arsonval's chronometer to measure how a "hysterical" patient responded to a series of sensory stimuli over a period of fifteen minutes. The left-hand vertical axis is divided according to increments of tenths of a second, and each point, moving from left to right, represents the numerical data series. The fainter line was added after the fact, to give the graph the familiar medical aesthetic of the curved traces we encountered in the Chapter 1, typical to both Marey's graphic recordings, temperature charts, and Régis' images of the temporal evolution of mental illness. The overlaid bolded line represents the average reaction time. Janet assumed that data visualized in this way revealed an unmistakable image of fatigue and slowed reactivity, as his patient's ability to maintain her focus in an loud room within the Salpêtrière hospital declined over time.

[25] Canales, *A Tenth of A Second*, 81.

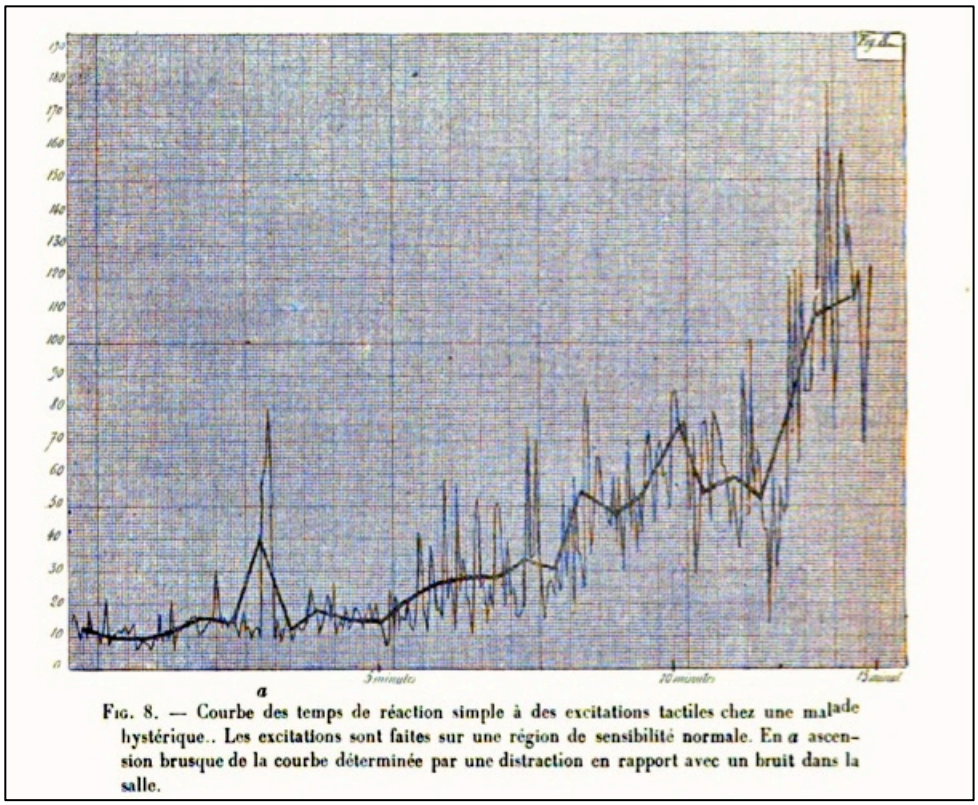

Fig. 8. — Courbe des temps de réaction simple à des excitations tactiles chez une malade hystérique.. Les excitations sont faites sur une région de sensibilité normale. En *a* ascension brusque de la courbe déterminée par une distraction en rapport avec un bruit dans la salle.

Figure 2.2 "Courbe des temps de réaction simple à des excitations tactiles chez une malade hystérique" (Simple reaction time curve to tactile excitations in a hysterical patient) from Janet's *Névroses et idées fixes* (1898)

D'Arsonval's innovations on both the clumsy graphic recording devices associated with Marey and on the heavy, technically challenging Hipp chronoscope often recommended by Wundt, made it one of the most popular instruments in the burgeoning field of French clinical and psychological research.[26] Detailed technical mages of it (Figures 2.3 and 2.4) increasingly peppered the pages of journals, manuals, and medical theses.

[26] Serge Nicolas and Peter B. Thompson, "The Hipp Chronoscope Versus the D'Arsonval Chronometer: Laboratory Instruments Measuring Reaction Times that Distinguish German and French Orientations of Psychology," *History of Psychology* vol. 5, no. 4 (2015): 367-384.

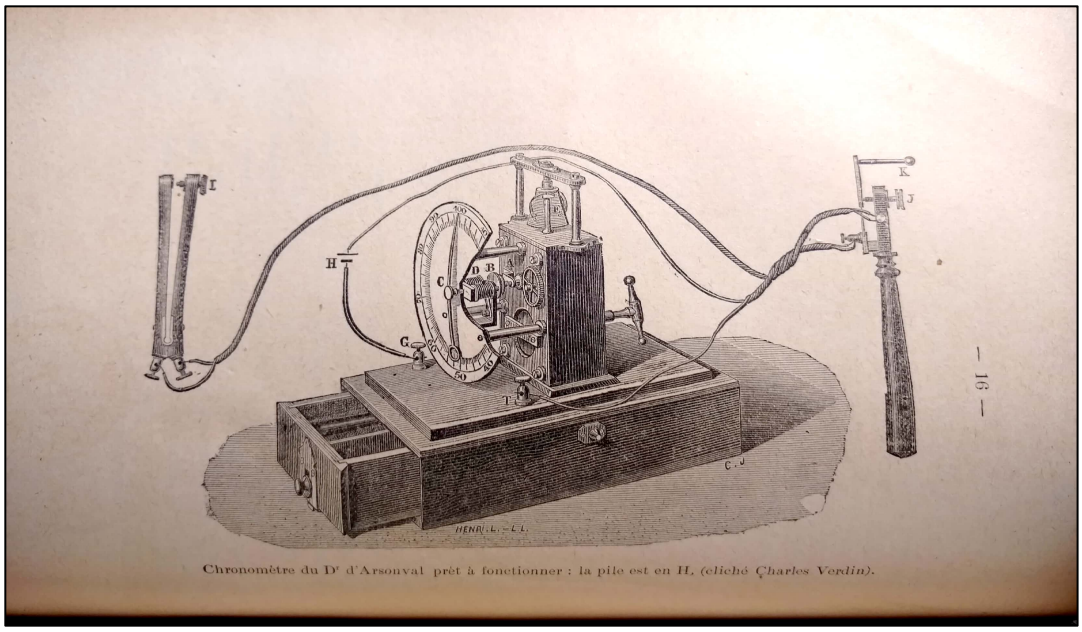

Figure 2.3 "Chronomètre du D'Arsonval prêt a fonctionner" (D'Arsonval's chronometer ready to function) from Philippe's *Technique du chronomètre de D'Arsonval pour la mesure des temps psychiques* (1899)

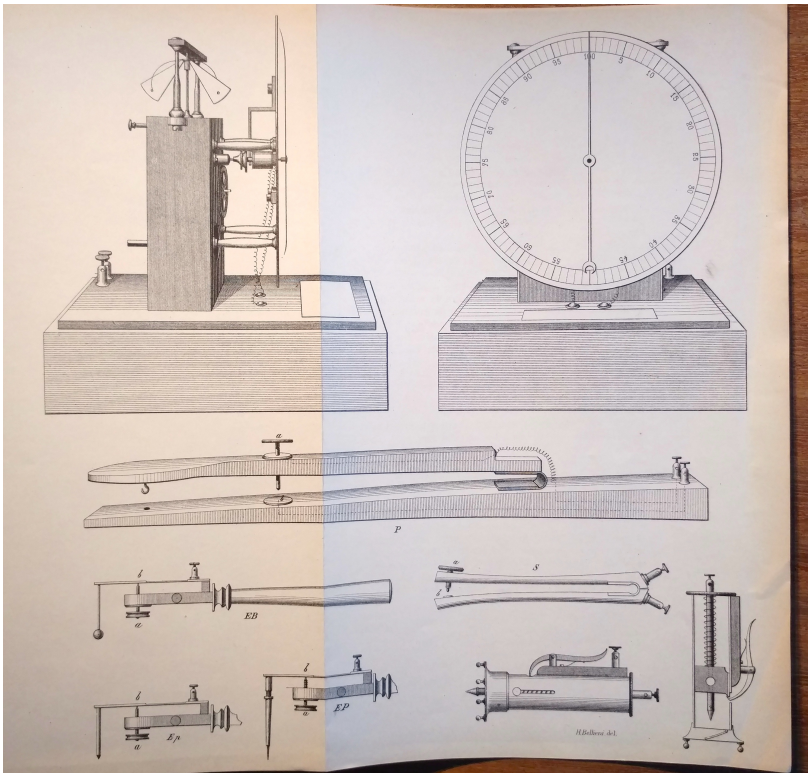

Figure 2.4 Image of D'Arsonval's Chronometer from Antoine Rémond medical thesis at Nancy, "Vitesse des Courants Nerveux et de la duree des actes psychiques les plus simples à l'état normale et à l'état pathologique" (1888)

D'Arsonval's chronometer also became the subject of much scientific writing and excitement at the intersection of psychiatry and experimental psychology. Consider for example the disproportionate amount of space given to a description of d'Arsonval's instrument from an 1892 article in *Le Temps* about the Sorbonne laboratory of physiological psychology—the organization where Philippe (and his now better-known colleague Alfred Binet) worked:

> It [the Sorbonne laboratory of physiological psychology] is otherwise equipped with various chronoscopes, and in particular that of Dr. d'Arsonval. At the Sorbonne laboratory, this marvelous little instrument, so easy to handle and so quickly assembled, replaces the German chronoscope, which requires a special installation. This chronometer serves as a measure of the duration of psychic acts, or, if you prefer, the speed of thought….Let us describe the chronometer briefly…it is composed of a needle which, moved by delicate clockwork traverses in a uniform movement a dial divided into two hundred equal parts: the speed of the needle is one turn per second. The apparatus is arranged in such a way that an electric current passes through it. This current drives a small electromagnet that attracts a small metal disk and stops the needle…We can see how this apparatus can serve to measure a psychic act; the commencement of the act must coincide exactly with the opening of the current, which puts the needle into movement…the end of the act corresponds with the closure of the current and the stopping of the needle; a simple reading of the clock face indicates how much the needle has moved, which permits one to measure the time in hundredths or even thousandths of a second…the time that passes between the sensation perceived by the subject and their motor response is a simple reaction time. On average, it is twelve hundredths of a second... Let us complicate the experiment. The subject has to listen to two types of sound and must only react to one…evidently he will react more slowly than in the first case, in short he must make an act of judgment [between the two noises]. If the total time of the reaction takes a 20^{th} of a second, we can know the time of the judgment alone…the act of discernment just described took eight hundredths of a second. This method has multiple applications of extraordinary finesse.[27]

But the most important feature of d'Arsonval's "marvelous little instrument" was its movability. As Alfred Binet (1857-1911) remarked, "the lab does not cloister itself in a narrow locale, it

[27] "Le laboratoire de psychologie de la Sorbonne," *Le Temps*, 26 October 1892.

tends to spread outside, to radiate, while searching for interesting subjects of study wherever they are found…"[28]

Chronometers in the asylum

Of the six laboratories dedicated to experimental psychological research to open in France around the end of the nineteenth century, three were housed specifically within preeminent French psychiatric institutions.[29] The Salpêtrière had its own laboratory, directed by Pierre Janet from 1889-1906. This lab hosted researchers from other institutions interested in conducting studies on the Salpêtrière's large and varied patient population, which Charcot famously dubbed "the museum of living pathology."[30] In 1900, Édouard Toulouse (1865-1947), a psychiatrist who had studied medicine in Marseille, opened his own laboratory as part of his psychiatric ward at Villejuif asylum, located just outside of Paris. Dr. George Dumas (1866-1949), who was particularly interested in the scientific study of emotions, directed a third experimental psychology lab within the walls of the Sainte-Anne asylum, which, as we shall see in Chapter 4, became the site of an important "open-door" psychiatric hospital founded by Toulouse in 1922.[31]

Some of the first published research on the use of mental chronometry on specifically psychiatric patients in France was published by Charles Féré (1852-1907), Charles Henry (1859–

[28] Alfred Binet, "Le laboratoire de psychologie physiologique de la Sorbonne (Hautes Etudes)," *Revue de l'Enseignement Secondaire et de l'Enseignement Supérieur* no. 18 (1892): 367-369.

[29] Henri Piéron, "La Psychologie de laboratoire," in *Encyclopédie Française, La Vie mentale*, tome 8, eds., Anatole de Monzie and Lucien Febvre (Paris: Société de gestion de l'Encyclopédie française, 1938), 8.06-9-8.06-10.

[30] Jean-Martin Charcot as quoted in Jonathan W. Marshall, *Performing Neurology*: *The Dramaturgy of Dr. Jean-Martin Charcot* (New York: Palgrave MacMillan, 2016), 53.

[31] Piéron, "La Psychologie de laboratoire," 8.06-9-8.06-10.

1926), Pierre Janet (1859-1947), and Jean Philippe (1862-1931). Féré and Janet had received formal medical training and were doctors, whereas Henry and Philippe were researchers trained and molded primarily within these psychiatric-laboratory spaces. In the context of their work, d'Arsonval's chronometer was used both alone and in conjunction with other physiological measurement instruments. Using these tools, French alienists and researchers tried to ascertain information about the relationship between "mental processes," including the effort of attention, intellectual work, [and] emotion" and their concrete influence on organic functions, such as respiration, circulation, and secretions.[32]

As early as 1888, a mere three years after its invention, Féré reported using d'Arsonval's chronometer for the purposes of reaction time testing, specifically on patients diagnosed with both epilepsy and hysteria. Like his colleagues, Féré argued that his numerical data could make important contributions to the diagnosis of psychopathologies. Thus in one of the earliest publications in French on pathological mental chronometry, Féré asserted: "in general the duration of reaction time in hysterics augments proportionately with the diminution of general and special sensitivity."[33] Féré's position as assistant to Charcot at the Salpêtrière in the 1880s, and his appointment at the Bicêtre hospital in 1887, meant that he had at his finger tips vast numbers of men and women on whom to conduct his tests. In Féré's "physiological and clinical" study of so-called "pathological emotivity" (1892), published a few years after his first work on mental chronometry, he again made use of d'Arsonval's chronometer as a tool for acquiring numerical data. This time he used it to measure the speed of psychiatric patients' responses in

[32] Piéron, "La Psychologie de laboratoire," 8.06-10.

[33] Charles Féré, "Note sur le temps de réaction chez les hystériques et chez les épileptiques," *Comptes rendus des séances de la Société de biologie et ses filiales* (1889): 67. In addition to this work by Féré, another medical thesis about d'Arsonval's chronometer was published in 1888 by Antoine Rémond, a student in the medical faculty at Nancy. See Rémond, *Contribution à l'étude de la vitesse des courants nerveux et de la durée des actes psychiques les plus simples à l'état normal et à l'état pathologique* (Nancy: Paul Sordoillet, 1888).

word association tests, a method more commonly associated with the German psychoanalyst Carl Jung.[34] His results, Féré reasoned, demonstrated that states of depression had a significant impact on the mental association time of hysterical patients in particular, with marked slowness a principal characteristic of their response times.[35] He also hypothesized that reaction time testing using d'Arsonval's chronometer could have prognostic value for cases where patients were experiencing dementia after repeated outbreaks of both hysterical and epileptic episodes.[36]

Contextualized alongside the 1887 debate in the French Academy of Medicine on the causes of widespread mental exhaustion, in particular amongst French school children, Féré's conclusions echo other medical commentators of the period who observed that those suffering from pathological fatigue "remained remarkably slow, heavy and stupid for the rest of their existence."[37] By assigning delayed or slowed reaction times to psychiatric patients diagnosed with hysteria, Féré's studies are examples of how mental health practitioners and researchers participated in the wider late nineteenth-and early twentieth-century campaign against slowness. Indeed, it was with the initiatives of alienist Désiré-Magloire Bourneville (1840-1909) and Alfred Binet during this period that the word *arriéré* (not dissimilarly to "retarded" in English)

[34] See for example the scene in David Cronenberg's film *A Dangerous Method* (2011) where Jung measures the association times of his wife using a Lip Chronometer. See also, Canales, *A Tenth of a Second*, 46. According to Canales, Jung too found that women and "uneducated subjects" reacted more slowly. For more of Féré's work on this subject, see Charles Féré, "Note sur le temps d'association, sur les conditions qui le font varier et sur quelques conséquences de ces variations," *Comptes rendus des séances et mémoires de la Société de biologie* (1890): 173-180.

[35] Charles Féré, *La Pathologie des émotions* (Paris: Félix Alcan, 1892), 330-32.

[36] Ibid., "Note sur le temps de réaction chez les hystériques et chez les épileptiques," 73.

[37] As quoted in Anson Rabinbach, *The Human Motor*: *Energy*, *Fatigue, and the Origins of Modernity* (Berkeley and Los Angeles: University of California Press, 1992), 148.

became a systematically used term in French medical and political discourse to describe decelerated or unexpected development in children.[38]

Féré was not alone in this. Of our "chronometrically-oriented" psychopathologists, Philippe also worked at medical consultation centers in Paris under the initiative of the "Society for the physiological study of children," where once a week alongside Dr. Paul Boncour he examined children at the behest of families and instructors to determine whether or not "their mental state was abnormal. The medical dossiers would then be sent to their teachers."[39] Thus though these kinds of initiatives were started after the passing of the Jules Ferry laws, which called for education for all children (including those who had intellectual disabilities), an effect of this campaign also meant that more and more school-age children were labeled as "abnormal" and were categorized according to these kinds of designations.

After Féré, the 1890s saw increasing numbers of French doctors and researchers incorporating the chronometer and chronometric testing into their experimental and clinical work. For example, if Féré had only tentatively put forward the clinical potential of reaction time testing for mental medicine, Charles Henry was more direct. Henry was an ambitious young researcher who started out as a lecturer, also at the Sorbonne laboratory of physiological psychology (alongside Binet and Philippe), but eventually was appointed director of another

[38] See for example, Alfred Binet and Théodore Simon, *Les enfants anormaux. Guide pour l'admission des enfants anomaux dans les classes de perfectionnement* (Paris: A. Colin, 1907). This work promulgates the idea that "*l'arriéré*" and "*l'instable*" are the two kinds of "abnormal schoolchildren." In 1904 the Minister of Public Instruction with the view of assuring education for "unstable" and "retarded" children established a commission under the leadership of Léon Bourgeois, the French statesman who wrote the preface to Binet and Simon's 1907 book.

[39] Emmanuel Régis, *Les anormaux psychiques des écoles*: *Rapport à M. Le Marie de la ville de Bordeaux* (Bordeaux: G. Gounouilhou, 1907), 14.

laboratory dedicated to conducting research on the physiology of the sensations.[40] It was in his role as *maître de conférences* that Henry gave a lecture at the École Pratique des Hautes Études in Paris on "the role of time in psycho-physiological phenomena." In his lecture he argued, not dissimilarly to Féré, that "modifications in reaction time can serve to characterize functional or pathological states."[41] Interestingly, Henry also associated faster reaction times not to health per se, but to the nature and experiential quality of psychiatric patients' delusions. Though his talk cites and essentially vulgarizes other researchers' findings, Henry proposed specific conclusions about the relationship between reaction times and certain forms of mental illness. He states:

> …in idiots and imbeciles, reaction times are much longer than in normal people and one remarks even longer gaps in the experience of degenerates….in special forms of insanity, the duration of reaction time seems to be linked to the agreeable or painful character of the delirium: in delusions of grandeur, the reaction to acoustic and tactile stimuli is shorter than in persecutory delirium.[42]

But not all researchers were as convinced that "slowness" as designated by chronometric testing was necessarily indicative of mental pathology. Pierre Janet (1859-1947), for one, came to more nuanced conclusions. Although Henri Ellenberger's monumental work *The Discovery of the Unconscious* (1970) has ensured that Janet is most often associated with the development of psychotherapy and psychodynamic psychology in France, his publications from the late 1890s show that he was nevertheless intrigued by the possibility of developing a role for the clinical application of chronometric testing as a component of his method of psychological analysis.[43] As

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[40] Henry was named director of the Laboratory of the Physiology of the Senses in 1897, also part of the Sorbonne. See E. Classant, *Le Laboratoire des Physiologie des Sensations de la Sorbonne* (Paris: Le Génie Moderne, 1897).

[41] Henry's lecture was published as an article (with diagrams of d'Arsonval's chronometer) in *Electric Light*, an odd periodical seemingly intended for primarily electricians and engineers. Charles Henry, "Le Rôle du temps dans les phénomènes psychophysiologiques," *La Lumière électrique* (jan 1894): 106.

[42] Henry, Le Rôle du temps dans les phénomènes psychophysiologiques," 108.

[43] Pierre Janet, *Névroses et idées fixes,* vol. 1 (Paris: Félix Alcan, 1898), 77.

director of a small psychology laboratory in the Salpêtrière (created especially for him by Charcot before Janet had even finished his medical degree), Janet conducted reaction time tests on patients to determine whether or not his results confirmed or clashed with his other modes for measuring the strength or weakness of attention in psychiatric patients.[44]

While performing testing and observing interned patients and outpatients from the wards of doctors Charcot, Jules Falret (1824-1902), and Jules Dejerine (1849-1917), Janet used Marey's graphic recording cylinder and d'Arsonval's chronometer to collect reaction times as an index of "attention." Janet, following the work of one of his mentors Théodule Ribot, assumed that individuals with mental illnesses demonstrated significant modifications or aberrations in their ability to maintain attention or concentration.[45] Janet's interest in what he called the "new methods of psychometry"[46] was thus part of his insistence that it was important for the psychiatrist "to be able to determine…exactly the strength or the weakness of the attention."[47] Once measured, this data could illuminate the potential presence of mental illness in a patient.

But the results Janet collected from his tests on patients at the Salpêtrière in the 1890s made him skeptical of the powers of mental chronometry used in isolation. Graphing his results, Janet observed that some of his most unwell patients—patients diagnosed with mental automatism or a complete lack of self-consciousness—demonstrated the fastest reaction times. These counter-intuitive results, or what he called "paradoxical"[48] outcomes, persuaded Janet that

[44] Janet remained the director of this laboratory until 1910. For a concise account of his relationship with Charcot and his work at the laboratory at the Salpêtrière, see Oliver Walusinksi, "Paul Sollier, Pierre Janet, and Their Vicinity" *Frontiers of Neurology and Neuroscience* vol. 35 (2014): 131-132.

[45] Janet, *Névroses et idées fixes*, vol. 1, 69.

[46] Ibid., 77.

[47] Ibid., 69.

[48] See sections on "paradoxical curves" and "le automatic reaction." Ibid., 91-105.

the use of mental chronometry alone was misleading, for it failed to distinguish, as one contemporary reviewer of Janet's work remarked, between "reactions of absolute inattention and reactions of very acute attention."[49] These findings led Janet to insist on the importance of descriptive observation to qualify numerical data. Quantification alone could be deceptive, he warned. According to Janet, one should not assume "a straight link between the brevity of reaction time and the force of attention."[50]

While Janet was not alone in his more skeptical conclusions about the speed of thought, this did not stop the widespread use of d'Arsonval's chronometer, stopwatches, and other time-measurement instruments from being used as a kind of shorthand for "scientific" methods in French psychiatric spaces. Time-keeping devices even took on metaphorical meanings for some. For Hippolyte Taine (1828-1893), the French philosopher and art critic who is often identified as a "founding father" of French experimental psychology (though he didn't conduct any psychological experiments himself), clocks served as an important metaphor for the deranged mind and the so-called "pathological method" discussed above. In *De L'intelligence* (On Intelligence) (1870), Taine argued that "in general, each state [of the disturbed mind]... has to be the subject of a monograph; for we have to see the disturbed clock in order to distinguish the counterweights and the wheels that we do not notice in the clock that works well."[51]

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[49] W. Leslie MacKenzi, "Reviewed of *Névroses et idées fixes. Travaux du laboratoire de Psychologie de la Clinique à la Salpêtrière*. By Pierre Janet, F. Raymond, Pierre Janet," *Mind* vol. 9, no. 33 (1900): 100.

[50] Janet, *Névroses et idées fixes*, vol.1, 78.

[51] Taine as quoted in Carroy and Plas, *La méthode pathologique*, 608.

Reaction time and "the hysterical woman"

In the fin-de-siècle it was not just the asylum patient in general who was considered the ideal experimental subject. In fact, the "hysterical" woman in particular was identified as the exemplar. The practice of experimenting on women diagnosed with hysteria became so commonplace in France during this period that by 1907 it seemed completely ordinary for Alfred Binet to declare that "the hysterical woman has become…the frog of the laboratory."[52] But who were these "hysterical women?" And how did they respond to and/or challenge the medical values associated to chronometric testing? How can we deconstruct the (highly sterilized) standard account of the history of mental chronometry by incorporating their stories? Though no archival records of their experiments remain, Jean Philippe and his colleague Victor Henri (1872-1940), a research student affiliated with Janet's lab at the Salpêtrière, published an account of their research in 1893, which, when read against the grain, shows how we might use available sources to begin to answer these questions, even if tentatively.[53]

For nine months, from May 1892 to January 1893, Charcot and his *chef de clinique,* M. Dutil, opened up the ward of women patients diagnosed with hysteria at the Salpêtrière to Philippe and Henri, with M. Dutil facilitating their research.[54] Using d'Arsonval's chronometer, a screen, and other research instruments, Philippe and Henri conducted experiments on hysterical patients with the intention of measuring their reaction times to sensory stimuli during both "normal" circumstances (without any external disruptions) and in states of mental distraction. Their general research goal, as was the case for many studies performed during this period, was

[52] Alfred Binet and Theodore Simon "Hystérie," *L'année psychologique* vol. 16 (1909): 120.

[53] For an account of Victor Henri's life and work see Serge Nicolas, "Qui était Victor Henri (1872-1940)?," *L'Année psychologique*, vol. 94, no.3 (1994): 385-402.

[54] It is unclear whether or not this work was conducted with or alongside Janet. Binet, "Le laboratoire de psychologie physiologique de la Sorbonne (Hautes Etudes)," 367-369.

to identify possible correlations between reaction time and specific mental states or psychiatric diagnoses.

The second series of tests, "reactions during a distracted state," as described by Philippe and Henri, are particularly revealing of the experimental conditions and practices enacted by the two colleagues. Moreover, it provides some hints about how their "participants" responded. In the account of their work, published in *Travaux du laboratoire de psychologie physiologique de la Sorbonne*, Philippe and Henri state that for these tests a special set up (*dispositif*) was needed: Henri—the research student—was exclusively responsible for "disturbing the patient, either by talking with her about her illness, her family, or her country." Alternatively he would read to her and then ask her to recall the story either by rewriting it or re-telling it, "or ask her to do small additions or multiplications...." Then the patient was installed "as comfortably as possible" with the experimenter (Philippe) behind the special screen to block both him and the chronometer from the woman's view, ensuring an element of surprise, as well as the impossibility of anticipation. Philippe would initiate the tactile or auditory stimuli and using d'Arsonval's chronometer would then measure the duration it took her to respond to those stimuli. Meanwhile Henri worked at pestering and distracting the patient-subject as described above. From time to time, Philippe and Henri would remind and encourage "the subject to go as quickly as possible," emphasizing that the performance of speed was the true barometer of mental health.[55]

Within the text the anonymity of the four women subjects was guarded using the following abbreviations: "Saint-Am…," "Hab…," "Cles…," and "Cam…." Each of the women is documented as exhibiting various forms of "hysterical anesthesia," a condition characterized

[55] Jean Philippe et Victor Henri, "Recherches psychométriques sur l'influence de la distraction chez les hystériques," in *Travaux du laboratoire de psychologie physiologique à la Sorbonne (1892-1893)* by Henri Beaunis and Alfred Binet (Paris: L'Harmattan, 2011), 131.

by the loss or weakening of tactile sensation, often in isolated regions of the body. Each woman emerges in Philippe and Henry's descriptions as metaphorically dismembered by their diagnosis. Rather than describing their medical histories, which may have provided more nuanced information about their situations, Philippe and Henri talk about the women as a kind of collection of limbs and body parts, worth only as much as their ability to transmit tactile sensations. Saint-Am was labeled as "slightly but about equally anesthetic on one side of her body and the other;" Hab was designated as "almost completely anesthetic," though her right hand was the least so; "Clem was anesthetic on the right hand; and Cam on the left." Cam, Philippe and Henri reported, was equally in an especially fragile state, making it only possible for her to "be studied for a remarkably short time."[56]

Because hysterical anesthesia was considered a psychogenetic loss of tactile sensation, and something of a mystery, testing for the condition often involved inflicting a certain amount a pain or discomfort. Binet, for example, argued that in patients with this condition "one can pinch, sting, and burn the patient without causing the smallest pain…"[57] Philippe and Henri explain their own experimental design as including "*piqures*," which probably meant that the patient was subjected to some kind of pinprick or jabbing during the course of the testing. Philippe and Henri also recount that series of experiments would go by where the women would repeat constantly: '"You're jabbing me!" (*Vous me piquez*), which can leave no doubt about the unwanted nature of the stimulus and the sharpness or discomfort of the experienced sensations.[58] Charles Henry's 1894 lecture, discussed above, also attested to the use of painful stimuli in reaction time testing.

[56] Philippe et Henri, "Recherches psychométriques sur l'influence de la distraction chez les hystériques," 131.

[57] Ibid.

[58] Ibid., 137.

He wrote, "it is not always agreed upon to submit the insane (*les fous*) to these inquiries, above all to electric stimulations which frighten them." As an alternative, Henry suggested that acoustic stimuli might be better suited to these experiments and could be administered according to the "degree of the illness."[59]

Whether or not Philippe and Henri were concerned with the discomfort of their patient-subjects remains difficult to ascertain for certain, but it does appear that these women provided them with a challenge. If we read between the lines, it seems that Cam, Cles, Ham, and Saint-Am were not submissive or docile experimental subjects, that they did not find "participation" comfortable or tolerable, and may have even actively resisted. Their behavior was not accommodating; they were not obedient. As Philippe wrote, "because of the particular difficulties of the training of these subjects, we were forced to prolong our experiments for [a] rather long time."[60] In fact, this was not the first instance that Saint-Am, Hab, and Cles had been used as experimental subjects. Philippe and Henri casually remark that readers should consult the works of Féré and Binet for more information on these particular women and their specific pathological mental states, which suggests that patients in psychiatric institutions were used for protracted periods of time in various experimental designs carried out by different psychiatrists and researchers.

Mental chronometry enters the twentieth century

For Féré, Philippe, Henry and others, d'Arsonval's chronometer and the measurement of psychic time enabled the possibility of adding quantitative measures and numerical data to the

[59] Henry, "Le Rôle du temps dans les phénomènes psychophysiologiques," 108.

[60] Philippe and Henri "Recherches psychométriques sur l'influence de la distraction chez les hystériques," 131.

practice of psychiatric diagnosis, for reaction times that did not conform to the "normal range" were understood as signs of possible mental disorder. Mental chronometry's role in mental medicine in France was, by 1900, widespread enough that Dr. Jacques Roubinovitch (1862-1950) could announce on 21 January 1900 at a conference at the Salpêtrière dedicated to "mental pathology at the end of the 19th century:"

> The methods of examining the alienated, which used to be purely psychology, have become, now, more precise, more clinical, more in line with our acquisitions in the field of pathology. The alienist today, does more than just look, listen, and talk…he proceeds by an objective examination of his patient…having in front of him a deliriant (*délirant*), he is obliged to do psychology, but not vague psychology, all in words.[61]

Instead the French psychiatrist had at his disposal, Roubinovitch proclaimed, the possibility of "measuring the speed of thought," from which one "can, up to a certain point, establish, amongst the alienated, certain morbid types and their relationship to the speed of mental association." The importance of this "new diagnostic element" for psychiatry, Roubinovitch continued, was that it permitted clinicians to "do psychiatry" in "in a quasi-mathematical way."[62] Moreover, these methods proved faster and more efficient than simply waiting to see how the illness itself progressed.

Moving away from the descriptive techniques associated with the "classical" period of Pinelian and Esquirolian French mental medicine that focused more on the content or object of a patient's delusions, these practitioners increasingly looked to numbers, quantification, and a kind of "chrono-diagnosis" as the way forward for the scientificity of their discipline. Additionally, the construction of a new object for medical attention—namely the performance of rapid thinking or the speed of mental association—had profound consequences for how practitioners,

[61] Jacques Roubinovitch, *La Pathologie mentale à la fin du XIXe siècle* (Paris: Jean Gainche, 1900), 22-23.

[62] Ibid., 24.

researchers, and clinicians furthered their disciplinary reach.[63] The now established links between mental health and rapid thinking, and the portability of d'Arsonval's chronometer, meant psychiatrists had the technological and theoretical means to move mental chronometry outside the walls of their asylums and private clinics. In doing so, French psychiatrists expanded the practice of time-measurement to other areas of French life.

French psychiatrist Édouard Toulouse, an active Republican, had begun laying the groundwork for this extra-asylum expansion before the turn of the century.[64] In 1895 he conducted a vast "medico-psychological investigation into the links between intellectual superiority and neurosis (*névropathie*)." When he presented his work in 1897 to the Medico-Psychological Society in Paris, he extolled his method that combined direct observation, clinical examination, and the deployment of mental tests, including reaction time tests:

> I think we should study in this way not only great writers, artists, politicians, and military men, but also all those who, in less glorious professions like administration, industry and business, demonstrate intellectual faculties notoriously below the average.[65]

Trained as a doctor, but dedicated to experimental methods and laboratory testing in the study, diagnosis, and treatment of mental illnesses, Toulouse founded and directed the journal *Revue de psychiatrie et de psychologie expérimentale* in 1898, which was one of several recently established publications attesting to the ties between experimental psychology and French

[63] Féré, "L'énergie et la vitesse des mouvement volontaires," *Revue philosophique de la France de l'étranger* (1889): 39. In these tests Féré used d'Arsonval's chronometer on alienated patients.

[64] See Michel Huteau, *Psychologie, Psychiatrie et Société sous la Troisième République*: *Le biocratie d'Édouard Toulouse* (Paris: L'Harmattan, 2002).

[65] As quoted in Marcel Turbiaux, "Lahy et l'orientation professionnelle," *Bulletin de psychologie* vol. 59, no. 2, (2006): 218.

institutional psychiatry during this period.[66] One year later, Toulouse opened his psychological laboratory at the Villejuif asylum on the outskirts of Paris.

J.M. Lahy and *chronométrage* in World War I

Jean-Maurice Lahy (1872-1943), a militant freemason and socialist, is a relatively well-known figure in French scholarly circles dedicated to the study of professional orientation and ergonomics. He is often described in the secondary literature as an important figure in the development of psychotecnics, or the "psychological rationalization of all areas of work and life."[67] However, very little has been written about his professional rapprochement with French psychiatry during the twentieth century. His research and the professional trajectory his interests followed over the course of the Third Republic demonstrate how what started out as a technique used primarily in asylum contexts expanded beyond these initial spaces to become a very powerful tool for both psychiatrists and psychologists to lend credibility and enable wider applicability for their work. Mental chronometry, as a practice used to establish the extent of certain forms of mental illness and then as an index of efficiency and productivity, served to blur the boundaries between medical diagnosis and aptitude selection.

Very little is known about Lahy's intellectual formation. He never received a formal education. Instead, he was basically self-taught: first by attending lectures at the Collège de France (notably those of Ribot, Janet, and the physiologist Charles-Émile Francois-Frank) and by

[66] From 1898-1902 this journal appeared under the name *Revue de psychiatrie: médecine mentale, neurologie, psychologie.* It was published from 1902-1914 under the title cited here. Another journal was founded in 1897 by the French alienists Paurl Hartenberg and Paul Valentin entitled *Revue de psychologie clinique et thérapeutique*.

[67] Stefanos Geroulanos, "The Plastic Self and the Prescription of Psychology: Ethnopsychology, Crowd Psychology, and Psychotechnics, 1890-1920," *Republics of Letters*: *A Journal for the Study of Knowledge, Politics and the Arts* vol. 3, no. 2 (2014): 23.

a hands-on education at Villejuif beginning in 1901.[68] At Villejuif, Lahy would have been trained in the methods of mental chronometry using d'Arsonval's chronometer, Marey's graphic recording devices, and other chronometric instruments.[69] Before World War I broke out, Lahy busied himself with research on a variety of topics centered on the "science of work," secularization, and differentiating French methods from those of the American management system of Taylorism.[70] Lahy took a particular interest in the "new professions," including dactylography, and published a variety of articles on the emotions, psycho-physiological measurements, and the relationship between the individual and society.

In 1914 Lahy was mobilized. It was under wartime conditions that his research methods took on renewed urgency and political importance, as the field of applied psychology and its links to psychiatric practices were strengthened by the particular requirements of a nation at war. 1914-1918, as we shall see in greater detail in Chapter 3, provided unprecedented opportunities for French psychiatrists to "prove" themselves in the face of mounting criticism during the first decade of the twentieth century. This was no different for researchers like Lahy, who straddled the already porous frontiers between medico-psychological spaces and experimental laboratories. As Lahy argued in front of the French Academy of Sciences: "in order to obtain in the current

[68] For an overview of Lahy's career in professional orientation see Turbiaux, "Lahy et l'orientation professionnelle," 217-235.

[69] A survey of the publications written by Toulouse or members of his Villejuif lab indicates that reaction time testing was a central practice. See for example, Nicolae Vaschide and Edouard Toulouse, "Temps de réaction dans un cas de mélancolie circulaire," *Comptes rendus hebdomadiers des séances et mémoires de la Société de biologie* vol. 48 (1897): 616-618; E. Gley and N. Vashide, "Appréciation du temps pendant le sommeil," *Intermédiaire des biologistes* (1897): 419-421; J.M. Lahy, "Sur le temps perdu des réactions physiologiques sous l'influence des excitants émotionnels," *Archives générales de médecine* t.1 (1905): 647-651. Lahy's archives are also full of experiments on reaction time. See for example Lahy Archives, Box 9C.

[70] For an account of Lahy's relationship to Taylorism, see Rabinbach, *The Human Motor*, especially Chapter 9.

war, the maximization of human forces," the French military must enact "a division of labor amongst the combatants," just as is done for industrial productivity.[71]

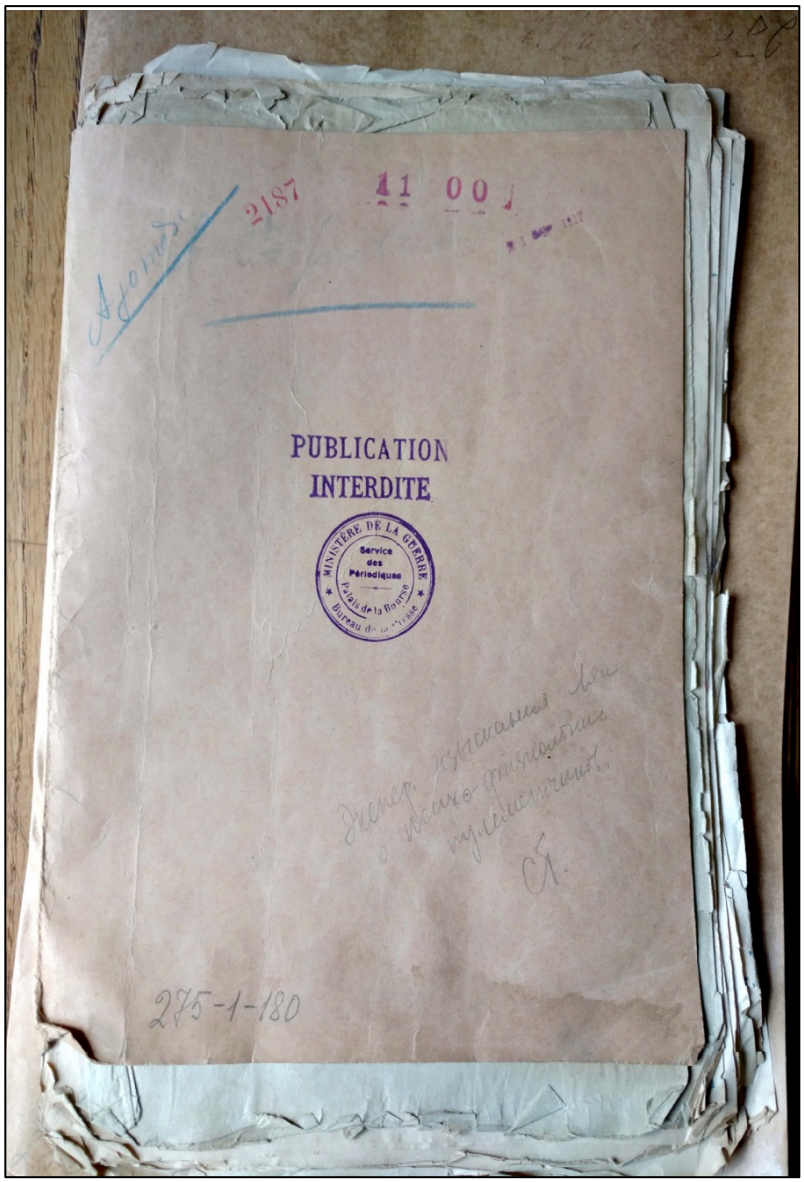
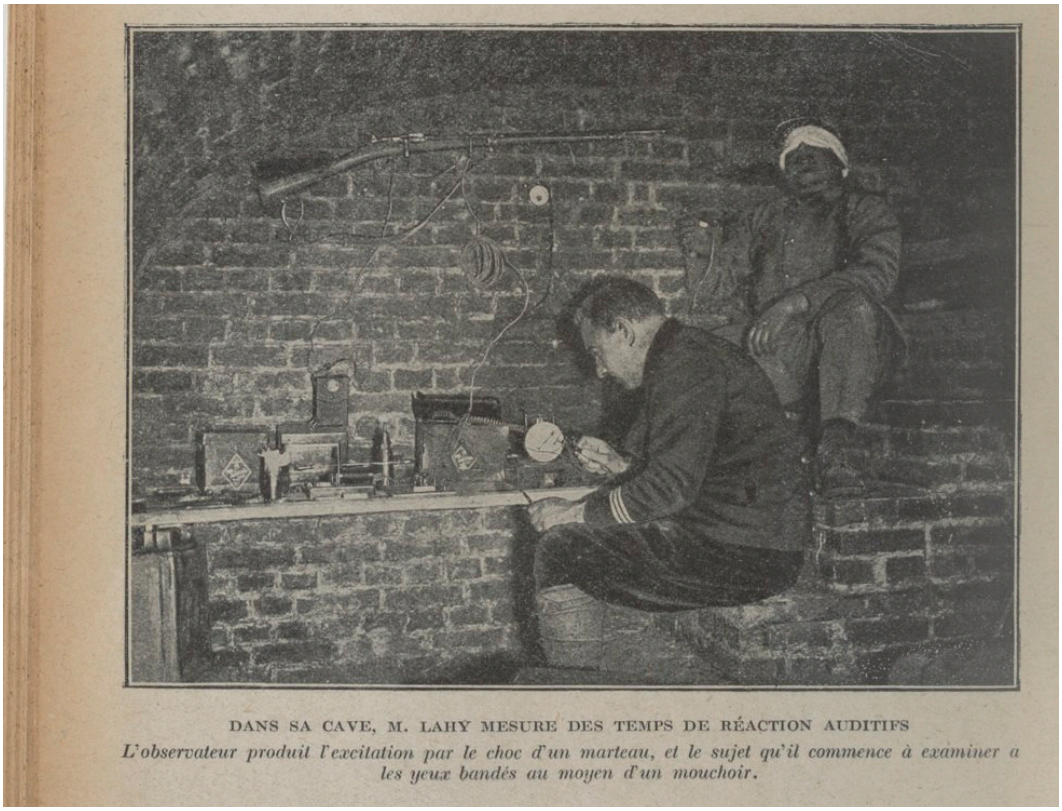


Figure 2.5 Photograph of folder containing classified psychological testing performed by Lahy during WWI. Archives de J.M. Lahy, Box 57, Musée d'histoire de la Psychiatrie et des Neurosciences du centre hospitalier Sainte-Anne, Paris.

[71] J.M. Lahy, "Sur la psycho-physiologie du soldat mitrailleur. Note de J.M. Lahy, présentée par M. Edmond Perrier," *Comptes rendus hebdomadaires des séances de l'Académie des sciences* (juillet 1916): 33.

Lahy's archives (Figure 2.5) show that he conducted then classified research on 400 French machine gunners fighting on the front, at both the Argonne (from January-May 1916) and the Somme (September-November 1916).[72] As he had learned in his formation at Villejuif, Lahy devised a series of experiments to determine the psychophysiological make up of these soldiers under extreme conditions. One of his improvised labs was housed in a cellar of an abandoned house (Figure 2.6), and the other was set up in an unused airplane hanger.



DANS SA CAVE, M. LAHY MESURE DES TEMPS DE RÉACTION AUDITIFS

L'observateur produit l'excitation par le choc d'un marteau, et le sujet qu'il commence à examiner a les yeux bandés au moyen d'un mouchoir.

Figure 2.6 "Dans sa cave, M. Lahy mesure des temps de réaction auditifs" (In his cave, M. Lahy measures auditory reaction times) from *La Science et la vie* (1917)

[72] Lahy Archives, Box 57. He also published a short preliminary article on these tests, but this article does not give the full extent of his work. See also, Octave Grimaud, "L'examen physiologique des soldats mitrailleurs," *La Science et la Vie* vol. 13, no. 36 (1917-1918): 121-128.

Lahy's experiments were extensive. First he used "time-motion" studies to decompose the tasks of shooting and reloading into their component parts, which he then analyzed and chronometered in order to find a way to render these repeated motions more efficient. He also tested both shooters' and re-loaders' reaction times to various kinds of auditory and visual stimuli, often making use of the ongoing war to provide the this stimuli. Lahy's chronometric research, unsurprisingly given the context, showed the "unique rapidity" of reaction times amongst those gunners who were highly rated by their officers as excellent performers.[73] And while Lahy did state that speed alone was not the only aptitude necessary to be a successful machine gunner (exactitude and regularity was also required), he also shunned the idea that acting more slowly or intentionally would improve a gunner's front-line performance.[74]

Then Lahy measured how gunners' and re-loaders' reaction times accelerated or decelerated over time. This series of tests was predicated on the idea, not dissimilarly to the graphs of hysteria and reaction time discussed above, that slowed reaction times over a given duration were a measure of one's propensity for fatigue and attention (which Lahy called "*fatigabilité motrice*"). Finally, Lahy developed a series of experiments combining chronometers and graphic recording devices to establish what he called a soldier's "functional plasticity" (*plasticité fonctionnelle*). This last measure, according to Lahy, would allow military officers to identify which of their shooters had high levels of "sang-froid," or the ability to remain calm in situations of extreme danger or psychic stress.[75] Lahy averred that the physiological tracings of those soldiers with the most *sang-froid* demonstrated that these individuals returned to "normal

[73] Rabinbach, *The Human Motor*, 265.

[74] Lahy Archives, Box 57.

[75] Lahy, "Sur la psycho-physiologie du soldat mitrailleur," 35.

bodily functions far more rapidly than those of any other group."[76] They maintained "a lucid spirit in all circumstances." [77] In contrast, the "worst gunners" demonstrated "psychophysiological disorder" and for many of them, this was "permanent state" of affairs. Lahy's "inferior subjects" remained unable to re-adjust physiologically after exposure to various stimuli, even "in the absence of causes for trouble."[78]

Lahy also believed that his research proved that "all poor gunners demonstrate motor suggestibility (*suggestibilité motrice*)." This reference to suggestibility was an inescapable reference to psychological weakness, and more specifically hysteria. To early twentieth-century ears, the evocation of "suggestibility" would have conjured up the work of many alienists and psychological researchers from Hippolyte Bernheim (1840-1914) to Binet who had occupied themselves only a few years prior with the question of female hysteria and its relationship to suggestion.[79] In 1901, for example, Binet had the instrument maker Lucien Korsten build a measurement instrument that was intended to gauge one's susceptibility to the power of suggestibility. It is known that Lahy used this instrument between the 1910s and 1940s in his professional orientation clinic.[80] Lahy's research notes from wartime experiments suggest that he most likely used the same instrument to under take these wartime experiments. His description of the instrument and the technique align with Binet's design, as do his conclusions: the "best

[76] Rabinbach, *The Human Motor*, 265.

[77] Lahy Archives, Box 57.

[78] Lahy, "Sur la psycho-physiologie du soldat mitrailleur," 35.

[79] Binet and Simon, "Hystérie," 71-91.

[80] Serge Nicolas, *La mesure de la vie mentale & les premiers instruments emblématiques de la psychologie de la Laboratoire* (Paris: Université Paris Descartes, 2018), 109.

gunners" show the ability to resist suggestibility and to accurately sense slight variations in the speed of the experimenter's own movements.[81]

Thus a link between reaction time testing and one's "emotional constitution" was established by Lahy's wartime research. Other physicians followed suit. Drs. Vitoux, Jean Camus, and Henri Nepper, for example, performed similar research using d'Arsonval's chronometer to measure the reaction times of aviator candidates. Vitoux concluded, not dissimilarly to Lahy, that "absolute" self-mastery was necessary to be a successful aviator, as was rapid decision-making and a complete absence of emotion, no matter the situation.[82]

In addition to their work on aviators (Figure 2.7), Camus and Nepper also used d'Arsonval's chronometer to measure the reaction times of once-wounded soldiers who no longer showed any physical signs of brain inflammation. In their study they correlated slow reaction times with high levels of emotivity, not dissimilarly to studies performed on hysterical women only a few years earlier. Camus and Nepper also claimed that this kind of exaggerated emotional-physiological response could occur in soldiers who displayed no organic injuries at all. Thus, while "many of these wounded [men] appear normal…their nervous centers are still insufficiently resistant."[83]

[81] Lahy Archives, Box 57.

[82] Dr. Vitoux, "L'Examen physiologique des candidats aviateurs," *La Science et la Vie* vol.10, no. 28 (1916): 351.

[83] Jean Camus and Henri Nepper, "Les Réactions psychomotrices et émotives des trépanés," *Paris médicale* no. 19 (1916): 505-508.

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MESURE DES RÉACTIONS PSYCHOMOTRICES DES CANDIDATS A L'AVIATION

PAR

Le Dr Jean CAMUS, Professeur agrégé à la Faculté de médecine de Paris, Médecin des hôpitaux.
et
Le Dr NEPPER, Chef du laboratoire de physiologi[illegible]pathologique, au Collège de France.
Aides-majors de 2e classe.

Les risques que peuvent courir les aviateurs pendant leur période d'instruction ; non seulement les dangers auxquels plus tard ils sont exposés, mais encore ceux auxquels ils exposent les observateurs, les passagers dont la vie leur est confiée imposent une sélection sévère des futurs pilotes.

Cette sélection est déjà faite par l'examen de l'appareil visuel, par l'examen du cœur, etc.

Chronomètre électrique de d'Arsonval. Dans l'angle de droite, appareil pour l'étude du tremblement, modèle de Verdin (fig. 1).

L'un de nous, chargé par le médecin principal Marchoux, médecin-chef de la Place, d'organiser un service d'étude des réactions nerveuses des candidats à l'aviation, lui proposa le plan suivant :

1° Étudier les temps de réactions psychomotrices des candidats, rechercher à l'aide du chronomètre électrique de d'Arsonval en combien de temps des impressions visuelles, tactiles, auditives, peuvent donner naissance à un mouvement volontaire d'adaptation ou de défense.

2° Étudier l'influence des émotions sur le rythme cardiaque, le rythme respiratoire, sur les vaso-moteurs, sur le tremblement ; inscrire l'intensité et la durée des réactions émotives.

Ce plan fut accepté et cet article a pour but d'exposer par quelles techniques nous l'avons réalisé et quels résultats nous avons obtenus.

I. **Mesure des temps de réactions psychomotrices.** — En combien de temps un candidat à l'aviation voyant un obstacle pourra-t-il faire un mouvement dans le but de l'éviter ? En combien de temps, entendant un bruit indicateur d'un danger, bruit anormal de son moteur ou provenant d'une attaque ennemie, pourra-t-il exécuter un mouvement pour s'éloigner ou se défendre ? En combien de temps une impression tactile de vent, de froid, etc., pourra-t-elle donner naissance à un mouvement d'adaptation de la manœuvre à la couche d'air traversée ?

Un appareil bien connu de tous ceux qui ont fait des études de psycho-physiologie existe, qui se prête admirablement à ces investigations. C'est le chronomètre électrique de d'Arsonval. Il se compose d'un cadran divisé en 100 parties et muni d'une aiguille qui, mue par un mouvement d'horlogerie, fait le tour du cadran en une seconde. L'aiguille peut donc marquer le 1/100e de seconde et même le 1/200e, car l'espace entre deux divisions du cadran est assez grand pour qu'une demi-division soit appréciable.

Un électro-aimant dans lequel passe le courant d'un accumulateur ou d'une forte pile (au bichromate par exemple) agit sur le pivot de l'aiguille

Mesure des temps de réactions psychomotrices (fig. 2).

Figure 2.7 Photograph of Camus and Nepper's article, "Mesure des réactions psychomotrices des candidates à l'aviation " (Measurement of psychomotor reactions in aviation candidates) located amongst Lahy's professional papers. Archives de J.M. Lahy, Box 57, Musée d'histoire de la Psychiatrie et des Neurosciences du centre hospitalier Sainte-Anne, Paris.

The widespread imperative to divide fit from unfit soldiers using chronometric methods with an attention to reaction time and the speed of physiological and psychological recovery had serious the implications for the definition of "normal" and "abnormal" during the war (and as we shall see later, also after). When French (and European) psychiatrists were debating the question

of whether or not the war could cause or trigger mental illness, this tension between diagnosis and aptitude, and the relationship between emotivity and chronometry, had serious implications. Lahy contended, for example, that those who are highly suggestible also suffer from "the persistence of images…that obstruct the free exercise of their will power (*la* volonté)." Unable to use their will, they "are assailed by terrifying images and re-experience serious emotions that cloud their thoughts as well as their movements. The most inept subjects always seem inclined to deep pessimism…[they] spontaneously speak about their emotions, their fears."[84]

According to Lahy, these men lacked the ability to uphold their "functional equilibrium," a reference to psychological weakness. "Functional troubles" in wartime French medical discourse, as we shall see in Chapter 3, designated a psychological disorder, rather than an actual organic injury. It was understood, then, that at the other end of the spectrum from *sang-froid* and courage was pathological emotivity. Soldiers who were predisposed constitutionally to morbid emotional responses were those that were most likely to suffer from shell shock, or what French doctors called "emotional syndrome." Thus in devising a method for the selection and identification of positive qualities and psychomotor fitness for professional success in the military, Lahy and his colleagues also designed ways to test for the emotionally and psychologically unfit.

Conclusions: The performance of speed

Lahy's work and the settings in which he conducted it are an example of how the use of mental chronometry and reaction time testing accelerated the breakdown of the already imprecise lines separating diagnosis from optimization, illness from efficiency. As historian Anson Rabinbach has argued, the war didn't so much as invent new techniques of combating fatigue or

[84] Lahy Archives, Box. 57.

diagnosing psychological illness, as much as it provided a field for testing techniques. Lahy and his medical colleagues Nepper and Camus, by deploying d'Arsonval's chronometer and reaction time measurements during the war to distinguish between "able" and "unable," helped solidify mental chronometry as a practice that could have widespread applicability. After the war, as we shall see in Chapter 4, Lahy went on to conduct chronometric tests in a clinical setting within the Henri Rousselle Hospital, an open-door psychiatric hospital founded in the wake of the conflict. Lahy often conducted these kinds of exams on children, performing likely thousands of reaction time tests in the interwar period in his "laboratory of applied psychology" housed within the Henri Rousselle as part of a collaborative effort between psychiatry and professional orientation services. He also performed similar tests on adolescents at a school on Rue Lesseps between the years 1922 and 1924, where the medical and psychiatric component of the examination played the role of counter-indication in helping children choose which profession they should follow. [85] Together with psychomotor testing, a "psychological profile" of each child was established, which could also help "track down the early signs of pathology…mostly in what concerns their mental and nervous fragility."[86]

Already by 1922, a film entitled *Scenes of Child Psychology* directed by Jean Comandon, a French doctor and cinematographer, demonstrates the degree to which the performance of speed had become associated with the notion of mental and psycho-physiological health. Despite the diversity of the tests and the range of psychological and neuro-measurement techniques documented by Comandon's film, one kind of clinical object remains a near constant in each of the films frames: a time-keeping device. Indeed, various kinds of chronometers (d'Arsonval's

[85] Lahy Archives, Box 68 and 69.

[86] Lahy Archives, Box 69.

included), graphic recording devices, and metronomes populate the film and take on a kind of pervasive and oppressive presence.

Figure 2.8 Film still of reaction time testing using d'Arsonval's chronometer from Jean Comandon's film, "Scènes de psychologie de l'enfant" (Scenes of child development) (1922) © Gaumont Pathé Archives – Restauration CNC

In *Scenes of Child Psychology*, the performance of speed is represented as the measure of mental wellness. Consider Figures 2.8 and 2.9, film stills excerpted from this production. In the first, a young girl performs a reaction time test. The durations of her responses are noted by the Swiss psychologist and active participant in French medical discourse Dr. Édouard Claparède (1873-1940), who uses d'Arsonval's chronometer to take his measurements. This scene follows a

short sequence in which Claparède demonstrates how to use the instrument without a test subject visible in the cinematic frame.

Figure 2.9 Film still from Jean Comandon's film, "Scènes de psychologie de l'enfant" (Scenes of child development) (1922) © Gaumont Pathé Archives – Restauration CNC

In the second film still (Figure 2.9), another young girl has just completed a timed sorting task. This sight is especially powerful. At this particular moment, the duration of time recorded on the stopwatch and the gaze of the young woman connect. The arm of the invisible doctor-experimenter thrusts the clock face at the girl as she turns to acknowledge, not the physician, but her performance time as recorded by the Lip chronometer. The visual absence of a practitioner (aside from his disembodied hand) is symbolically relevant; it is the stopwatch that makes the

diagnosis, not the doctor. In Comandon's film "normal subjects," like the children displayed in the film stills here, are contrasted repeatedly with "pathological subjects," where the differences in the physical appearance of each child are accentuated by the tyranny of time-keeping, where speed is a index of psychological and neurological health.

This film further demonstrates how reaction time testing rose to prominence amongst French mental health practitioners at the end of the nineteenth century and the first decades of the twentieth. As "quasi-mathematical" data, these figures were used across various sectors of French life, from the military to the primary school, to quantify and distinguish between the normal and abnormal, the fit and unfit. Initiated as an area of research to find correlates between slow reaction times and diagnoses like hysteria, epilepsy, and melancholy, the use of mental chronometric testing during the war was expanded as a way to identify whether or not certain soldiers possessed desirable psychological and emotional traits, like *sang-froid*. In the interwar period, psychiatrists and psychologists used mental chronometry in the identification of "slow children" (*enfants arriérés*) and even, as discussed further in Chapter 4, in the "early detection of psychopaths." Thus the byproduct of these chronometric measurement techniques was, amongst other things, the continued pathologization of slowness in multiple spheres of French life. In making mental and physical slowness a kind of stand in for pathological defect, the French psychiatric and psychological community also exalted the value of speed. As we shall see in the next chapter, this valorization of speed had profound consequences for the development of rapid curability and shock treatments in twentieth-century French psychiatry.

CHAPTER 3
Swift Curability and Cinematography in French Neuropsychiatry during the Great War

He was mute. A thirty-three year old solider from the French 6th infantry regiment, identified as "Mo" for short, like many traumatized soldiers during World War I, lost the ability to speak in the aftermath of what was then called *le syndrome émotionnel* (emotional syndrome). A kind of "French equivalent" to shellshock, emotional syndrome denoted a suspected psychological response to the sensorial and emotional horrors of war.[1] Initially Mo's mutism was treated and "cured" by doctors at a hospital in the interior with a regime of electroshock therapy, a treatment modality that became increasingly controversial during the course of the war.[2] But nine days after he "regained" his voice Mo developed new symptoms and these problems proved resistant to treatment. At a loss for what to do, his doctors decided to try something different: they sent Mo to a militarized neuropsychiatric center closer to the front lines at Saint-Nicholas-du-Port, located some 13km southeast of Nancy. [3]

There, on 16 October 1917, Mo was enrolled in a kind of "clinical trial" run by mobilized psychiatrists Maurice Dide (1873-1944) and Remy Courjon (dates unknown) who diagnosed him with a "pathological gait" and spontaneous trembling. They attributed Mo's symptoms to "psychic problems," notably "pithiatism." Pithiatism—as a diagnosis and a neologism—was coined in 1901 by French neurologist and student of Jean-Martin Charcot (1825-1893), Joseph

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[1] Laurent Tatu and Julien Bogousslavsky, *La folie au front: La grande bataille des névroses de guerre 1914-1918* (Paris: Éditions Imago, 2012), 33. See for further examples, F. Reid, *Broken Men: Shell Shock, Treatment and Recovery in Britain 1914–1930* (London: Continuum, 2010).

[2] Jean Lépin was one of a number of doctors completely against its use during WWI. See Lépin, *Troubles mentaux de guerre* (Paris: Masson et Cie, Éditeurs, 1917), 136. See also Anne Rasmussen, "L'électrothérapie en guerre: pratiques et débats en France (1914-1920)," *Annales historiques de l'électricité* no. 8 (2011): 73-91.

3 Maurice Dide and Remy Courjon, "Le traitement et la guérison rapides dans les centres neurologiques d'armée des troubles fonctionnels hystériques ayant résisté aux traitements de l'intérieur," *Le Progrès médical* (1918): 113-115.

Babinski (1857-1932).[4] Babinski argued against Charcot's neurological basis for hysteria and used the term pithiatism in its place to emphasize the syndrome's "hazy borders" between "autosuggestion" and simulation.[5] Constructed from the Greek for "cure" and "persuasion," pithiatism, according to Babinski, could be "cured" by a well-practiced practitioner with the techniques of suggestion, "rational persuasion," intimidation, and coercion.[6] During the war pithiatism and hysteria were used almost interchangeably as synonyms for acute episodes of mental illness. In the wartime context, both labels also implied that a soldier might be exaggerating the severity of his symptoms or consciously or unconsciously malingering.[7]

Hardly two weeks after his admission to Saint-Nicholas-du Port Mo was sent back to combat duty on the Western Front. After his discharge, Mo's historical record fades from view. Doctors Dide and Courjon considered Mo's case a success. He was "proof" of the effectiveness of their so-called "individualized rapid cure" based on "meticulous psychological analysis."[8] The results of their research were published a few months later in the French medical journal *Le Progrès médical* (*Medical Progress*). Their conclusions, they argued, were clear: soldiers with mental and neurological symptoms who remained unresponsive to protracted treatment in

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[4] Joseph Babinski, "Définition de l'hystérie," *Revue neurologique* no. 9 (1901): 1074-1080; Babinski, *Ma conception de l'Hystérie et de l'hypnotisme* (*pithiatisme*) (Paris: Imprimerie Durand, 1906); Babinski, and Jules Froment, *Hystérie-pithiatisme et troubles nerveux d'ordre réflexe en neurologie de guerre* (Paris: Masson, 1917); Vincent Clovis, "Au sujet de l'hystérie et de la simulation," *Revue neurologique* no. 2 (1916): 104-107.

[5] Julien Bougousslavsky and Laurent Tatu, "French Neuropsychiatry in the Great War: Between Moral Support and Electricity," *Journal of the History of the Neurosciences* vol. 22, no. 2 (2013): 147.

[6] Babinski, and J. Froment, *Hystérie-pithiatisme et troubles nerveux d'ordre réflexe en neurologie de guerre* (Paris: Masson, 1917); Alfred Binet and Théodore Simon, "Hystérie, L'année psychologique vol. 16 (1909): 79.

[7] Vincent Clovis, "Au sujet de l'hystérie et de la simulation," 104-107. Julien Bougousslavsky and Laurent Tatu, "French Neuropsychiatry in the Great War," 145. For a discussion of soldiers simulating and/or exaggerating their symptoms see for example, Angelo Hesnard, "Le Diagnostique différentiel entre l'hystérie-pithiatisme et la simulations," *Archives de médecine et pharmacie navales* no. 108 (1919): 89-93; Société de neurologie de Paris, séance du 21 octobre 1915, *Revue neurologique* (1914-1915): 1244-1247.

[8] Dide and Courjon, "Le traitement et la guérison rapides," 113.

hospitals within France's interior should be returned to neuropsychiatric centers closer to the front. At pioneering institutions like their own, they claimed, soldiers who exhibited problematic and persistent symptoms could be cured using "the rapid treatment" (*le traitement rapide*). Furthermore, not only would soldiers like Mo have better chances at recovery in military neuropsychiatric institutions, but they would also benefit from an environment that promoted "accelerated healing" (*la guérison rapide*). Dide and Courjon claimed that most of their patients were able to return to active duty in record-breaking speed.[9]

However, the details of "the rapid cure" as deployed at Saint-Nicholas-du-Port remain frustratingly vague. Dide and Courjon skim over the particulars. Their article includes only a cursory list of the usual therapies: electroshock therapy, massage, mecanotherapy (a form of physical therapy), collective group exercise, "powerful suggestive means," etc.[10] The chart they included in their publication does not specify which treatment modalities were used on which patient and instead stressed the (relatively short) duration of each patient's stay at their facility. This lack of specificity was, of course, not unique to Dide and Courjon. As documented by historian of psychiatry Marie Derrien, the medical records of military patients from 1914-1918 interned at the Charenton asylum in Paris, for example, include detailed descriptions of patient medical status only at the moment of admission.[11] Unless a major crisis or medical event occurred, very little, if any, regular documentation about therapeutic interventions was kept on

[9] Dide and Courjon, "Le traitement et la guérison rapides," 113-115.

[10] Ibid., 113.

[11] Marie Derrien, "La tête en capilotade: Les soldats de la Grande Guerre internés dans les hôpitaux psychiatriques français (1914-1980)," Unpublished PhD dissertation in History, Université de Lyon, 2015, 172.

each individual. As Derrien observed, this absence of written observations attests to fewer and hastier interactions between doctor and patient.[12]

But this silence also begs the questions: why were the curative techniques Dide and Courjon used considered so efficacious? How did they know when a solider was ready to return to battle? What did they "count" as cured? In this chapter I try to answer these questions by exploring the emergence of a new paradigm in French mental medicine that I call "swift curability." Constructed in the course of close collaboration between French neuropsychiatrists and the military, the swift curability model radically disrupted the still widespread opinion, as we saw in Chapter 1, that most forms of mental illnesses were chronic and incurable. The practices and aims of swift curability bring to light how the exigencies of war, political pressures, and professional ambitions created the conditions in which French psychiatrists and neurologists could claim that all manner of war neuroses—from "battle hypnosis"[13] to spontaneous paralysis—were short-term conditions that could be eradicated using short-term cures.

Many neurologists and psychiatrists took on the heroic mantle of therapeutic "victory." Not only did French practitioners newly re-emphasize the acuity of "mental troubles," but they also stressed the speed with which these mental problems could be "resolved."[14] Even more so than the chronometric methods discussed in the previous chapter, the interventionist (and literally militaristic) practices of French neuropsychiatrists during the war ensured that it was not

[12] Derrien, "La tête en capilotade," 172.

[13] Gaston Milan, "L'Hypnose des batailles," *Paris médicale* vol. 15 (1914): 265-270.

[14] "The rapid treatment" was not uniquely French. See for example, Arthur Hurst, "The Rapid Cure of Hysterical Symptoms in Soldiers," *Lancet* no. 2 (1918): 139-41. For a discussion of Hurst and his cinematographic practice see Edgar Jones, "War Neuroses and Arthur Hurst: A Pioneering Medical Film about the Treatment of Psychiatric Battle Casualties," *Journal of the History of Medicine and Allied Sciences* vol. 67, no. 3 (2020): 345-373.

Régis' "natural" evolutionary temporality of the illness that dictated its duration, but rather the time it took to cure that established the diagnosis.

Using clinical reports, psychiatric manuals, and government records, as well as photography and film, this chapter shows how swift curability was an authoritative framework for thinking about and doing psychiatry that put new emphasis specifically on the temporalities of cure and curability. In doing so this chapter contributes to new scholarship on the temporalities of healthcare by focusing on how practitioners worked to rhetorically and visually construct the "time to cure" as short.[15] Drastically reducing the duration soldier-patients spent under their medical supervision, the proponents of swift curability in France advanced the practice and justification of intensive and fast treatment—electroshock therapies especially. But while discussions of curability may *invoke* the idea of healing and recovery, swift curability raised serious questions about what "counts" as cured. This chapter shows how standards for curability are highly dependent on context.

In order to prove that war neuroses were especially susceptible to swift curability, French psychiatrists and neurologists turned to photography and a newer technology, film. I show how French practitioners maximized the technological and temporal capabilities of photography and cinematography circa 1914-1918 to strategically enhance their claims about the success of rapid treatments. For the first time, "before-and-after" images and inter-titled cinematography were used as evidence-based practices in French psychiatry to demonstrate the efficacy of swift curability modalities to medical and non-medical audiences. But rather than validating the

[15] For new research on clinical temporalities and the temporality of healthcare, see for example University of Exeter's interdisciplinary research project "Waiting Times," funded by the Wellcome Trust: http://waitingtimes.exeter.ac.uk/; see also Anne Grinfeld, "Faut-il vraiment choisir entre le « cure » et le « care »?," *Soins Gérontologie* vol.19, no. 106 (2014): 23-26; Matthew Wolf-Meyer, "Therapy, Remedy, Cure: Disorder and the spatiotemporality of Medicine and Everyday Life," *Medical Anthropology* vol. 33, no. 2 (2014): 144-159.

invisible realities of lingering psychological suffering, these modes of documenting and measuring curability focused on the body—not as the site of a wound—but as the site of cure.

Photographs and archival films of wartime neuropsychiatric practices also reveal the complicated relationship French neuropsychiatrists had with representations of the male body and masculinity.[16] For the first time in the history of the field, the object of the camera's "medical gaze" was focused solely on male patients, and in particular, relatively young men who were supposed to be strong, powerful, and able-bodied. As Julia Barbara Köhne and others have demonstrated, the loss of self-control over one's body, or the sudden inability to handle a weapon, was considered at best unmanly and at worst a shirking of patriotic duty.[17] But the links practitioners made between the appearance of "pithiatism" in soldiers and the bodies and gestures of female hysterics went beyond the questioning of a soldier's masculinity.[18] Wartime neuropsychiatrists used an already well-developed and established visual language to connect these diagnoses to help them bolster their arguments about the swift curability of wartime mental illness writ large. Unlike the diagnoses of "circular insanity" or dementia praecox, which were nearly always considered continuous and chronic afflictions, "hysterical attacks" in the late nineteenth century were conceptualized as a kind of acute "crisis" or outbreak, that had—as we saw in Chapter 1—a definitive beginning and end.

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[16] For studies on male hysteria and World War I, see for example, Ana Carden-Coyne, "Masculinity and the Wounds of the First World War: A Centenary Reflection," *Revue Française de Civilisation Britannique* [Online], XX-1 (2015): 1-9; Mark Micale, *Hysterical Men: the hidden history of male nervous illness* (Cambridge, MA: Harvard University Press, 2008); Paul Lerner, *Hysterical Men: War, Psychiatry and the Politics of Trauma in Germany, 1890-1930* (Ithaca & London: Cornell University Press, 2003); Tracey Loughran, "A Crisis of Masculinity? Re-writing the History of Shellshock and Gender in First World War Britain," *History Compass* vol. 11, no. 9 (2013): 727-738.

[17] Julia Barbara Köhne, "Visualizing 'War Hysterics': Strategies of Feminization and Re-Masculinization in Scientific Cinematography, 1916-1918," in *Gender and the First World War*, edited by C. Hämmerle et al., (Basingstoke: Palgrave Macmillan 2014), 72.

[18] Tatu and Bogousslavsky, *La folie au front*, 62.

My analysis does not engage directly with the history of shellshock in World War I, which is a vast and already well-established topic in its own right.[19] Instead I focus my analysis on the construction of the swift curability model and its origins in wartime conditions, from unpreparedness to governmental pressure. I then turn to questions of treatment speed and the making of (gendered) medical evidence. In this section I also discuss the slippery notion of curability, and how photographic and cinematographic technologies were used as instruments of time-manipulation that enabled French practitioners to "prove" that rapid treatments were effective. In the final section, I explore the ethical complexities of swift curability, which both pathologized fear and hyper-emotivity, while at the same time eventually provided an opening from which certain practitioners, as we shall see in Chapter 4, could propose alternate spaces for care where varied temporalities of treatment would take center stage.

(Dis)Organization and haste

Although Emmanuel Régis, the eminent professor of psychiatry from Bordeaux, had alerted French officials a few years before 1914 of the need for a more organized form of military psychiatry, the French *Services de santé militaire* (Military Health Services) was wildly unprepared for the epidemic of war neuroses that hit French regiments shortly after the war's

[19] See for example, M. S. Micale and Paul Frederick Lerner (eds), *Traumatic pasts*: history, psychiatry, and trauma in the modern age, 1870-1930 (Cambridge: Cambridge University Press, 2001); Jay Winter, "Shell-Shock and the Cultural History of the Great War," *Journal of Contemporary History* vol. 35, no. 1 (2000): 7-11; Hervé Guillemain and Stephan Tison, *Du front à l'asile* (Paris: Alma, 2013); Louis Crocq, *Les Blessés psychiques de la Grande Guerre* (Paris: Odile Jacob, 2014); Tracey Loughran, "Shell Shock, Trauma, and the First World War: The Making of a Diagnosis and Its Histories," *Journal of the History of Medicine and Allied Sciences* vol. 67, no.1 (2012): 94–119; Ruth Leys, "Traumatic Cures: Shell Shock, Janet, and the Question of Memory," *Critical Inquiry* vol. 20, no. 4 (1994): 623-662.

outbreak.[20] Barely weeks after the conflict started, the French military saw a dramatic influx of new "mental cases" amongst the ranks that added to the vast numbers of already interned civilians that were housed in France's overflowing asylums.[21] In response, the French Military Health Services had to rush to expand neurological and psychiatric facilities as quickly as possible, a process that was complicated by the need to evacuate in the face of rapidly advancing German forces. Certain wards in psychiatric institutions like the Salpêtrière in Paris were made available to soldiers who were suffering from "emotional syndrome" as well as others with head and neurological injuries.[22] To make room in the capital's asylum system, a large number of interned civilian patients had to be transferred to institutions in the provinces. Nearly 5,500 non-military alienated patients were relocated to some forty provincial asylums.[23] In the hurried transportation and reorganization of interned individuals, chaos and serious problems were not uncommon. For example, in the case of the Saint-Robert asylum, close to Grenoble, the medical files of about one hundred male patients went missing, and fifty or so of the files received for female patients did not actually correspond to the women who had been moved to Saint-Robert.[24] Anthony Rodiet, the doctor-in-chief of the Ville-Évrard asylum, also recounts how 750 interned Belgians who were meant to be transferred to the French asylum of Vaucluse, and thus away from the "German menace," had gone missing. The manager in charge of moving the

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[20] Jean-Baptiste Daude, *Contribution à l'étude de la psychopathologie de guerre*. *Fonctionnement d'un centre psychiatrique de l'avant* (Bordeaux: Imprimerie de l'Université, 1916), 19. See also J. Couette, *Un centre de neuro-psychiatrie en Anjou pendant la guerre* (Angers: Imprimerie G. Grassin, 1919), 9.

[21] Henri Claude, "L'organisation des centre neurologiques régionaux," *Paris médical* no. 17 (1915): 61.

[22] Oliver Walusinski, Laurent Tatu, and Julien Bougousslavsky, "French Neurologists during World War I," *Monographs in neural sciences* vol. 38 (2016): 108.

[23] Hubert Bieser, *Les soldats aliénés à l'asile de Ville-Évrard* (Paris: l'Harmattan, 2014), 17-19.

[24] As referenced by in Derrien, "La tête en capilotade," 95.

patients misunderstood the transport order and brought them to the Montdevergues asylum instead. He had to turn around having made the entire journey to the wrong institution.[25]

At the beginning of the war, evacuation routes and methods, mostly by train and "sanitary cars," were set up in order to move injured soldiers away from the front lines. For soldiers suffering from psychological symptoms and injuries of unknown origins, the procedure at the war's commencement was to evacuate them immediately to asylums within the interior because many frontline physicians did not have the skills to treat them.[26] Foundational to this principle was the idea that the war would be short and dominated by offensive tactics.[27] But within several months, the realization that the conflict was not likely to be over quickly had sunk in. Thanks in large part to the lobbying of the *Société de neurologie de Paris* (Paris Neurological Society), on 9 October 1914 the Military Health Services mandated the creation of special centers in each military region "for the observation and treatment of patients with lesions of the central and peripheral nervous systems or psychonevropathic manifestations (*manifestations psychonévropathiques*)."[28] This directive set the stage for the establishment of neuropsychiatric centers where patients who showed a variety of different psychological, psychiatric, and neurological symptoms could be treated by medical experts.[29] As historian Gregory M. Thomas has pointed out, during (and before) the war, the professional boundaries between neurology and mental medicine in France were porous: alienists and neurologists began holding joint conferences in the 1890s, and professional societies dedicated to sharing and promoting new

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[25] Derrien, "La tête en capilotade," 95.

[26] Bougousslavsky and Tatu, "French Neuropsychiatry in the Great War," 147.

[27] Derrien, "La tête en capilotade," 100.

[28] Henri Claude, "L'organisation des centre neurologiques régionaux," *Paris médical* (1915): 61.

[29] They were also called "neurological centers," "psychiatric centers," or "centers for neurology and psychiatry."

research in either field often shared members. "Neuropsychiatric" was used as a label for certain conditions that were considered in the province of both specialties (like hysteria) and "as a moniker for the community" of practitioners who treated patients with these conditions.[30] As we shall see below, these militarized centers were crucial to the development of swift curability's unique focus on rapid treatments, shortened hospital durations, and mental illness as a temporary condition.

Thus in the first instance, the emphasis on speed inherent to swift curability emerged out of the belated tactical response to correct an organizational oversight on the part of the French government and the Military Health Services. The rollout plan initiated by a surge in neuropsychiatric patients amongst combatants was undertaken at what can only be described as a break-neck pace. The practical necessity to accommodate these patients spurred fast and admittedly disorganized and chaotic action. But this sense of immediate urgency was then carried over and institutionalized in the three-tiered system of military neuropsychiatric healthcare that was put into place after the specialized centers were established in each military zone.

In the first tier, at emergency aid posts, soldiers with head injuries and other "mixed" symptoms would receive an initial medical examination: if they had urgent problems, those would be attended to immediately, and where possible, on location. Here the importance of haste, mirroring triage protocols for non-neuropsychiatric but emergency patients, was further emphasized. It was argued that early, if not immediate, medical attention could prevent possible

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[30] Gregory M. Thomas, *Treating the Trauma of the Great War*: *Soldiers, Civilians, and Psychiatry in France* (Baton Rouge: University of Louisiana Press, 2009), 31-32. In fact, in France the distinct separation of medical education for neurology and psychiatry didn't happen until after World War II. See for example, Pierrette Estingoy, "L'essor irrésistible d'une discipline abolie: la neuropsychiatrie en France (1968-2018)" *Annales médico-psychologiques* vol. 177, no. 5 (2019): 456-463.

long-term mental and motor damage. For example, "elective" mutism and "inexplicable" paralysis, it was believed, would take deeper root in the minds of soldiers the longer they were left untreated.[31] Some doctors alleged that even if symptoms didn't start out as so-called "functional problems," meaning they had no known organic lesions, that they would become so with time.[32] Waiting was not an option that resulted in positive health outcomes. Thus even at first aid posts the approach of medical practitioners to the structuring of time—what cultural anthropologist Elise Andaya has termed "clinical temporality"[33]—was based on the idea that time was short. Moreover, it was believed that prompt examination of soldiers with unusual behavioral or cognitive symptoms would assist in the expeditious identification of simulators, who might require or be subject to disciplinary action.[34]

The soldier whose injuries or symptoms necessitated further expertise or the technological resources of a better-equipped medical center would be evacuated to a neuropsychiatric service in a militarized region, the second tier of care. According to neurologist Henri Claude's (1869-1945) report on the organization and operations of these medical centers, it was expected that they were staffed by neurologists, radiologists, and surgeons, and equipped with the technology to perform "electro-diagnosis, electrotherapy, and radiology," as well as other kinds of interventions.[35]

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[31] Armand Bacharach, *L'étude sur l'étiologie des troubles émotionnels dans les psycho-névroses de guerre* (Lyon: Imprimerie de l'Université, 1918), 16; Lépine, *Troubles mentaux de guerre*, 66.

[32] A "functional problem" was a term used to describe (like pithiatism and hysteria) symptoms where evidence of organic lesions or physical damage to the head and/ or nervous system was elusive.

[33] See Elise Andaya, "Race-Ing Time: Clinical Temporalities and Inequality in Public Prenatal Care," *Medical anthropology* (2019): 1-13.

[34] Daude recognized the degree to which the decisions made by doctors about diagnoses had important, lasting, and sometimes negative repercussions for soldiers, especially in the case of labeling a soldier as a "simulator." Daude, *Contribution à l'étude de la psychopathologie de guerre,* 70.

[35] Claude, "L'organisation des centre neurologiques régionaux," 62.

Unsurprisingly, neurologists and psychiatrists working out of these military-medical institutions further endorsed the principle of haste—both in the outbreak of symptoms and in their treatment. Descriptions of "the brutality and rapidity" with which psychosis could appear in patients were common across military medical files, as historians Hervé Guillemain and Stéphane Tison have demonstrated.[36] Psychiatrist Jean Lépine (1876-1967), the chief doctor at a military neuropsychiatric center in Lyon, encouraged where possible the commencement of psychotherapy within as little as a few hours from the outbreak of symptoms, especially mutism.[37] Jean-Baptiste Daude (1891-19..), a young, twenty-five year old medical student, wrote in his 1916 medical thesis that removing men from the front who were suffering from "mental troubles" as quickly as possible was "indispensible" not only for the sake of the patient, who might become a danger to himself, but also to guard against the possibility of "mental contagion."[38] Fear of mental contagion between patients during the war grew out of work by French psychologist and sociologist Gustave Le Bon (1841-1931), whose theories on crowd psychology in the late nineteenth century were often cited as a justification in favor of segregating patients with psychiatric disturbances from those who had "purely" neurological conditions, even if differentiating between organic and non-organic causes was practically impossible in many cases.[39]

According to the new protocols, only those soldier-patients who required possible internment in an asylum, or were deemed "incurable," would be evacuated to institutions in the

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[36] Guillemain and Tison, *Du front à l'asile*, 86.

[37] Lépine, *Troubles mentaux de guerre*, 66.

[38] Daude, *Contribution à l'étude de la psychopathologie de guerre*, 20.

[39] See for example Gustave Le Bon's 1895 work on crowds. Le Bon, *Psychologie des foules* (Paris: Félix Alcan, 1895), 20, 28.

interior—the last tier (and last resort) of available care. Removal from army neuropsychiatric centers was considered highly undesirable. For one, internment carried with it the heavy burden of social stigmatization, so much so that the French war government didn't want its soldiers associated with asylum patients.[40] In early October 1917, Justin Godart, the Minister of Health, announced that the distinction between neuropsychiatric centers and asylums for the "alienated" was not always carried out, but must be more rigorously maintained. "The interned mentally ill, by virtue of the law of 1838," he argued, "must not be confused with patients under the care of military psychiatric services."[41] Even so, as doctor François Naville (1883-1968) remarked, too frequently patients with pithiatism still ended up at hospitals in the interior.[42]

The evacuation of soldier-patients away from the front lines implied that neuropsychiatrists had "failed." Dr. Jean Abadie (1873-1934) put it this way: the purpose of an army neuropsychiatric center was "to cure on location [the men], and they are numerous…who can return to the front quickly after an appropriate treatment."[43] Echoing this sentiment, Dr. Henri Claude confirmed that those patients "without any anatomical disorder" are "curable with the greatest rapidity when an experienced physician makes the diagnosis…and shows the patient that it is possible to recover."[44] Dr. Rimbaud (dates unknown) concurred. He emphasized that when motor rehabilitation training was pushed to the limit, soldiers—for the most part—would

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[40] Lépine, *Troubles mentaux de guerre, 32.*

[41] Service Historique de la Défense Archives GR7N 170.

[42] François Naville, "Le traitement et la guérison des psychonévroses de guerre invétérées à l'hôpital Saint-André de Salins," *Correspondenz-Blatt für Schweizer Ärzte* vol. 68, no. 25 (1918): 817-829.

[43] Cited by Daude, *Contribution à l'étude de la psychopathologie de guerre*, 22-23.

[44] Claude, "L'organisation des centre neurologiques régionaux," 64.

be *physically* able to return to battle.[45] This general outlook led to the belief amongst some that there was nothing especially wrong with deploying individuals who were psychologically unwell to the front lines.[46] René Charpentier (1881-1966), a psychiatrist for the 18th military region in Bordeaux, went so far as to claim that "certain psychological flaws are compatible, at least temporarily" with the goals of national defense, and besides, "many psychopaths would make excellent soldiers."[47] Swift curability's imperative to cure was predicated on military demands to keep soldiers' ranks from depletion. This provided, as we shall see below, unique circumstances for French psychiatrists to rhetorically and visually recast treatments that used to be considered largely palliative, as curative.

Short-term illness, short-term cure

A central tenet of the swift curability paradigm was the diagnostic principle of an "accident," which in French refers to a temporally distinct medical problem, like a heart attack (*un accident cardiaque*) or asthma attack (*crise d'asthme*). The widespread use of the term "accident" during the Great War to refer to mental health problems demonstrates a renewed belief in the acuity or short-duration status of mental illness.[48] Doctor Henri Damaye (dates

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[45]Annette Becker, "Guerre totale et troubles mentaux," *Annales*. *Histoire, Sciences Sociales* vol. 55, no. 1 (2000): 138.

[46] On the acceptability of the "deployment of psychopaths" see also Hervé Guillemain and Stéphane Tison, *Du front à l'asile*, chapter 4.

[47] René Charpentier, "Review of A. Rodiet, *La folie et la guerre de 1914-1918*," in *Annales médico-psychologique* no. 1 (1931): 210-211. This view is a departure from the prewar opinion that one of the main goals of military psychiatry was to ensure that individuals with mental illness were not enlisted. See for example, Gabriel Bouchaud, *L'Aliénation mentale dans l'Armée*: *Contribution à l'étude de sa fréquence, de ses conséquences médico-légales et de sa prophylaxie* (Paris: A. Michalon, 1910).

[48] For example, in Gustave Roussy, J. Boisseau, and Michel d'Oelsnitz, *Traitement de psychonévroses de guerre* (Paris: Masson, 1918), the term is used more than 70 times; in George Dumas, *Troubles mentaux et troubles nerveux de guerre* (Paris: Félix Alcan, 1919), it appears on 95 pages; in Jean Lépine, *Troubles mentaux de guerre*, it is used on at least 60 occasions.

unknown), for example, reported: "most of the mental problems observed in the military zones are *mental accidents*, that's to say episodic problems…."[49] Lépine agreed and argued that battlefield depression "is nothing more than an *accident* of a couple of hours, or at most a few days."[50] This emphasis on the brief and temporary nature of psychiatric disorders represents a significant departure, as we saw in Chapter 1, from the dominant view in French psychiatry during the second half of nineteenth century that emphasized hereditary degeneration, the chronicity of mental illness, and diagnoses like general paresis, dementia praecox, and circular or double-form insanity.[51] Thus while hysteria and epilepsy had been labeled in the fin-de-siècle as "outbreaks" or "crises," many psychiatrists and much of the lay public nevertheless still conceptualized mental alienation at the beginning of the twentieth century as a long-term, often hereditary, and tragically incurable condition.

Gustave Roussy (1874-1948) drawing from his extensive experience at the Salins neuropsychiatric center wrote a textbook dedicated to the treatment of "war psychoneuroses" with his colleagues J. Boisseau (dates unknown) and Michel d'Oelsnitz (1877-1946). In it he explicitly linked the idea of swift curability with short-term mental illness. For Roussy a "nevropathic accident" was—by its very definition—"curable by rapid psychotherapy."[52] For French psychiatrists to be able to drive an even wider divorce between mental illness and the notion of incurability was an essential component of proving the value of their expertise, already called into question by the increasingly prevalent opinion by the late nineteenth and early

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[49] Henri Damaye, "Aperçu générale sur la psychiatrie d'un service d'armée," *Annales médico-psychologiques* vol. 9 (1918): 92.

[50] Lépine, *Troubles mentaux de guerre*, 31.

[51] See Chapter 1.

[52] Roussy et al., *Traitement de psychonévroses de guerre,* 111.

twentieth century that asylums were custodial institutions, rather than truly medical ones.[53] As Thomas argues in his own work on the Great War and French psychiatry, French neurologists and psychiatrists used the conflict as an opportunity to further professionalize themselves and their specialty.[54] Many practitioners did indeed engage in active self-aggrandizement, arguing that only they had the knowledge to cure soldier-patients with such speedy success.[55]

The medical emphasis on the curability of mental illnesses was propelled, supported, and accelerated by the demands of the French war government. On 5 November 1917, a circular disseminated by the Ministry of War on the issue of "long-stay hospitalization" reminded mobilized doctors that the improvement of therapeutic technique was not a sufficient reason to keep patients hospitalized for unnecessarily long durations. Research, the circular commanded, should not be the main priority, nor should the amelioration of treatment methods. The document singled out neuropsychiatric centers as especially culpable in prolonging patients' stays gratuitously in the name of "knowledge acquisition," draining important and limited state resources. While acknowledging the "noble humanity" of doctors and their desire to advance their therapeutic skills, the Ministry of War claimed that protracted hospitalization for neuropsychiatric cases often presented no tangible improvement for the patients and was against the interests of the nation. Instead neurologists and psychiatrists should focus on "patient turn around." As Justin Godart, the director of the French Military Medical Services stressed, too many men with only "light symptoms" remained hospitalized for far too long. [56]

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[53] Ian Dowbiggin, *Inheriting Madness*: *professionalization and psychiatric knowledge in nineteenth-century France* (Berkeley and Los Angeles: University of California Press, 1991), 116.

[54] For a short account of the disciplinary problems facing French psychiatrists at the beginning of the twentieth century, see Thomas, *Treating the Trauma of the Great War*, 28-32.

[55] Daude, *Contribution à l'étude de la psychopathologie de guerre*, 69-73.

[56] Service Historique de la Défense Archives GR7N 170.

Thus the pressures of war forced "an intimate collaboration" between neuropsychiatrists and the military.[57] In fact, the French Ministry of War urged mobilized psychiatrists and neurologists to put into use "any and all available methods,"[58] including surgery, to treat the alarmingly widespread appearance of mental and neurological problems.[59] French doctors duly heeded this call and many even rejoiced in it. One neurologist, Albert Devaux (1874-19..), wrote that the prolific numbers of soldiers suffering from mental problems delivered an opportunity for "incomparable psychological experimentation.[60] Psychiatrist Paul Voivenel (1880-1975) echoed: "The war is a grandiose laboratory experiment."[61]

Given the notoriety of the use of electricity in psychiatry and its reliance on the curative power of "shock," one might be tempted to assume that electroshock therapy was the only treatment modality promoted by the swift curability model. As we shall see below, it is true that films of electroshock treatments produced by the Military Health Services did play an oversized role in constructing and promoting the idea swift curability as a success. Shock treatments in these films are portrayed as acute events of temporal rupture, a sudden jolt of electricity that separates the "before" of illness from the "after" of cure. But in spite of all their grandiose calls for "experimentation," wartime neuropsychiatrists in France basically deployed the same therapeutic modalities as those available to them before the conflict.[62] For example, in Dide and

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[57] Dr. Granjux as quoted in A. Antheaume and Roger Mignot, *Les maladies mentales dans l'armée* (Paris: H. Delarue Éditeur, 1909), 251.

[58] Service Historique de la Défense Archives GR7N 170.

[59] These kinds of diagnoses emerged in French psychiatric textbooks in the wake of the Napoleonic wars.

[60] Cited in Gregory Thomas, *Treating the Trauma of the Great War*, 26.

[61] Paul Voivenel, "Sur la peur morbide acquise," *Annales médico-psychologiques* no. 9 (1918): 283.

[62] Electricity was used as a treatment modality for hysteria before the war by Charcot at the Salpêtrière. Tatu and Bogousslavsky, *La folie au front*, 78.

Courjon's clinical trial, their discussion of the therapeutic techniques that had so rapidly cured Mo—though no more than a list—was just an inventory of practices that were common before the war.[63] These included bed rest, isolation, physical therapy, special diets, purgatives, hydrotherapy, injections, and "moral therapy," or the "therapeutic" use of the doctor-patient relationship. The difference was that in the decades before the war, these treatments were largely considered palliative, rather than definitively curative. To my knowledge, this was the first time that French psychiatrists began to describe their treatments as specifically "curative."[64] And for some practitioners, the first step was to convince their patients to trust in the "curability of their illness."[65]

One treatment modality, however, was new: the neuropsychiatric center itself.[66] Of the therapeutic modalities that practitioners deployed to achieve rapid cures, it was the highly regimented and military environment of the neuropsychiatric center that was ubiquitously agreed upon.[67] Electroshock treatment may have been controversial amongst French doctors during World War I, but the neuropsychiatric center as a curative space was not. Roussy and his colleagues, for example, argued that while physicians might chose to administer "slower or faster" courses of treatment according to the particulars of each individual case and personal

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[63] Dide and Courjon, "Le traitement et la guérison rapide," 113-115.

[64] For example, films from the ECPAD Archives display inter-titles that read "the end of the curative session" ("*à la fin de la séance curative*"). See 14.18 A 900.

[65] G. Roussy et al., *Traitement de psychonévroses de guerre*, 59.

[66] The 1838 "asylum law," which mandated that an asylum be built in every department in France, dictated the rules of involuntary placement and enshrined the asylum as the only legitimate institution for psychiatric medicine. Some wealthy clients could go to private clinics, but the laws concerning interment were the same regardless of social class. For a concise account of the 1838 law see, Jacques Postel and Claude Quétel, *Nouvelle histoire de la psychiatrie* (Paris: Dunod, 2012), 176-186.

[67] See for example, Ernest Montembault, *Contribution à l'étude des maladies mentales chez les militaires pendant la guerre actuelle* (Paris: Jouve & Ci, Éditeurs, 1916), especially Chapter 6.

therapeutic preferences, army centers were, without doubt, where the fastest results could be achieved:

> All evidence points to the fact that army centers provide the most favorable results. Their comfort is relative, their discipline is military…their proximity to the front and their distance from family…is convenient to this type of treatment and makes recovery much easier and faster than in the interior.[68]

Roussy went even further to contend that soldiers who were evacuated to the interior more easily accepted illness as a "fact of life" because the "hospital lifestyle" habituates one to sickness. For Roussy, it was the long-term clinical temporality of civilian hospitals and asylums that promoted false beliefs about mental illness as hopeless. By denying soldiers "the time to wallow in their illness,"[69] front line neuropsychiatrists could prevent "the idea of incurability [from making progress] in the spirit of the patient."[70] Even psychiatrists like Jules Déjerine (1849-1917) and E. Gauckler (dates unknown), who worked in Paris far away from the front, wrote in *La Presse médicale*, "long sojourns in interior hospitals are obviously harmful. Fatally…the instinct of conservation replaces the spirit of sacrifice."[71] Psychologist J.M. Lahy, whose psychological testing in the trenches was discussed in Chapter 2, also stressed the immense and practically insurmountable gap between military and civilian mentality.[72]

But the swift curability model did not just endorse a new sense therapeutic optimism; it also promoted speed. The results were fast and the "time to cure" was short. While not many

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[68] Roussy et al., *Traitement de psychonévroses de guerre,* 84.

[69] Dumas, *Troubles mentaux et troubles nerveux*, 201.

[70] Roussy et al., *Traitement de psychonévroses de guerre*, 41-2.

[71] Dejerine and Gauckler, "Le traitement par isolement et la psychothérapie des militaires atteints de troubles fonctionnels du system nerveux," *La Presse médicale* no. 64, (1915): 521.

[72] J.M. Lahy, *La psychologie du combattant dans la guerre de tranches et dans le combat corps à corps*, Unpublished manuscript from Lahy Archives, Box 57.

doctors referred to how long their "rapid treatments" in fact lasted, a number of them, including Damaye, who worked for two years at the *Centre de Fismes* on the Western Front, refer to short-course treatment of "curable afflictions" as lasting one month or less.[73] This timeframe, given the often much longer durations of civilian asylum internment, which could last for months and often years, is notably brief by comparison. Even those forms of mental illness that were accepted as acute before World War I generally lasted longer than one month, according to Régis.[74] A closer look at the numbers provided by Dide and Courjon in their study reveals that approximately 23% of their patients were "cured" within one week or less.[75] Clovis Vincent's (1879-1947) results were even more provocative. As we shall see below, in a film produced for the Military Health Services at his treatment center in Tours, Vincent claimed to have "cured" a patient using similar techniques in little more than eight minutes.[76] Clovis Vincent, who from April 1915 directed the neuropsychiatric center of the ninth military region in Tours, was a staunch proponent of electroshock therapy. Vincent's enthusiasm got him into trouble in the "court of public opinion" after one patient-soldier named Baptiste Deschamps punched Vincent in May 1916 for forcing him to submit to a treatment session.[77]

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[73] Henri Damaye, "Comment on peut traiter les maladies mentales," *Annales médico-psychologiques* no. 6 (1915): 566-577.

[74] Emmanuel Régis, *Manuel pratique de médecine mentale* (Paris: Octave Doin, 1892), 52. Régis writes: "It is rare that an outbreak of mania last less than one month; it is the same for acute melancholy. Ordinarily, its from the second to the twelfth month that recovery occurs."

[75] Dide and Courjon, "Le traitement et la guérison rapide," 113-115.

[76] ECPAD Archives 4.18 A 900 (00:10:14).

[77] For an account of this episode and the public controversy surrounding the trial see, Marc Roudebush, "A patient Fights Back: Neurology in the Court of Public Opinion in France during the First World War," *Journal of Contemporary History* vol. 35, no. 1 (2000): 29-38.

Making medical evidence

The swift curability model was bolstered and promulgated by reportedly high success rates. But how and by what measures and standards did neuropsychiatrists gauge and establish what constituted a "successfully" cured patient? What evidence did they use as proof to convince others that their rapid therapeutic interventions were working? Medical textbooks and manuals dedicated to wartime psychiatry, as well as cinematographic archives from the *Etablissement de Communication et de Production Audiovisuelle de la Défense* (ECPAD), reveal that French neurologists and psychiatrists increasingly turned to photography and especially cinematography as ways to address these questions during the war. While much scholarly attention has been paid to the development of the cinematographic and photographic sections of the French Army between 1914-1918, little has focused specifically on the ways in which neuropsychiatric images and image-making practices worked during this period to support a new tempo of cure and curability.[78]

Since the nineteenth century, photography, chronophotography, and then later cinematography, had provided French neurologists and psychiatrists with the tools to produce and circulate "objective" material evidence about mental and neurological illnesses, and in particular, the appearance of specific diagnoses or conditions.[79] Chronophotography especially had the unique capability of stopping motion and freezing time, an operation that made visible an individual instant that might otherwise have remained imperceptible to the eye. Early motion picture, on the other hand, "stored both time and space," and as such, was able to capture

[78] For examples of literature on the cinematographic and photographic sections of the French army see, Violaine Challéat, "Le cinéma service de la défense, 1915-2008," *Revue historique des armées* no. 252 (2008): 3-15; Hélène Guillot, "La section photographique de l'armée et la Grande Guerre," *Revue historique des armées* vol. 258 (2010): 110-117; Juliet Clare Wagner, "Twisted bodies, broken minds: film and neuropsychiatry in the First World War," Unpublished PhD dissertation in History, Harvard University, 2009.

[79] See Chapter 1.

relevant information about specific gestures and movements especially.[80] The first cinematic recordings of pathological gait filmed by Albert Londe (1858-1918) in 1898 of patients at the Salpêtrière were considered innovative visual means for the study of mental and neurological decline.[81]

During the war, French neuropsychiatrists returned to photography and cinematography's promise of storing and stopping time for the purposes of documentation and diagnosis. They also marshaled cinematography's ability to represent movement in "real time"—where the "time of filming coincides with the time it takes to unroll the projection"[82]—to depict the behaviors, signs, and symptoms considered typical to "pithiatic" and "emotive" soldiers especially. Countless films produced by the Military Heath Services between 1914-1918 depict soldiers forced to walk to and fro in various states of dress and undress, trembling uncontrollably as they display their pathological gait and contorted limbs in front of the camera.[83] These filmic techniques were essentially continuous with practices of neurological and psychiatric representation deployed before the war, where photography, chronophotography, and motion picture" (though occurring at different "projection" speeds) were intended as an "objective" record of patients' symptoms and gestures.

But wartime neuropsychiatrists also used photography and cinematography to construct and promote the doctrine of swift curability. By drawing on cinematographic styles more typical to public health films dating from the same period, and by deploying new techniques to

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[80] Mary Anne Doane, "Temporality, Storage, Legibility: Freud, Marey, and the cinema," *Critical Inquiry* vol. 22, no. 2 (1996): 314.

[81] Paul Blocq, *Les troubles de la marche dans les maladies nerveuses* (Paris: Rueff, 1893). See also Albert Londe's 2 films at the CNC Archives in Paris entitled "démarche pathologique" from 1898.

[82] Hannah Landecker, "Microcinematography and the History of Science and Film," *Isis* vol. 97 (2016): 121.

[83] See especially ECPAD Archives 14.18 A 891.

manipulate the relationship between the time of recording and the time of demonstration, neuropsychiatrists like Clovis Vincent maximized the newly discovered temporal "malleability" of film to create visual arguments in support of their treatment methods.[84] As we shall see below, neuropsychiatric films and textbooks about the treatment of war neuroses adopted a technique that had been pioneered first in the field of surgery: before-and-after photography.[85] As in images demonstrating surgical procedures, the camera was used not only to show how war wounds manifested themselves in and on the body, but also to make a visual argument about what a "cured" body looked like after medical intervention. Thus what makes these image-practices novel for French neuropsychiatry is not so much that they rendered visible the disease, but more so that they rendered visible the cure. Unlike other neurological films intended for a purely specialist audience, many of the films produced by the Military Health Services actively used inter-titles not for explanation, so much as persuasion.[86]

Treatment sessions were also the subject of wartime films. For example, in a film produced by the Military Health Services entitled "Les progrès de la science française au profit des victimes de la guerre, une grande découverte du docteur Vincent" (The progress of French science for the profit of victims of war, a great discovery by Dr. Vincent), Clovis Vincent's "torpillage" (torpedo) method is portrayed in great detail. Produced in 1917, notably after

[84] During and after the war the French cinematographer and biologist Jean Comandon produced a vast number of anti-tuberculosis, anti-syphilis, and anti-alcoholism films meant for public viewing as part of a broad campaign against these health issues. See Béatrice de Pastre and Thierry Lefebvre, *Jean Comandon*: *Filmer la Science*, *Comprendre la vie* (Paris: Scope, 2012).

[85] A.F. Wallace, "The early history of clinical photography for burns, plastic and reconstructive surgery," *British journal of plastic surgery* vol. 38 (1985): 451-465; B.O. Rogers, "the first pre-and post-operative photographs of plastic and reconstructive surgery: contributions of Gordon Buck (1807-1877)," *Aesthetic Plastic Surgery* vol.15, no.19, (1991): 355-358. For new research on before-and-after photography more broadly, see Jordan Bear and Kate Palmer Albers, eds., *Before-and-After Photography: Histories and Contexts* (London: Bloomsbury Academic Publishing, 2017).

[86] Jean Commandon filmed hundreds of neurological films, primarily between 1918 and 1922. Intended for a specialist audience, none of the extant films from this collection contain images of treatment sessions or use inter-titles. Comandon's film catalog is available for viewing at the CNC.

Baptiste Deschamps made news headlines for trying to resist his treatment, the film shows how Vincent, using the application of electricity via electrodes placed on various parts of a soldier's body, produces shockingly accelerated cures. In "15 minutes"—as one of the inter-titles indicates—a combatant who had long relied on the support of crutches to walk is suddenly able to run with little more than a limp.[87]

By cutting and editing out certain sequences of footage from the reel, the director of photography accelerated the clinical temporality of Vincent's treatment even further. This "cure" is not depicted in real time.[88] Here cinematography's ability to "shorten" or contract the time of observation (in comparison to the time of recording) accentuates how so-called pithiatic soldiers could be cured in literally minutes. Moreover, the strategic placement of inter-titles enhanced Vincent's imagery by dramatizing contrast and further insisting on his extreme results.[89] Through the combination of directed language and images of shock, the film drilled down on the idea that the cessation of treatment coincided with a definitive cure (Figure 3.1).

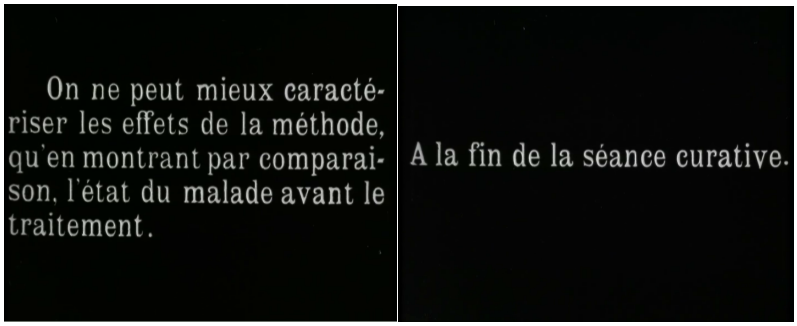

Figure 3.1. Two film stills from Les progrès de la science française au profit des victimes de la guerre, une grande découverte du docteur Vincent (The progress of French science in the name of the victims of war, a huge discovery by Dr. Vincent) (1917).

The inter-title on the left reads: "We can better characterize the effects of the method by comparison, the patient before the treatment," and on the right: "at the end of the curative session." © ECPAD

[87] ECPAD Archives 14.18 A 900; SS 121.

[88] Londe's 1898 films are in "real time" for example.

[89] ECPAD Archives 14.18 A 900; 14.18 A 890.

French neurologist Alexandre-Achille Souques' (1860-1944) works on the treatment of camptocormia also attest to how dramatic physical manifestations of psychological trauma could be considerably improved in as little as one session of electrotherapy (Figure 3.2)

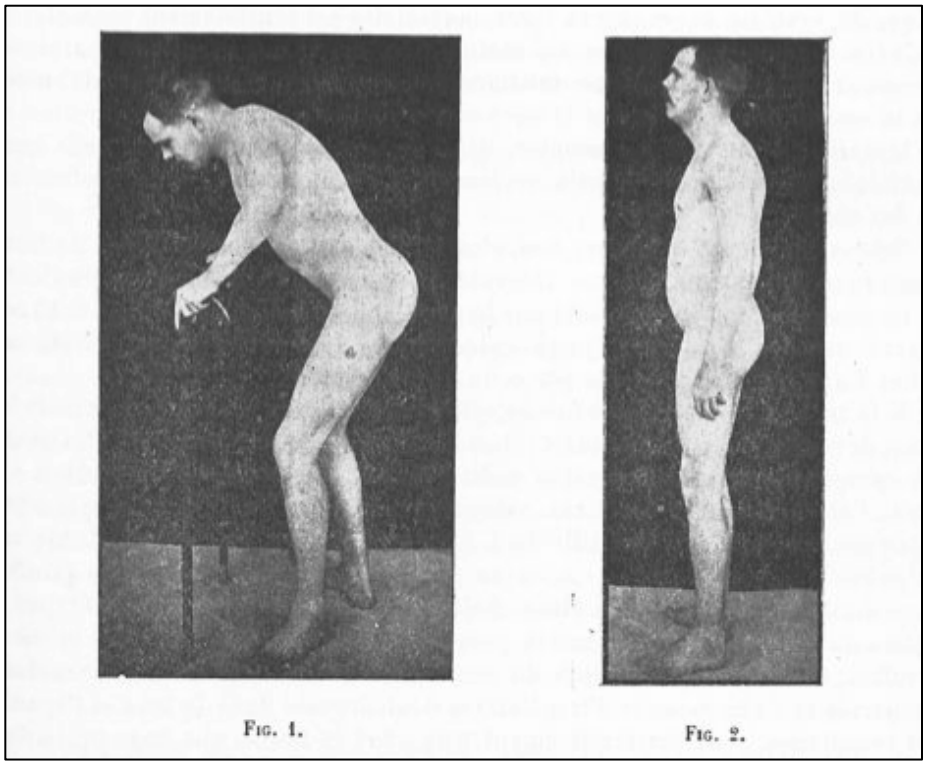

Figure 3.2 Before-and-after images of a patient diagnosed with camptocormia from Souques and Mégevand's "Un cas de Camptocormie ancienne traitée et guérie par l'électrothérapie persuasive," *Revue neurologique* (1917)

Camptocormia, a term coined from the Greek meaning "bent torso," was first described by Souques and one of his colleagues, Inna Rosanoff-Saloff (1885-1980) in 1915. In the "pure" form of the syndrome, no wound or organic lesion was present, meaning that "bent spine syndrome" quickly became associated with simulation.[90] Souques writes of his treatment method:

[90] Tatu and Bogousslavsky, *La folie au front*, 34-35.

> Instead of the galvanic current recommended by Clovis Vincent, we use the faradaic current…The two electrical pads, very close together and held with one hand, are applied in the dorso-lumbar region…for a second, then withdrawn, then reapplied and withdrawn several times in the same intermittent and rapid manner. The application [of the electrical current] is accompanied by persuasive words on the curative action of electricity, on its certain and constant efficiency, etc. From the first applications, the subject seeks to escape contact (with the electrodes) which are more or less painful...and tends to straighten out his back. We make him notice this first result and promise him even more…Over the course of a variable period of time, from 20 minutes to 3 hours, the patient is and stays standing up.[91]

Souques' before-and-after images of his patients with camptocormia are meant to have a powerful and persuasive effect. In an article published by Souques and a colleague in 1917, solider-patient "X" is photographed before treatment and afterwards to show an impressive reversal in his spine's position from hunched to upright (Figure 3.2). Souques claims that "X.," who had suffered from camptocormia for almost two years, emerged "completely cured" following a treatment séance of little more than an hour.[92]

Film stills published as images in Roussy's *Traitement de psychonévroses de guerre* (*Treatment of War Psychoneuroses*, 1918) do the same kind of work. Bodies and limbs in torsions and twists appear reformed and realigned after "a single treatment session" (Figures 3.3 and 3.4). In Roussy and Souques' photographs / film stills the temporality of cure is even shorter than in the Military Health Service's cinematographic portrayals of treatment sessions and "miraculous" results. Before-and-after contrasts in photographic images obliterate the existence of any time at all. Instead curability is portrayed as possible within the span of a camera's flash.

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[91] As quoted in Tatu and Bogousslavsky, *La folie au front*, 82.

[92] A. Souques and J. Mégevand, "Un cas de camptocormia ancienne traitée et guérie par l'électrothérapie persuasive," *Revue neurologique* vol.1 (1917): 142.

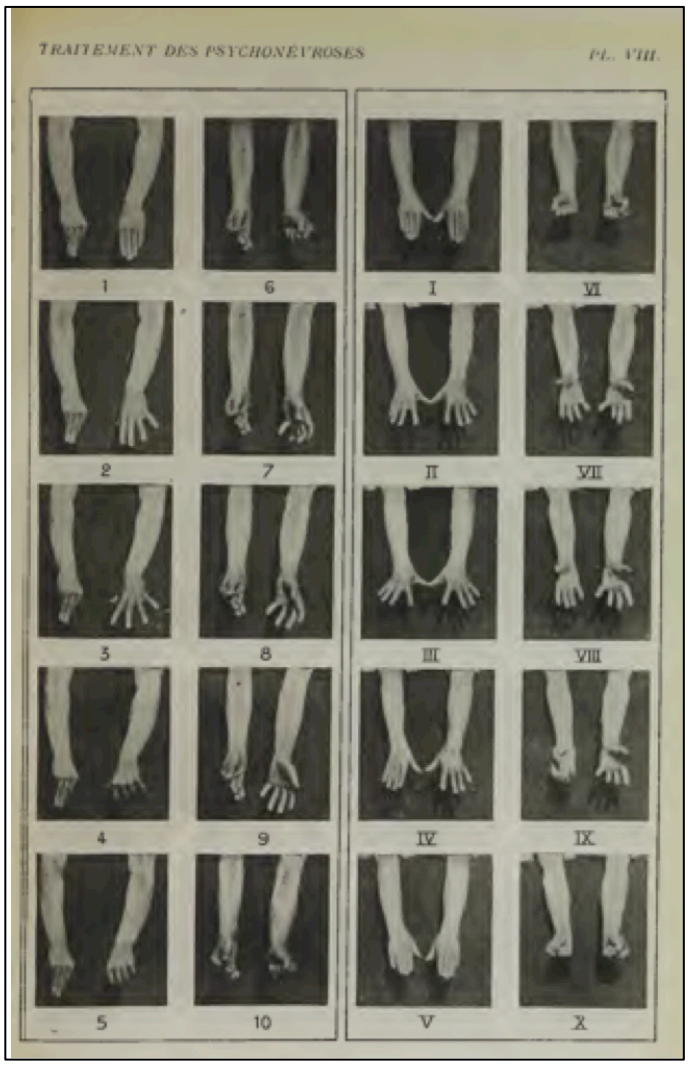

Figure 3.3 "Planche VIII," from Roussy's *Traitement de psychonévroses de guerre* (1918)

The explanation accompanying these images reads: "Figures 1-10. – Cinematographic proofs taken before the treatment…Figures I to X. – Cinematographic proofs taken after the first treatment. Sudden recovery with the return of normal movement, speed, and flexibility." Original consulted at the Osler Library of the History of Medicine, Montreal.

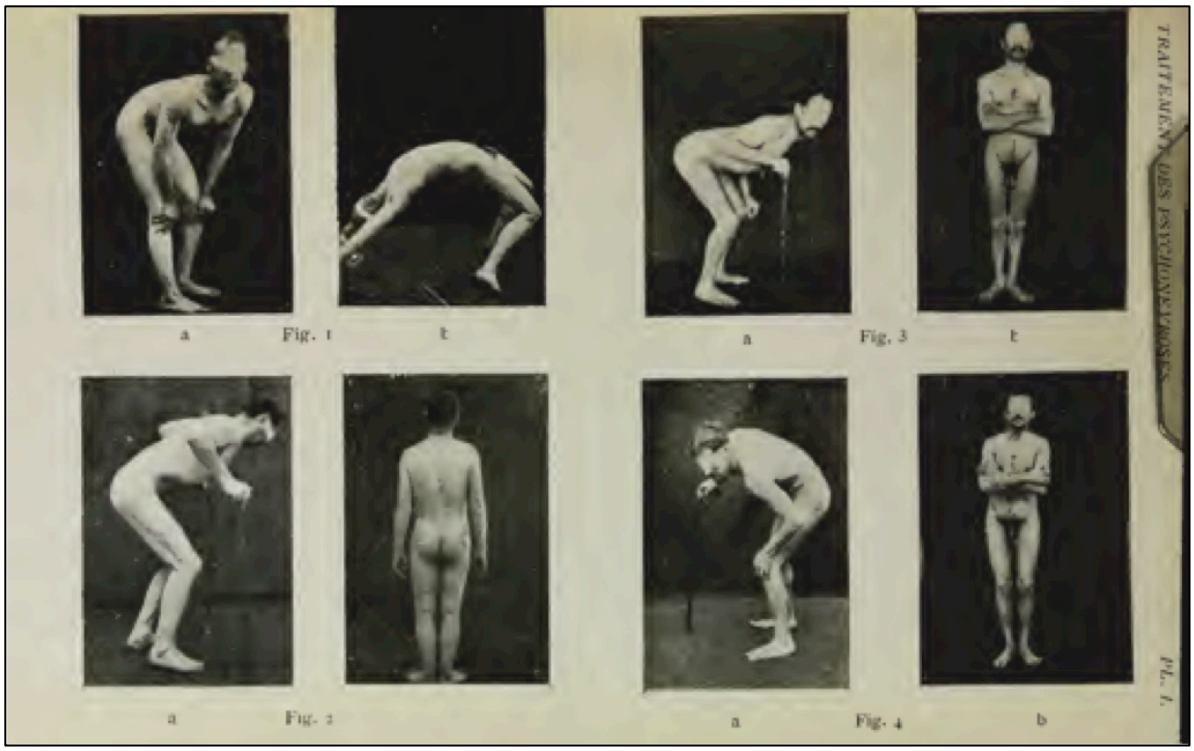

Figure 3.4. "Planche I" from Roussy's *Traitement de psychonévroses de guerre* (1918) is composed of four figures of two images each. In each figure (1-4), image "a" depicts the patient before treatment and image "b" shows the patient after a "single treatment session." Original consulted at the Osler Library of the History of Medicine, Montreal.

Nor did practitioners shy away from the language of instantaneity. For example, in an act of what amounts to trickery, Joseph Babinski made his soldier-patients reveal the psychogenetic origins of their symptoms while demonstrating the efficacy of his "instantaneous" cure:

> I said in front of these individuals [his patients] and in the presence of my students that mutism is nothing other the work of simulation…I added that in the case of simulation treatment would have no effect, whereas in the case of a neurological problem, treatment would lead infallibly to recovery. That said, I electrocuted the back of the throat with an intense faradic current and I obtained an immediate result…[93]

In fact, electrical currents were considered an "accelerator technology" to aid in the therapeutic process called "rational persuasion," which consisted in essentially "convincing" the patient that

[93] "Discussion sur les troubles nerveux dits fonctionnels observés pendant la guerre" Société de neurologie de Paris, Séance du 18 février et du 4 mars 1915, *Revue neurologique* (1914-15): 451

it "was all in his head." As Roussy confirms, "used alone [rational persuasion], without the auxiliaries we discuss below [primarily electrotherapy], are unfortunately not always applicable in the current circumstances [meaning the war]…as they usually require considerable time."[94]

While demonstrating the supposed efficacy of electroshock therapy was the purpose of much wartime neuropsychiatric photography and cinematography, French practitioners also took advantage of these visual technologies to depict and demonstrate other components of the swift curability model. Even in Vincent's film, a significant amount of time is spent displaying footage of group exercises in outdoor scenes that capture the curative military atmosphere of his establishment.[95] Other kinds of "persuasive" or "suggestive" treatments were also depicted in the 3rd part of *Commotionnés au Val-de-Grace* (Commotioned patients at Val-de-Grace), a film that was produced by the Military Health Services for wider diffusion (as evidenced by its French and English inter-tiles). Here, at the military hospital in Paris, one soldier-patient exhibiting symptoms of mental "idiocy" and "pithiatic narcolepsy" is "cured" of his sleep paralysis by the application of compression to his imagined ovaries (Figure 3.5).

[94] Roussy et. al, *Traitement de psychonévroses de guerre,* 59.

[95] ECPAD Archives 14.18 A 900 and SS 121 (See the last minutes of footage in each film).

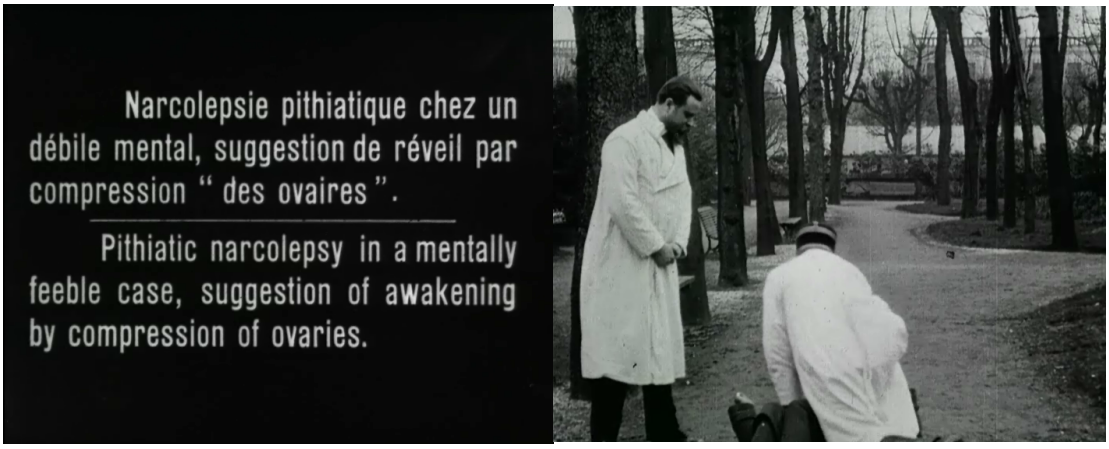

Figure 3.5. Inter-title and film still from *Commotionnés au Val-de-Grace Troisième Partie* (*Commotioned* [*soldiers*] *at Val-de-Grace Third Part*) (1915-1916) © ECPAD

In addition to demonstrating how wartime neuropsychiatrists achieved their rapid results, photographs and films from 1914-1918 reveal the complicated relationship French doctors, and neuropsychiatrists in particular, had with the representation of the male body and masculinity. For the first time in the history of French mental medicine, the female body was obscured from sight. Complicated by the pressures to be patriotic on the one hand, and the desire to denounce cowardice and malingering on the other, wartime neuropsychiatric images reveal the highly gendered ways in which French practitioners legitimized certain conditions and behaviors while condemning others.[96] French neuropsychiatrists did use these representations to depict soldiers diagnosed with war trauma as violating traditional codes of masculinity. As historian George Mosse argued, "war was regarded as a true test of manliness,"[97] associated with physical strength, mental fortitude, and *sang-froid* or "cold-bloodedness"—that highly coveted quality J.M. Lahy "tested for" in his psychophysiological experiments conducted on French machine

[96] As Julia Barbara Köhne has argued, wartime neuropsychiatrists were invested in film as a medium to separate "truly" sick patients from malingerers. Köhne, "Visualizing 'War Hysterics,'" 77.

[97] George Mosse, "Shell-shock as a Social Disease," *Journal of Contemporary History* vol. 35, no.1 (2000): 102.

gunners in 1915 and 1916.[98] This representational system was part of wider trends in gendered wartime mental medicine that pathologized particular emotions that were considered "unmanly," like fear and nostalgia.[99] French neuropsychiatrists still had vested interest in portraying their countrymen, even "pithiatic" ones, as maintaining some degree of "masculinity" and therefore sometimes hesitated to show their patients in a particularly "feminine" light. For example, if one compares the two versions of Dr. Clovis' wartime neuropsychiatric film, the shorter of the two, which was intended for a public audience, has been cut significantly.[100] Of the scenes that have been edited out, most notable is a sequence depicting a soldier weeping, as well as an accompanying inter-title that refers to his "emotional tears." The unsightly appearance of a man crying in front of a camera was simply too much to show.[101]

But connecting the visual language of female hysteria and wartime male pithiatism also worked to consolidate the idea that war neuroses were short-term outbreaks or "accidents." Let us recall momentarily that the practice of photographing asylum patients rose to prominence in French mental medicine largely under the aegis of neurologist Jean-Martin Charcot and his photography laboratory's studies at the Salpêtrière during the fin-de-siècle.[102] Charcot's coterie of psychiatrists, neurologists, photographers, and artists is perhaps most remembered today for

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[98] J.M. Lahy Archives Box 57. For more on J.M. Lahy's chronometric experiments on soldiers in the war, see Chapter 2.

[99] On Paul Voivenel's concept of pathological fear, see Cécile Lestrade and L.F. Gayral, "Les psychonévroses de guerre pendant le conflit 1914-1918," *Histoire des sciences médicales* no. 4 (2000): 343-348.

[100] ECPAD Archives 14.18 A 900 and SS 121. The shorter of the two is 14:34 minutes and the longer is 21:25 minutes.

[101] ECPAD Archives SS 121.

[102] See Chapter 1 for a discussion of psychiatric photography and Charcot's theory of the four stages of a "grand hysterical attack." For a discussion of psychiatric photography in other national and scientific contexts see, Sander Gilman, Hugh Diamond and John Connolly, *Face of Madness: Hugh W. Diamond and the Origin of Psychiatric Photography* (Brattleboro, VT: Echo Point Books & Media, 1976).

their erotically charged staging of female "hysterics," and in particular of "Augustine," images of whom have been made famous for contemporary audiences by the French art historian Georges Didi-Huberman.[103] For a French neurologist or psychiatrist working in 1914-1918 the images displayed in Figures 3.2-3.5 would have evoked the photographs produced by Charcot's colleagues at the Salpêtrière (some of which are also featured in Chapter 1). For example, the second individual photograph from the top left in Figure 3.4—of a man arched backwards, knees splayed wide—was an unmistakable argument in visual form about the connections between the body and bodily gestures of pithiatism and hysteria. The soldier's backward-bending pose is practically identical to the "arch of hysteria" or "*arc de circle*," a gesture quintessential to what Charcot called the second phase of a "grand hysterical attack" (Figures 3.6 and 3.7).

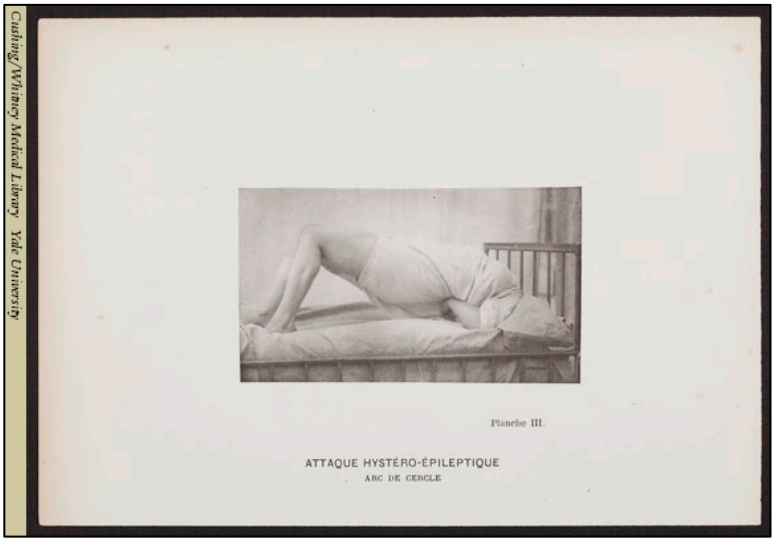


Figure 3.6. "Planche III. Attaque hystero-épileptique: *arc-de-cercle*" (Hysterico-epileptic attack: arc of a circle) originally from the *Iconographie de la Salpetrière* (1880)

[103] George Didi-Huberman, *Invention de l'hystérie. Charcot et l'Iconographie photographique de la Salpêtrière* (Paris: Macula, 1982). See also, Mary Hunter, *The face of medicine: Visualising medical masculinities in late nineteenth-century Paris* (Manchester: Manchester University Press, 2016); Ginette Jubinville, "L'archive iconographique: que nous révèle la culture visuelle des débuts de la psychiatrie française au dix-neuvième siècle?" *Santé mentale au Québec* XLI, no. 2: (2016): 51-68.

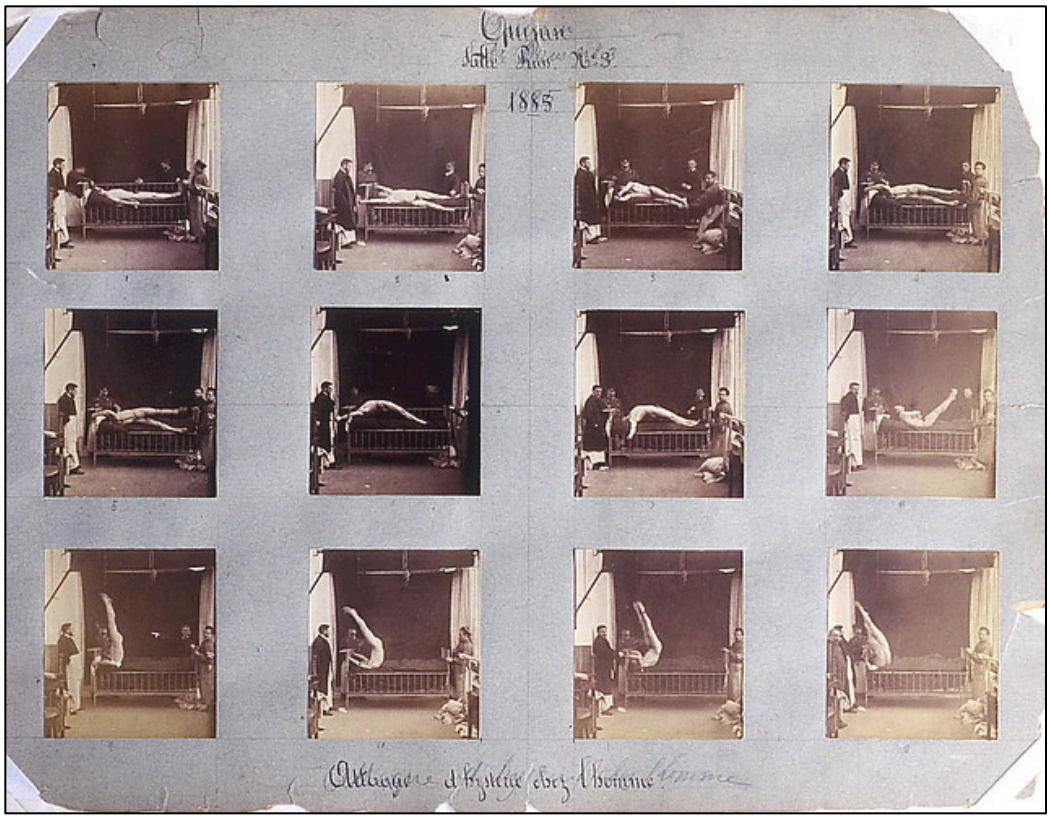


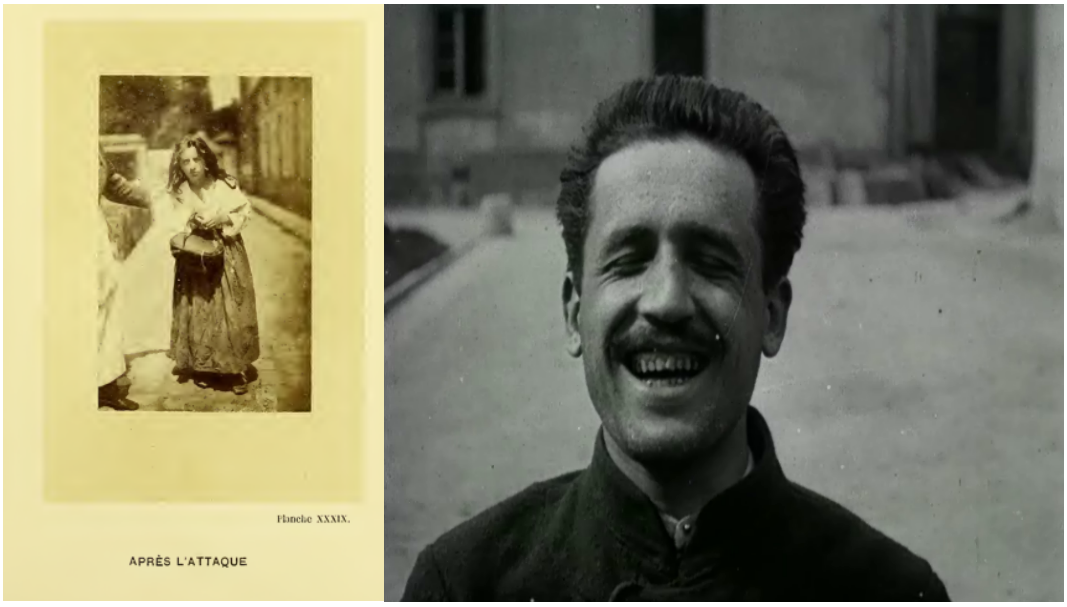
Figure 3.7. "Attack of male hysteria" (1885) chronophotographic images by Albert Londe, originals preserved by the library of the Ecole nationale des Beaux-Arts, Paris

Moreover, the chronophotographic style of the images in Roussy's textbooks is especially evocative of the sequentially ordered images of psychiatric patients produced by Albert Londe and his specially designed camera. Londe had produced a chronophotographic plate of "male hysteria" as early as 1885 (Figure 3.7) in collaboration with medical artist Paul Richer, who published a book about the grand hysterical attack that same year using images of women.[104]

Therefore to insist on the links between pithiatism and hysteria was another way to establish the legitimacy of their own practices. As discussed in Chapter 1, from the very first album included in the *Iconography of the Salpêtrière*, psychiatric photography had been used to

[104] Paul Richer, *Études cliniques sur la grande hystérie et hystero-épilepsie* (Paris: A. Delahaye & E. Lecrosnier, 1885).

illustrate the temporal boundaries between illness and health that were implicit in the "beginning," "during," and "after" images of a "hysterical attack." Thus the visual echoes between psychiatric photographs of pithiatic soldiers and those of "hysterical" women (Figures 3.8 and 3.9) also worked in favor of the swift curability model, and helped bolster the idea that other psychiatric problems could, likewise, have a definitive beginning, and most importantly, end.



Figures 3.8 and 3.9. On the left, "Planche XXXIX," a photograph depicting a patient "after the [hysterical] attack" from the *Iconography of the Salpêtrière* (1877)

On the right, a film still from *Commotionnés au Val-de-Grace Troisième Partie* (*Commotioned* [*soldiers*] *at Val-de-Grace Third Part*) (1915-1916) depicting a newly cured and now "smiling" soldier. The segment is accompanied by an inter-title (not pictured here) that reads: "After the treatment" © ECPAD

Conclusions: Curability challenges the 1838 law

This use of medical photography and film in French neuropsychiatry during the Great War also raises complex questions about changing standards for curability, as well the limits of

what Bharat Jayram Venkat has called "curative reason."[105] The styled, staged, and edited images deployed in textbooks and in cinematic representations demonstrate the degree to which curability has had malleable and slippery definitions in various historical and medical contexts. While certainly many French neuropsychiatrists touted their methods as resulting in "definitive" cures and recovery, other practitioners demonstrated at least a cursory awareness that the criteria and benchmarks for swift curability were not particularly high, to say little about recidivism.[106] Roussy for example, admitted that for an *accident névropathique*, the cure "can vary in degrees as complete or incomplete. In duration, it can be temporary or definitive."[107] The notion of an "incomplete cure," or "temporary cure," challenges commonplace notions of cure as the decisive end of an illness or disorder and the simultaneous return to health.

Doctors Dide and Courjon were even more explicit. They stated in their clinical trial results: "the distinction cured *implies* the notion of complete recovery; however in really searching, we often find a slight enduring functional impotence…."[108] This active minimization of remaining psychological problems suggests that under different conditions, these protracted symptoms might not have been so easily dismissed as they were during the war. Given that the label of a "functional problem" was reserved for soldiers exhibiting so-called "purely psychic" symptoms, one can speculate that when Dide and Courjon refer here to "functional impotence," what they mean is that their patients were still exhibiting lingering symptoms of a psychological

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[105] For an insightful discussion of cure from the vantage point of disability studies, see Bharat J. Venkat, "Of Cures and Curses: Toward a Critique of s," *Public Culture* vol. 30, no. 2 (2018): 277-282; Eli Claire, *Brilliant Imperfection: Grappling with Cure* (Durham: Duke University Press, 2017).

[106] For more about which specific war neuroses one could expect "definitive" cure and recovery, see Roussy et. al., *Traitement de psychonévroses de guerre*, 84, 101, 114, 145, 176-178. Cases of recidivism were poorly accounted for. Thomas, *Treating the Trauma of the Great War*, 44.

[107] G. Roussy et.al., *Traitement de psychonévroses de guerre*, 176-178.

[108] Dide and Courjon, "Le traitement et la guérison rapide," 113-115.

nature, but were deemed physically capable of retuning to their combat roles on the front. This meant that psychological symptoms and suffering could be overlooked or ignored if a soldier's motor and corporeal functionality had been reestablished. The context of war demanded that aligned limbs and working joints be equated with psychic stability. As we saw above, for a practitioner like Dr. Souques, to be cured of "camptocormia" or "bent trunk syndrome" took as long (or as little) time as was needed to straighten out the spine.[109]

While certainly many soldiers suffering from trembling, tics, amnesia, nightmares, dizziness, and other symptoms, were deemed cowards, simulators, or shot as malingerers, for some French psychiatrists, the interlocking nature of the rapid cure and short-term mental accident posed a challenge to preconceived ideas about the long-duration nature of mental illnesses in general and the identity of those individuals who suffered from them. Damaye, for example, after his experience treating soldiers in the war, argued that hereditary degeneration was a social and philosophical concept, not a medical one.[110] Dr. Bacharach also eventually recognized that no "special defect" or particular "constitution" was solely responsible for wartime "emotional problems." He admitted that these might arise even in "normal people," who had hitherto not exhibited any signs of psychological disorder.[111] As increasing numbers of French psychiatrists admitted that the war could at the very least trigger, if not cause, various mental symptoms, some practitioners expressed the need to absolve soldiers from the stigma associated with pithiatism and hysteria specifically. Jean Lépine put poignantly; for him, these

[109] A. Souques and M. Rosanoff–Saloff, "La camptocormie; incurvation du tronc consécutive au traumatisme du dos et des lombes; considérations morphologique," *Revue neurologique* vol. 22 (1914–1915): 937–939.

[110] Damaye, "Comment on peut traiter les maladies mentales," 566.

[111] Bacharach, "L'étude sur l'étiologie des troubles émotionnels dans les psycho-névroses de guerre," 23.

men were "victims of war," [who] continued…to think, to suffer, and to dream as any other, according to the normal modes of human nature."[112]

Swift curability—with its insistence on acute, short-term mental "accidents" and rapid cures—also directly challenged the temporal logic of longitudinal institutional care inherent to the 1838 law on alienation, which dictated that those requiring psychiatric care in France (from the public sector) necessitated interment. The "successes" of wartime neuropsychiatric centers and their emphasis on curability made *alienation* (or insanity) an increasingly problematic and unsustainable label. Alienation evoked the specter of chronicity and a sharp, binary divide between sane and insane. Wartime swift curability challenged this Manichean duality by introducing the idea of "small psychoses" (*la petite psychose* or les *petits mentaux*).[113] Related to the mental "accident," and also meant to refer to temporary problems, these terms were used during World War I to designate soldiers who had psychological problems that were considered "minor." After the war, the usage of the term was highly contentious, as no one could agree on what precisely delimited a minor from a major mental problem.[114]

These slippery boundaries between major and minor, "big" and "small," "long" and "short," made it easier for psychiatrists in the postwar period to conceptualize an even wider variety of clinical temporalities for psychiatric care. The widespread confidence in swift curability between 1914-1918 would force medical expectations about the temporality of curability and of illness in the postwar period to change even further. As we shall see in Chapter

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[112] Lépine, *Troubles mentaux de guerre*, 9.

[113] This terminology is used across writings on mental illness from this period. See works by Roussy, Dumas, and Lépine for example.

[114] For a discussion "les petits mentaux," see Isabelle von Bueltzingsloewen "Quel(s) malade(s) pour quel asile? Le débat sur l'internement psychiatrique dans la France de l'entre-deux-guerres," in *Expériences de la Folie*, eds. Hervé Guillemain and Laurence Guignard (Rennes: Presses Universitaires de Rennes, 2013), 263-274.

4, the persistent endorsement of therapeutic optimism and the idea that the time to cure should dictate the duration of the illness was encoded in the 1920s and 30s through the development of new forms of psychiatric outpatient care, most notably at Sainte-Anne's Henri Rousselle Hospital. Building on the momentum of wartime neuropsychiatry, which had finally made the prospect of developing psychiatric clinics that operated outside of the 1838 law a possibility, advocates for the Henri Rousselle Hospital drew supporting arguments directly from wartime models.[115] At these clinics patients could request consultations with psychiatrists, psycho-technicians, or other mental health practitioners without interment. While these organizational changes improved certain conditions of access to mental health services for some people, eventually certain practitioners came to question the notion of swift curability as unquestionably valuable in the clinical space.

[115] Petre Trisca, *La prophylaxie mentale en France et à l'étranger* (Paris: A. Maloine & Fils, Éditeurs, 1921), 4-6.

CHAPTER 4
Clinical Temporalities: Psychiatry at Two (or More) Speeds

The aftershocks of World War I lingered in France, as they did elsewhere in Europe, for the combatants that survived, as well as for civilians. But if the broken bodies of wounded veterans and the disfigurement of *les gueules cassées* were a constant reminder of the immense physical and moral sacrifices made by young men in the trenches, then *les morts vivants* carried invisible scars.[1] For the "living dead"—or the soldiers who had been interned during the conflict and remained sequestered in asylums after the war's end—their psychological trauma remained largely hidden from sight. As the nation demobilized and turned its energies toward reconstruction, the question of whether or not the war had been a determining cause in the outbreak of military cases of mental illness was still unresolved.[2] Some, including psychiatrists Antony Rodiet (dates unknown) and Georges Heuyer (1884-1977), maintained well into the 1930s that the dominant consideration was a "weak constitution."[3] Others, like Dr. Jean Lépine, as we saw in the previous chapter, became convinced that wartime conditions were, in fact, the veritable causal factor. As historian Gregory M. Thomas has demonstrated, these debates played out most immediately in the postwar period in the calculation and distribution of disability pensions for psychologically wounded veterans. The 1919 pension law provided little support

[1] Gregory M. Thomas, *Treating the Trauma of the Great War: Soldiers, Civilians, and Psychiatry in France, 1914-1940* (Baton Rouge: Louisiana State University Press, 2009), 9.

[2] See for example Gilbert Robin, "Troubles mentaux post-commotionnels," *Annales médico-psychologiques* no. 1 (1922): 151-159; Henri Colin, "Les séquelles psychique de la guerre," *Annales médico-psychologiques* no. 2 (1922): 79- 82; Antony Rodiet and André Fribourg-Blanc, "Influence de la guerre sur l'aliénation mentale à Paris," *Annales médico-psychologiques* no. 1 (1930): 1-24.

[3] A. Rodiet and Georges Heuyer, *La Folie au XXe siècle* (Paris: Masson, 1930), 321; Jean Lépine, *Troubles mentaux de guerre* (Paris: Masson, 1917), 4-5.

and inadequate funding for the traumatized and their loved ones.[4] It took years of advocacy on the part of family members and veterans' groups to bring a modicum of improvement, and even then it remained immensely difficult for ex-combatants with psychiatric disorders or lingering and unexplained neuro-psychiatric symptoms to be awarded sufficient recompense.

But beyond the allocation of monies, the war's legacy was also marshaled by French psychiatrists and psychologists who supported the creation of new forms of public institutional care that operated, much like the military neuropsychiatric centers discussed in Chapter 3, outside of the 1838 law on mental alienation. This law, which stipulated amongst other things the rules and procedures of internment, dictated that to receive medical care from a psychiatrist within the public healthcare system, an individual must essentially submit to either voluntary or involuntary placement.[5] While tentative attempts at extra-asylum care had been undertaken sporadically in France prior to World War I, it was really only in the postwar period that public initiatives for psychiatric practice outside of the asylum were pursued more aggressively and with some successes.[6]

Supporters of what would become known as "open-door" or "*service libre*" psychiatric institutions endeavored to extend the possibility of short-duration hospital stays and faster forms of treatment that had been developed during the war beyond the pale of military patients and ex-combatants. By claiming that the war had left much of France and the French exhausted, worn out, depleted, and weakened—in short, psychically fragile and particularly susceptible to neuroses—these practitioners appealed to French politicians for the right to establish centers for

[4] Thomas, *Treating the Trauma of the Great War*, 124-5.

[5] Private clinics did not have to operate within the rules of the 1838 law.

[6] For a short list of pre-war extra-asylum care in France see for example, M. Potet, *L'Hygiène mental*: *historique et organisation actuelle* (Paris: Librairie médicale et scientifique E. Le François, 1932), 33-35.

those individuals with acute mental troubles that did not require asylum internment.[7] Citing the successes of wartime neuropsychiatry, they asserted that insanity was avoidable and curable, especially if individuals were able to receive "treatment from the [first signs] of precursory symptoms."[8] The future of the nation, they appealed, depended on the preservation of "mental health" writ-large. In fact it was during the interwar period that French practitioners and propagandists first began using the term *santé mentale*.[9] Even Justin Godart, who had served as the Undersecretary of War of the Military Health Services, agreed: new structures for psychiatric intervention were widely called for in the post-1918 environment.[10]

Thus if French practitioners and politicians could not see eye to eye on the role of war in the outbreak of wartime mental illness, they could, by and large, agree that "the war had overturned the world."[11] French psychiatrists and psychologists who supported these mental hygiene programs capitalized on this consensus to allege that postwar conditions, such as widespread fatigue, changes in societal mores, and the state of the French economy, had generated an environment in which neuroses and "light psychopathologies" flourished within the

[7] Though this chapter focuses on the Henri Rousselle Hospital, the Parisian institution was not the only open-door facility to open in the early 1920s. The League's bulletin reports in 1922 that open psychiatric dispensaries were also established in Quimper, Grenoble, and Prémontré, as well as in la Manche and in l'Aisne. Georges Genil-Perrin, "La Deuxième année de la Ligue d'Hygiène Mentale," *Bulletin de la Ligue d'Hygiène Mentale* 5-6, (mai-juin 1922): 49-50.

[8] Georges Genil-Perrin, "Informations & Correspondance, Conférence du Dr. Genil-Perrin sur 'La Lutte social contre la folie,'" *Bulletin mensuel de la Ligue d'hygiène mentale* 5-6 (1922): 62. See also J. Le Maux's summary of A. Antheaume, "Les principes généraux qui doivent régir l'assistance des psychopathes," *Annales médico-psychologiques* (1922): 183.

[9] The term "mental health" (*santé mentale*) first appears with any frequency in French psychiatric writing during the interwar period. The concern prior to World War I was always on illness: *les troubles psychiques, aliénisme, la psychopathologie*, etc.

[10] Justin Godart, "Appel en faveur de l'hygiène mentale," *Bulletin mensuel de la Ligue d'hygiène mentale* (novembre 1921): 6-9.

[11] Rodiet and Heuyer, *La Folie au XXe siècle*, 7.

general populace.[12] According to these practitioners, the contribution of psychiatry and applied psychology to the reconstruction effort must be to fortify, reconstitute, and protect the nation's "psychic capital."[13] The French psychiatrist Édouard Toulouse (1865-1947), a preeminent propagandist and a central mouthpiece of the mental hygiene movement in France, warned of the "crowds of psychopaths" coming out of the woodwork. For him "the whole population [had been rendered] more or less unbalanced."[14] This meant that psychiatric intervention should no longer be reserved only for the mentally sick, but should also be deployed for the mentally "fragile," a state of weakened "neuro-psychiatric resistance" to the pressures, demands, and dangers of so-called modern life. From the effects of wireless radio waves on the brain to tips and tricks for the "hygiene of the mind," Toulouse seemingly had an opinion.[15]

Historians' accounts of the French mental hygiene movement in the interwar period have already documented the "biocratic" vision, political connections, and continued effort it took Toulouse and his like-minded colleagues to found the *Service départementale de prophylaxie mentale* (Departmental Service for Mental Prophylaxis) in 1922.[16] Other scholarship has argued that the aims of these practitioners, administrators, and politicians were important precursors in

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[12] Anne-Laure Simonnot, *Hygiénisme et Eugénisme au XXe siècle à travers la psychiatrie française* (Paris: Seli Arslan, 1999), 61.

[13] Édouard Toulouse, "Le Programme de la Ligue d'Hygiène mentale," *Bulletin mensuel de la Ligue d'hygiène mentale* (novembre1921): 1.

[14] Toulouse, "Le Programme de la Ligue d'Hygiène mentale," 2.

[15] See Oliver Merlin's interview with Toulouse in his article "De l'influence de la T.S.F. sur l'organisme humain," *Le Temps*, 27 August 1932. See also Toulouse, "L'Hygiène de l'esprit," *La Prophylaxie mentale* (1925): 2-13.

[16] Michel Huteau, *Psychologie, psychiatrie, et société sous la troisième République*: *la biocratie d'Edouard Toulouse (1865-1947)* (Paris: l'Harmattan, 2002). According to Huteau, Toulouse' biocratic vision consisted of organizing society according to scientific data, and in particular, biological data. See also Serge Blanchard, "M. Huteau. *Psychologie, psychiatrie et société sous la troisième république. La biocratie d'Édouard Toulouse (1865-1947)*," *L'orientation scolaire et professionnelle* vol. 32, no.1 (2003): 163-165; Marcel Jaeger, *Le Désordre psychiatrique*: *des politiques de la santé mentale en France* (Paris: Payot, 1981).

the move toward psychiatric deinstitutionalization during the second half of the twentieth century. The influence of American and British models, as well as the relevance of the social hygiene movement more broadly, have equally been discussed in the secondary literature.[17] This chapter takes a different perspective. While it investigates many of the same sets of actors, sources, and activities, it reveals how the creation and organization of the Henri Rousselle Hospital, and the tenets of *service libre* or prophylactic psychiatry more generally, had a profound effect on the temporalities of mental health intervention and treatments—not just for veterans, but also for civilian patients, mental health practitioners, and especially children.[18] As we shall see, the Parisian facility and its various aims—from "at-home visits" to in school "detection" programs—established and organized new benchmarks and norms for the timeline of cure in psychiatry.

The notion of *la psychiatrie à deux vitesses*, or "psychiatry at two speeds," has been invoked by contemporary critics and commentators to describe what we might call the divergent tempos of care associated with public (slow) and private (fast) psychiatry in the twenty-first century.[19] The general idea is that those with the financial means to afford private care are able to

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[17] See for example, Jean-Bernard Wojciechowski, *Hygiène mentale et hygiène sociale: contribution à l'histoire de l'hygiénisme*, tome II (Paris: L'Harmattan, 1997); Stéphane Henry, Catherine Lavielle, Florence Patenotte, eds., *L'hôpital Sainte-Anne: Pionnier de la psychiatrie et des neurosciences au cœur de Paris* (Paris: Somogy éditions d'art, 2016).

[18] See for example, André Collin, "Le Dépistage des anormaux psychiques à l'école maternelle," *Bulletin mensuel de la Ligue d'Hygiène Mentale* (novembre-décembre 1922): 85-86; Georges Heuyer, "Nécessité des médecins inspecteurs spécialisés pour l'examen des enfants anormaux dans les écoles maternelles et primaires," *Bulletin mensuel de la Ligue* (novembre-décembre 1922): 86-87; Toulouse, "Le Programme de la Ligue d'hygiène mentale," 3; Jacques Roubinovitch, "L'Examen systématique des enfants délinquants," *La Prophylaxie mental* (1927): 295-298.

[19] See for example, Valérie Richard, "L'arrivé d'une clinique psychiatrique privée en 2019 ne réjouit pas les salariés CGT du CPN, *L'Est Républicain*," 24 août 2016, https://www.estrepublicain.fr/edition-de-toul/2016/08/24/toul-medecine-a-deux-vitesses; Agnès Buzyn, "Je ne supporte pas la médecine à deux vitesses," *Paris Normandie* 14 octobre 2018, https://www.paris-normandie.fr/actualites/societe/sante/agnes-buzyn-je-ne-supporte-pas-la-medecine-a-deux-vitesses-MO13959027; and Mohammed Zaari Jabiri, *Chroniques d'une neurochirurgien schizophrène: la voix des sans voix dans un système de santé à deux vitesses* (Québec City: Presses Inter Universitaires, 2015).

get efficient and timely treatment, whereas those in the public mental health care system face long lines and inefficient treatment options by comparison. Some historians have started to extend this designation retrospectively to compare and contrast the programs of care in private mental health clinics (known as *les maisons de santé*) and the public system of asylums that was initiated in France with the 1838 law on mental alienation.[20] At first glance it may seem that "psychiatry at two speeds" is also an apt description for what distinguishes "open-door" psychiatry from psychiatry in the asylum, as has been argued by some scholars.[21] However, to posit a dichotomy between the clinical temporalities of "open" versus "closed" alienism in France is something of an over simplification. As this chapter argues, it only partially characterizes how time was allotted and dispensed in these structures for psychiatric assistance. In fact, it was initially the members of the mental hygiene movement themselves who promulgated the "fast" and "slow" duality, in the hopes of garnering political and professional backing for their initiatives. As we shall see, however, certain practitioners came to reject the idea that faster was necessarily better. If the value of speed was generally espoused at the outset of the movement, by the end of the 1920s, there was no general faith in the "swift cure" as there had been during World War I. Rather, the practice of psychiatric intervention in this facility was structured according to a plethora of different temporalities.

Time as a unit of measure and organizing principle in the open psychiatric center served multiple ends. Separate wings of the Henri Rousselle Hospital arranged "time in the clinic"

[20] See for example Benoît Majerus, *Du Moyen âge à nos jours, Expériences et représentations de la folie à Paris,* (Paris: Parigramme, 2018), 66-67. In addition to delineating the procedures required to intern someone, the 1838 law also deemed that every department in France should have its own asylum.

[21] Wojciechowski, *Hygiène mentale et hygiène sociale: contribution à l'histoire de l'hygiénisme*, tome II, 81-82.

according to the "kinds" of patients and problems being treated.[22] From an hourly schedule of available specialist consultations to the introduction of "post-cure" services, the management of time, for both the patient and personnel, was at the forefront of the mental hygiene movement's ambitions. While one may assume that the aspiration was, by and large, to require *less* time to diagnose and cure the patient (even better to "catch" and fix a mental problem early), a closer examination of time in the Henri Rousselle Hospital shows how speed represented both a hope and a threat.

French psychiatry in the wake of war

In 1918 the *Société Médicale des Asiles de la Seine* (Medical Society of the Asylums of the Seine Department) asked Édouard Toulouse and his colleagues, doctors Colin, Truelle, and Vigouroux, to conduct a report on asylum reforms in light of the war's end. Toulouse, who spent much of his career as the chief medical director at the Villejuif asylum, was also a longtime critic of the 1838 law.[23] He and his colleagues did not have many positive things to say. For Toulouse, Colin, Truelle, and Vigouroux, the immense loss of life and its detrimental impact on the French labor force was an especially serious problem—one that would come to define how supporters of mental hygiene articulated the need for preventative and "restorative" psychiatry during the interwar period. It was imperative to rehabilitate "individuals with psychic problems" and return them to the work force as quickly as possible. To drive their point home, Toulouse claimed that

[22] Maurice Goudemand, the director of the History of Psychiatry and Neurosciences Museum at Sainte-Anne between 1989-2009, in his self-published work on Édouard Toulouse, also mentions Toulouse's keen interest in regimenting his personnel's "use of time." See Goudemand, "Un Tournant dans l'assistance psychiatrique en France: L'œuvre médico-sociale du Docteur Edouard Toulouse," unpublished and undated book manuscript housed in the *Musée d'histoire de la Psychiatrie et des Neurosciences du centre hospitalier Sainte-Anne*, 4.

[23] Pierre Morel, *Dictionnaire biographique de la psychiatrie* (Paris: Synthélabo, 1996), 235. For an example of Toulouse's early critiques, see Édouard Toulouse, *Les Causes de la folie: prophylaxie et assistance* (Paris: Société d'éditions scientifiques, 1896).

"a recovered insane person" is more economically valuable to France "than an improved tuberculosis patient, and above all a mutilated [veteran] or a blind person."[24]

French Prime Minister Alexandre Millerand was convinced by early 1920 that reconstruction should include a program for the prophylaxis or prevention of mental illness. He founded the Ministry of Hygiene, Assistance, and Social Planning, with Jules-Louis Breton as its first minister in support of this aim. Brenton then established a special committee for mental hygiene and included amongst its ranks Toulouse and his friend and colleague the alienist Georges Genil-Perrin (1882-1964).[25] But after some professional and political squabbles over the fate of the *Maison Nationale de Charenton*—which some in the Ministry believed should be transformed into a hospital for new and nursing mothers (also part of the postwar hygienists' drive to protect natality)—Toulouse and Genil-Perrin formed their own organization, the *Ligue d'hygiène et de prophylaxie mentale* (League of Mental Hygiene and Prophylaxis).[26]

After its creation, the League's members continued to mount an assertive campaign to convince skeptical colleagues and politicians within the *Conseil général de la Seine* and the Medico-Psychological Society that lucid and "inoffensive" individuals with light forms of psychopathology, who could not afford to seek treatment in a private *maison de santé*, required and deserved a new kind of structure for psychiatric care and prevention.[27] This had been one of Toulouse's primary career goals since at least the end of the nineteenth century, when he introduced—in so far as was possible—a number of reforms to the spatial and temporal

[24] As quoted in Wojciechowski, *Hygiène mentale et hygiène sociale*, tome II, 40.

[25] Georges Genil-Perrin (1882-1964) was well known for his criticisms of the theory of degeneration. This fact is relevant because increasingly proponents of the mental hygiene movement in France were interested not only in the hereditary transmission of mental illness, but also in societal and environmental contributors.

[26] Wojciechowski, *Hygiène mentale et hygiène sociale*, 44.

[27] Toulouse, "Le Programme de la Ligue d'hygiène mentale," 1.

management of Villejuif.[28] The League's goals included not only the "eugenic prevention" of psychopathy through marriage restrictions, but also the early identification of any individual who might be susceptible to acute outbreaks of mental illness. By taking their mission and measurement methods into schools, factories, and businesses, they argued, it would be possible to identify previously invisible "predisposed" individuals.[29] Even "subjects" who "appear normal," when examined more closely, might reveal a susceptibility to mental troubles.[30] For politicians, the most convincing arguments were that of efficiency, speed, and the lure of economic savings. Though his detractors would disagree (in fact they routinely argued that the Henri Rousselle Hospital was too expensive), Toulouse assured his audience that the League's project of "rational prophylaxis" promised to be "the most rapid and the most certain [way] to diminish the enormous and ever-increasing costs of caring for psychopaths," which he quoted as 50 million francs a year for the Seine Department alone.[31]

Two years after the League was founded the *Conseil général de la Seine* decided to provisionally establish, as a "trial attempt," an "open service" for mental prophylaxis and ambulatory treatment in Paris. Toulouse was given charge of this center's direction. On 16 June 1922 the Departmental Service for Mental Prophylaxis (Figure 4.1) opened its doors to new patients.[32]

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[28] See for example Huteau, *Psychologie, Psychiatrie, et Société sous la troisième République*, 162-170.

[29] Toulouse, "Le Programme de la Ligue d'hygiène mentale," 2. Toulouse was in favor of eugenic policies. Simonnot, *Hygiénisme et eugénisme au XXe siècle*, 99-113.

[30] E. Toulouse, G. Genil-Perrin, and R. Targowla, "L'organisation du Service libre de Prophylaxie mentale de l'Asile Sainte-Anne," *Annales médico-philosophiques* no. 1 (1922): 344

[31] Toulouse, "Le Programme de la Ligue d'hygiène mentale," 3.

[32] For a brief outline of the proceedings see *Annales médico-psychologiques* no. 2 (1922): 181-182. Toulouse, Genil-Perin, and Targowla's lecture probably closely resembled the talk they gave the Medical-Psychological Society during the meeting of 27 March 1922. See Toulouse, Genil-Perrin, and Targowla, "L'organisation du Service libre de Prophylaxie mentale de l'Asile Sainte-Anne," *Annales médico-philosophiques* no. 1 (1922): 338-360.

Figure 4.1 "The Henri Rousselle Psychiatric Hospital" (circa 1920s) from a 1929 report produced by the *Préfecture du département de la Seine*, Archives de J.M. Lahy, Box 76, Musée d'histoire de la Psychiatrie et des Neurosciences du centre hospitalier Sainte-Anne

A small notice ran in the newspaper *Le Temps* alerting individuals with "nervous and mental troubles" who wanted psychiatric care "without internment" to "present themselves at 9 AM at the dispensary, at the Sainte-Anne asylum, 1 rue Cabanis."[33] Located within Sainte-Anne's expansive grounds, this new facility was initially composed of three different branches: a dispensary, a psychiatric hospital, and a collection of laboratories. As the Service grew, so did its component elements. By end of the decade it had expanded. By 1929 the institution—renamed

[33] "Information diverses," *Le Temps*, 17 juin 1922.

the *Hôpital Henri Rousselle* (Henri Rousselle Hospital) since 1926—had added a social services branch, a "home visits" service, a school for mental prophylaxis to train various personnel, and an Institute of Psychiatry and Mental Prophylaxis affiliated with the *École des Hautes Etudes*.[34]

At the Congress on Mental Hygiene held in Paris 1-4 June 1922, Toulouse, Genil-Perrin, and their co-presenter, the psychiatrist René Targowla (1894-1973), delivered an address on the organization of the new service.[35] The dispensary, they explained, was to serve as a center (not dissimilarly to the *postes de secours* during the war) for the "examination, triage, and treatment of patients."[36] Toulouse, Genil-Perrin, and Targowla argued that, by and large, many individuals suffering from "psychopathic problems" (known generally as "psychopaths") didn't require hospitalization at all. Instead, after a "first triage," they might be referred to a specialist for further consultation or outpatient care, or they might be sent to one of the facility's labs for additional testing.[37]

The psychiatric hospital, separate from the dispensary and comprised initially of 110 beds, was divided into an observation wing and a wing for treatment.[38] In this facility, patients with more "serious" problems could be kept over night as in-patients. The presenters expounded

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[34] In this chapter I refer to the *Service libre* and the "Henri Rousselle Hospital" interchangeably, though the latter name was only given to the institution in 1926 (after a senator who had supported the facility's creation). Pierre Morel, *Dictionnaire biographique de la psychiatrie* (Paris: Synthélabo, 1996), 211.

[35] For a short account of René Targowla's career, see Michael Dorland, *Cadaverland: Inventing a pathology of Catastrophe for Holocaust Survival*. *The Limits of Medical Knowledge and Historical Memory in France* (Lebanon, NH: Brandeis University Press, 2009), 96-98.

[36] Préfecture du département de la Seine, *Centre de psychiatrie et de prophylaxie mentale. Hôpital Henri-Rousselle. II. Organisation et fonctionnement* (Paris: 1, rue Cabanis, 1929), 5.

[37] Toulouse, Genil-Perrin, and Targowla, "L'organisation du Service libre de Prophylaxie mentale de l'Asile Sainte-Anne," 340.

[38] The figure of 110 beds is cited in E. Toulouse, R. Dupouy, and A. Courtois, "Les services ouverts pour psychopathes,"*Le Prophylaxie mentale* (1932): 568. It grew to 200 beds by 1929. See Préfecture du département de la Seine, *Centre de psychiatrie et de prophylaxie mentale. Hôpital Henri-Rousselle. II. Organisation et fonctionnement*, 11.

their vision of open-door psychiatric hospitals, and *service libre* care more specifically, as "the natural intermediary between the asylum and the external world." In this space especially designed for patients with curable and short-duration forms of psychopathology, individuals could (theoretically) seek care without the threat of the social stigma associated with internment. It would, they explained, also be a place where individuals who sought to "perfect their recovery" might become repeat clients, or where patients "who had never left the asylum might try their hand at liberty and responsibility."[39]

Though Toulouse and his co-presenters maintained that the service should still be affiliated with an asylum, they also made explicit that patients who were admitted to the psychiatric hospital, or who sought treatment in the dispensary, were not subject to the same rules and regulations as asylum patients. Unlike the surrounding asylum wards of Sainte-Anne, their service did not submit its patients to the legal formalities associated with internment, nor did it monitor and document patients' entrances and exits with medical certificates as was legally required under the 1838 law. Instead patients were supposed to be treated as if they were at a "normal" hospital.[40] Attuned to the prejudice directed toward individuals with mental troubles, a separate entrance was constructed in the hopes of reducing any embarrassment associated with seeking care at Sainte-Anne.[41]

In addition to the dispensary and the psychiatry hospital, the cluster of laboratories (in biochemistry, hematology, serology, histology, psychology, and radiology) was crucial to the mission and method of Toulouse and his colleagues who wanted to further standardize the use of

[39] Toulouse, Genil-Perrin, and Targowla, "L'organisation du Service libre de Prophylaxie mentale de l'Asile Sainte-Anne," 339.

[40] Ibid., 338.

[41] Thomas, *Treating the Trauma of the Great War*, 154.

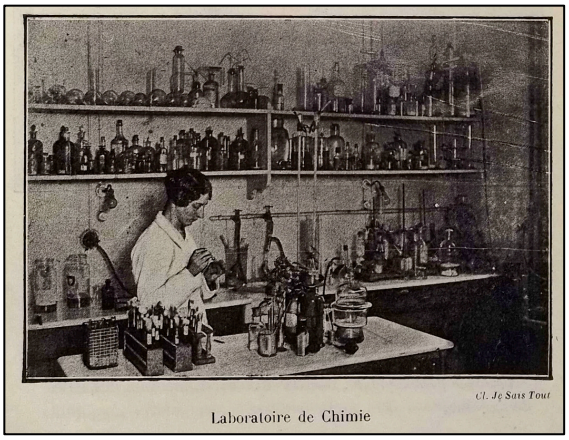
objective or "technical" measures for diagnosing and detecting psychopathologies via their "organic concomitants."[42] These measures would then "allow for the classification of normal individuals and psychopaths."[43] As extant files from the Henri Rousselle Hospital show, chronometric and reaction time measurements, psycho-physiological exams, as well as intelligence testing, were as frequently performed on patients as bio-chemical and medical labs like blood tests, spinal fluid tests, and radiology scans.[44] The administrators of the facility considered their "modern" laboratory methods a point of pride, not only for diagnostic purposes, but also for research. So much so that many of the photographic images included in the *Département de la Seine*'s 1929 report on the Henri Rousselle Hospital were actually of the laboratory facilities, rather than of the hospital and dispensary (Figures 4.2 – 4.4). In search of new treatment modalities, physicians and psychologists at work in these labs argued that "psychiatric therapeutics cannot be limited to psychotherapy and somatic treatments alone," but must endeavor "to study curative methods and means based on physio-pathological conditions."[45]

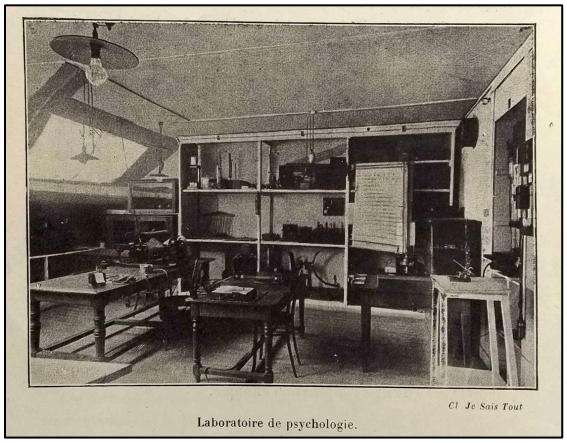
[42] Toulouse, Genil-Perrin, and Targowla, "L'organisation du Service libre de Prophylaxie mentale de l'Asile Sainte-Anne, 342.

[43] Ibid., 343.

[44] Archives de Paris, Series 3498 W. These medical files are from the Henri Rousselle Hospital's psychological laboratory. Each box contains individual patient medical files complete with the results of reaction time testing, the tapping test, "mental age" tests (Binet-Simon), dynamometer testing, motor suggestibility, pointage test (from J.M. Lahy), and an overall "psychological profile." French medical privacy law prohibited me from photographing of these documents.

[45] Toulouse, Genil-Perrin, Targowla, "L'organisation du Service libre de Prophylaxie mentale," 342-3.





Figures 4.2 and 4.3 "Chemistry Lab" and "Psychology Lab" at the Henri Rousselle Hospital (circa 1920s) from a 1929 report produced by the Préfecture du département de la Seine, Archives de J.M. Lahy, Box 76, Musée d'histoire de la Psychiatrie et des Neurosciences du centre hospitalier Sainte-Anne

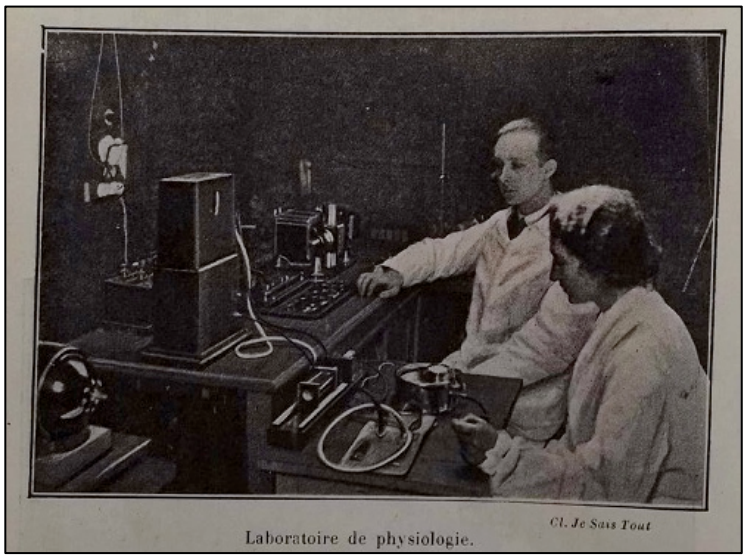


Figure 4.4 "Physiology Lab" at the Henri Rousselle Hospital (circa 1920s) from a 1929 report produced by the Préfecture du département de la Seine, Archives de J.M. Lahy, Box 76, Musée d'histoire de la Psychiatrie et des Neurosciences du centre hospitalier Sainte-Anne

A place of fast or slow passage?

From the very beginning, the opening of the Henri Rousselle Hospital in Paris' fourteenth *arrondissement* immediately stimulated lively and sometimes acrimonious contention between

proponents and opponents of the new structure for psychiatric intervention and treatment. These debates, though often couched in conversations about other concerns, were, at base, about the relationship between time and curability and the merits or disadvantages of separating patients with acute mental problems from those chronic ones. How should individuals with illnesses marked by different temporal evolutions and prognoses, as we saw in Chapter 1, be treated and cared for differently? Echoing the segregationist rhetoric of wartime swift curability, Toulouse and his supporters urged for the spatial separation of individuals with mental illnesses of different temporal evolutions, citing the need for different treatment requirements. For acute cases, "isolation" was not necessary. Instead, the therapeutic aim was to re-adapt the "psychopath" to a productive life in society.[46] This intention, as Anne-Laure Simonnot has pointed out, posited the problem of insanity as "less to do with the recovery of reason," than with the individual's relationship to "liberty."[47] As Toulouse put it, "the crazy person (*le fou*) is the patient who, because of his mental troubles, cannot live in society."[48] In contrast, the "alienated" patient needs lasting and potentially permanent "administrative, [rather] than medical" care.[49] Echoing the wartime rhetoric about the dangers of mental contagion, the advocates of open-door psychiatric services argued that the mingling of patients with short-term and long-term illnesses was "very harmful to curable patients." [50]

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[46] For a discussion of the therapeutic benefits and drawbacks of "isolation" in the context of open-door psychiatry versus the asylum, see "Discussion à la Société médico-psychologique. Des asiles d'aliénés à portes ouvertes," séance du 26 juillet 1987, *Annales médico-psychologiques* (1897): 259-261.

[47] Simonnot, *Hygiénisme et Eugénisme au XXe siècle*, 59.

[48] Toulouse, *Le problème de la prophylaxie mentale* (Paris: Imprimerie Chaix, 1929), 3.

[49] See Toulouse's response in the "Séance du lundi 24 juillet 1922," *Annales médico-psychologiques* no. 2 (1922): 254.

[50] Toulouse, "Le Programme de la Ligue d'hygiène mentale," *Bulletin mensuel de la Ligue d'Hygiène mentale* no. 1 (1921): 4

Certain asylum doctors interpreted the "segregationist" position of mental hygienists as an existential threat to their profession and place of work.[51] Antony Rodiet, for example, warned asylum psychiatrists not to become obsolete by "limiting themselves and their functions to inside the asylum's walls."[52] Julien Raynier (1888-19..), a psychiatrist who wrote extensively about the administrative and judicial status of the insane in France, also contended vehemently in 1922 that there was nothing about the 1838 law that prohibited "non-alienated," but mentally unwell patients from seeking treatment within the asylum system.[53] His interpretation of the law stipulated that individuals suffering from light forms of "*les maladies d'esprit*" should, in fact, be cared for within the traditional institution. Raynier reasoned that asylums were the "only establishments capable, in terms of material resources and specialized personnel," to appropriately care for the mentally unwell.[54] Eugène Raiga (1860-1942), the *Directeur honoraire à la Préfecture de la Seine*, was in agreement. He declared himself incapable of understanding what possible advantages the open care system could offer in comparison to the fine merits of voluntary placement.[55]

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[51] For an article-length discussion of this debate see, Isabelle von Bueltzingsloewen, "Quel(s) malade(s) pour quel asile? Le débat sur l'internement psychiatrique dans la France de l'entre-deux-guerres," in *Expériences de la folie*: *Criminels, soldats, patients en psychiatrie (XIXe-XXe siècles)* edited by Stéphane Tison, Laurence Guignard and Hervé Guillemain (Rennes: Presses universitaires de Rennes, 2013), 263-274.

[52] A. Rodiet, "Des garanties et précautions avant la sortie des aliéné," *Annales médico-psychologiques* no. 1 (1926): 6.

[53] Julien Raynier and Henri Beaudouin, *L'assistance psychiatrique française*, 3 volumes, (Paris: Imprimerie Nouvelle, 1950). This work went through multiple editions in 1924, 1930, and 1949-51. See Michel Bénézech, "Une bible oubliée de la pratique psychiatrique asilaire: le traité des docteurs Raynier et Beaudouin," *Annales médico-psychologiques* vol. 171, no.1 (2013): 51-53.

[54] Julien Raynier, "Psychologique sur les maladies dits « petits mentaux » et la création de « Service ouverts »," *Annales médico-psychologiques* (1922): 216-224.

[55] Eugène Raiga, "Une proposition de loi sur les services ouvertes," *Annales médico-psychologiques* no.1 (1926): 398.

Thus when discussing everything from the 1838 law on mental alienation to whether or not asylums should be called "psychiatric hospitals," what many practitioners felt was really at stake in these conversations was the fate and future of the asylum itself.[56] For example, when Paul Strauss, the Minister of Hygiene, Assistance and Social Planning, asked the Medico-Psychological Society for their definition of that elusive wartime term, *les petits mentaux*, in 1922, Toulouse balked.[57] This was not a dialogue about whether or not it was possible to establish a definitive list of "minor" versus "major" mental problems, nor a question about the linguistic incorrectness of the term itself, but rather a cloaked debate about the validity and scope of open psychiatric services:

> Let me say that you have wasted a lot of time repeating that the term *petit mental* signifies nothing…in reality the Minister is asking our opinion on the question of open services. Let's sweep aside the term *petit mental* and stick to the idea itself. This idea [of open services] clashes with some prejudices and habits, and we are all a little biased one way or another for novelty or for tradition…One wonders if open services won't absorb too many patients since they seem to be able to take in all those who are not dangerous and who do not protest. Mr. [Jules] Séglas believes that there are only a very small number of protesters and fears that the installation of open services could lead us toward the end of asylums. There will always be asylums, but their organization will change.[58]

Indeed, by the 1930s, at which time the Henri Rousselle Hospital was running, by most accounts, a highly successful operation treating growing numbers of patients with a wide array of mental health problems, Toulouse, as its director, increasingly became an object of ire.[59] Established alienists sought to end the organizational autonomy of the Henri Rousselle Hospital, which had

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[56] See for example René Charpentier, "L'hôpital Magnan," *Annales médico-psychologiques* no.1(1923): 193-202.

[57] For a brief discussion of *les petits mentaux*, see Chapter 3.

[58] "Séance du lundi 24 juillet 1922," *Annales médico-psychologiques* no. 2 (1922): 245-257. For Toulouse's quote see pages 254-255.

[59] For statistics concerning the numbers of patients hospitalized at the Henri Rousselle hospital see Préfecture du département de la Seine, *Centre de psychiatrie et de prophylaxie mentale. Hôpital Henri-Rousselle. II. Organisation et fonctionnement*, 12.

been financially and administratively distinct from Sainte-Anne since 1924.[60] In another act of retaliation, a number of Toulouse's opponents successfully barred him from participation the professional society, the *Association amicale des médecins des établissements publics d'aliénés* (The amicable association of doctors in public establishments for the alienated). [61]

These disagreements were not, however, only about spatial organization and the kinds of illnesses that should be treated in these new centers. The relationship between temporality and curability, between time and cure—in the sense of the temporal evolution of the illness itself, as well as in the sense of the expected duration of treatment—was also at stake. Charpentier put it most explicitly:

> On what will the division between acute and chronic patients be based? What do we mean by chronically ill? Does a patient whose recovery takes several years need different treatments or fewer treatments than a patient who is cured in one year? This would be to overlook the frequency of late recoveries in mental illnesses ... If it is true that most cases of curable mental illness are cured during the first year of treatment, the proportion of recoveries that happen later is higher than we usually imagine…*duration does not exclude curability*.[62]

If for Charpentier chronicity and long-term care had no necessary implications for curability, most proponents of mental hygiene held the opposite opinion. To them it was the asylums themselves that led to chronicity: the misapplication of "long-term guardianship" was to blame. Instead of condemning psychopaths to the "fatal eventuality" of chronicity, Dr. Paul Maurice Legrain (1860-1939), a colleague of Toulouse's at Villejuif, argued for stricter

[60] The Henri Rousselle hospital was administratively separate from Sainte-Anne from 1924-1941. Thomas, *Treating the Trauma of the Great War*, 154.

[61] For an account of these professional conflicts see Thomas, *Treating the Trauma of the Great War*, 165-66. See also, Isabelle von Bueltzingsloewen, "Quel(s) malade(s) pour quel asile?," 263-274.

[62] René Charpentier, "L'Hôpital Magnan," 199-200. My emphasis.

restrictions on internment. In Legrain's eyes, the asylum should be limited to "hopeless cases,"[63] whereas open-door hospitals should be "a place of rapid passage"[64] (*lieu de passage rapide*), with the aim of "recovery" or at least "toward a possible return to society."[65]

Practitioners at the Henri Rousselle Hospital would have been outwardly appalled to read, for example, the medical file of a woman named "Georgette B.," who was interned at *Maison Blanche* for 9 years before dying there in 1939 at age 53. On 14 April 1931, ten days after her admission, her attending physician, Dr. Beaudouin, noted that she "has spent too little time in our service for us to give her a prognosis." More than two years later, on 28 April 1933, her medical file states: the "patient has passed the curable phase of her illness and not received the treatment (*les soins*) her condition required."[66]

This "threat of chronicity," as Georges Lantéri-Laura has argued, has become foundational to contemporary understandings of mental illness.[67] In the beginning of the twentieth century, it helps explain how mental hygienists were able to push forward their programs for prevention and early detection. By threatening that it was only "in the beginning" that a psychopath was curable, practitioners hoped to be able to convince individuals demonstrating any kind of "disequilibrium" to seek services at the Henri Rousselle Hospital

[63] Paul Maurice Legrain, "Le Projet Grinda et l'hygiène mentale," *Annales médico-psychologiques* no. 1 (1922): 307. For a short biography of Paul Maurice Legrand, see Pierre Morel, *Dictionnaire biographique de la psychiatrie*, 152.

[64] Legrain, "Le Projet Grinda et l'hygiène mentale," 316. In other places he called them places of brief passage.

[65] Ibid., 315-316.

[66] Archives de Paris, Series D4X3 1176 (Dossiers médicaux des patients Maison Blanche).

[67] Georges Lantéri-Laura, "La Chronicité dans la psychiatrie française moderne," *Annales* vol. 27, no. 3 (1972): 548-49. Lantéri-Laura attributes the "chronocization" of mental illness in France to a number of demographic shifts during the end of the nineteenth century, including an aging population and increasing lifespan. He also points to the changing conditions of observation and the kinds of patients the asylum admitted. While the 1838 law decreed the creation of asylums across departments in France, it was only in the Second Empire and during the beginning of the Third Republic that they were actually more widely established.

earlier rather than later. As Justin Godart put it: to "assure early treatment for psychopaths, was…to prevent the multiplication of chronic cases."[68]

The early detection of psychopaths

At the most basic level, mental hygiene in interwar France endorsed an overarching chronology of psychiatric intervention that began with early detection.[69] After early detection, the timeline of cure included outpatient and inpatient stages of care, first in the dispensary and then in the hospital. At each of these stages treatment served a common end: reintegration and participation in a "productive" life in society. After hospital discharge some patients could expect to receive continued "post-cure" services. These might include, for example, professional orientation guidance (after a series of specialized testing in the psychology lab), weekly or monthly psychotherapy sessions, or regular visits from members of the social services wing. Though the terminology of "post-cure" was just entering the jargon of French psychiatric discourse in the interwar period, proponents of the mental hygiene movement in the 1920s were already in favor of post-treatment "supervision" for individuals who had been hospitalized (or interned).[70] Finally, the asylum was repositioned at the end (if not outside) of the timeline of psychiatric cure. Dr. André Antheaume, for example, recommended that internment was for

[68] Justin Godart, "Appel en faveur de l'hygiène mentale," *Bulletin mensuel de la Ligue d'hygiène mentale* (novembre 1921): 8.

[69] Toulouse and his colleagues promoted early detection programs in schools, factories, and other workplaces. Toulouse, Genil-Perrin, Targowla, "L'organisation du Service libre de Prophylaxie mentale," 343.

[70] Paul Schiff, "Le Premier congrès Allemand d'hygiène mentale," *La Prophylaxie mentale* (1929), 79-80; Toulouse, "Le Programme de la Ligue d'hygiène mentale," 3. See also Henry, Lavielle, Floence Patenotte, eds., *L'hôpital Sainte-Anne*, 130.

"extreme cases after exhausting the means of cure in open services."[71] Legrain also posited asylums as "no more than the last stage," if all other alternatives had proven unsuccessful."[72]

Thus as the asylum was recast as the last and final stop, the League of mental hygiene and prophylaxis marshaled early detection as its vanguard mission. The drive to promote preventative and prophylactic mental health measures was so pervasive that it even infiltrated marketing campaigns for everyday safety products.

Figure 4.5 "Automatic Fire Alarm Monito" from *La Prophylaxie mentale* (1922)

[71] J. Le Maux's summary of André Antheaume's conference lecture, "Les principes généraux qui doivent régir l'assistance des psychopathes," *Annales médico-psychologiques* no. 2 (1922): 184.

[72] Like Toulouse's vision of the psychiatric hospital as an intermediary space, Legrain characterized them as the "antechamber of the asylum." Legrain, "Le Projet Grinda et l'hygiène mentale," 304.

Take for example the advertisement (Figure 4.5) for an electric fire alarm, where the print reads (from top to bottom):

> An essential point…
> To prevent is better than to cure
> So it matters
> To avoid panic
> By detecting at its origin
> Any fire […]
>
> ***
>
> Normal people panic quickly
> What about the neuropaths?
> As soon as one of them goes into crisis, he risks disturbing the other hospitalized patients, making it very difficult to organize the rescue.

The temporal imperative of preventative mental medicine in the interwar period was to track down asymptomatic psychopaths and to do so wherever they were to be found, most notably within schools, factories, and businesses.[73] J.M. Lahy was again one of the key figures in this postwar program. Close to Toulouse, Lahy was appointed director of the hospital's psychology laboratory in 1922, where he and his team were in charge of "examining and measuring the mental age" and "intellectual processes" of patients from the hospital and the dispensary.[74] Additionally, as part of a mission to "facilitate the social usefulness of psychopaths,"[75] Lahy's laboratory provided professional orientation services to help patients and the "predisoposed" find employment suitable to their "mental state." Lahy equally used his

[73] Toulouse, Genil-Perrin, and Targowla, "L'organisation du Service libre de Prophylaxie mentale de l'Asile Sainte-Anne," 343-344.

[74] Marcel Turbiaux, "J.M. Lahy et L'orientation professionnelle," *Bulletin de psychologie* vol. 2, no. 483 (2006): 224. "Mental age" was contrasted with "chronological" (biological) age as a way to demonstrate whether or not a child should be considered "advanced," "normal," or "behind."

[75] Toulouse, Genil-Perrin, and Targowla, "L'organisation du Service libre de Prophylaxie mentale de l'Asile Sainte-Anne," 338.

position as an opportunity to conduct experimental research on a variety of psycho-physiological processes using patients as his subjects.[76] In a study conducted with Dr. G. d'Heucqueville in 1932 Lahy measured patients' psychogalvanic reflex—the change in skin's electrical conductibility—and associated these results with various psychiatric diagnoses. In other studies Lahy tried to scientifically measure what psychological and psycho-physiological qualities were necessary for optimal performance as employees or service members in department stores, the navy, and public transport.[77]

Lahy and one of his most important collaborators at the Henri Rousselle Hospital, Georges Heuyer, began advocating for "social selection" in public schools as early as 1925. A correspondent of the child psychologist Édouard Claparède, Lahy was highly interested in the question of normal and abnormal development in children.[78] Over the course of two years, he and Heuyer, one of the "founders" of pedopsychiatry in France, assembled around 500 "health dossiers" on students attending a public school for boys on Rue Lesseps in Paris' 20th arrondissement.[79] What started out as an initiative for the committee, "From School to the Workshop," led to Lahy and Heuyer conducting experimental research on students designed to "diagnose the troubles that made young people maladapted to social life."[80] Quickly it became clear to Lahy and Heuyer that professional orientation testing in schools, with some tweaking, might be used to detect "the signs of early morbidity" in children, "especially their mental and

[76] Lahy Archives, Box 9A.

[77] See for example Lahy Archives, Boxes 8, 17, 73-4.

[78] J.M. Lahy correspondence, Claparède papers, Bibliothèque de Genève, Ms. fr. 8438/10 fol. 13-14. Lahy also kept detailed "psychological notes" on the development of his son. See Lahy Archives, Box 4.

[79] For a short biography of Heuyer's career, see Morel, *Dictionnaire biographique de la psychiatrie*, 124.

[80] Georges Heuyer and J.-M. Lahy, "Quelques résultats de l'orientation professionnelle dans un école publique de la ville de Paris," *La Prophylaxie mentale* (1927): 268.

nervous fragility."[81] Though far from an expert on children, Lahy considered himself enough of an authority on the subject to give a series of talks in 1928 at the hospital's Institute for Psychiatry and Mental Prophylaxis on psychological tests for the detection of psychopathological troubles in schoolchildren.[82]

A marriage between professional orientation and clinical psychiatry, the pilot program established by Lahy and Heuyer in the early 1920s lasted for at least a decade, and by the 1930s they were working to expand the applicability of their "psychological profiling" methods.[83] Using reaction time testing, intelligence testing, and examinations of attention and memory, as well as a clinical exam, Lahy and Heuyer aimed to develop standard measures to detect "abnormal children" who might, "without special educational and medical measures," one day become "veritable social waste" (*un véritable déchet social*). They also sought to further classify the boys enrolled at the school on *Rue Lesseps* according to various subgroups, including "emotives," or children who "cry easily" and don't perform well "when called to the blackboard;" "children of normal intelligence, but with constitutional problems of character," who are "unstable" and "undisciplined;" "perverted children, liars and stealers," "who chase little girls, don't like anyone" and "are indifferent to reproach;" as well as "gifted children" but who demonstrate "fatigue" easily and "are incapable of an effort of long duration."[84] As Toulouse had announced, it was no longer sufficient to "intervene" after a "declaration of psychopathy" had

[81] Georges Heuyer and J.-M. Lahy, "Quelques résultats de l'orientation professionnelle dans un école publique de la ville de Paris," *La Prophylaxie mentale* (1927): 268.

[82] École Pratique des Hautes Etudes, Institute de Psychiatrie et de Prophylaxie Mentale, "série de conférences," *La Prophylaxie Mentale* (1928): 527.

[83] Georges Heuyer and J.M. Lahy, *Dépistage des psychopathies chez les écoliers par la méthode psychologique et l'examen clinique* (Paris: Gaston Doin, 1931): 203.

[84] Ibid., 200.

been made.[85] "At school, the psychiatrist should "establish the rules" with the aim of "distributing instruction to students according to their neuro-biological resistance."[86] In this classificatory process with preventative intentions, rapidity and efficiency were a large part of the method's appeal:

> We noticed that the tests used to establish the children's psychological profile also highlighted the psychomotor or intellectual insufficiencies confirmed by subsequent psychiatric examinations. We therefore thought that psychological tests, which are faster than medical examination[s], could help in the screening of early psychopathies.[87]

Though aware that sometimes "rapid examinations cannot always detect" important "character traits and intellectual processes" in children, Lahy and Heuyer did not seem too concerned. They believed that even if their methods identified more cases of psychopathy than actually existed "in reality," "the harm would not be so great" as the potential gain.[88] Ultimately, Lahy would go on to argue that the purpose of preventative and psychotechnical tests went beyond diagnosis. Their reach enabled them to "evaluate the functional value" of the "brain," and "to clarify" "the real resistance of these children" to "the hazards of life."[89]

This impulse to find "latent psychopaths" anywhere and everywhere also helps explain what retrospectively looks like mental hygiene's tendency toward over-diagnosis. Indeed, Toulouse proclaimed that "the social action of" the league was "subject to boundless expansion." Rather than limiting itself to "the struggle against insanity," it must aim toward the improvement

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[85] Toulouse, "Le Programme de la Ligue d'hygiène mentale," 2.

[86] Ibid., *La Prophylaxie et l'hygiène mentale* (Lille: Imprimerie Douriez-Bataille, s.d.): 3.

[87] Heuyer and Lahy, *Dépistage des psychopathies chez les écoliers*, 197-98.

[88] Ibid., 198.

[89] J.M. Lahy and A. Courtois, "L'Examen préventif des enfants de psychopathes," *La Prophylaxie mentale* (1931): 435.

"of all the intellectual forces of the nation."[90] As Michel Huteau has argued, this "imperialistic" attitude exposes a merger between the French mental hygienists and other movements geared toward self-improvement and never ending personal growth.[91]

Clinical temporalities at work

The general emphasis on early intervention and rapid results was, by and large, promoted across the laboratories, dispensary, and open door hospital. But if the Henri Rousselle's practitioners and propagandists promoted their facility as a place of "fast and brief passage," in reality the organization of time within the Henri Rousselle Hospital was more complex.

Toulouse doubled down on the rigorous organization of time in the clinic and made strict temporal accounting for his personnel a key component to the smooth operations of his institution.[92] Toulouse scheduled each moment of the day with defined tasks and required his staff to account for their time. For those in Toulouse's inner circle, this would have come as no surprise: when enacting reforms at the Villejuif asylum years prior, Toulouse made a point of reorganizing of the institution's clinical temporalities. His attention to the daily structuring of time at Villejuif was so rigorous that others have called his reforms "quasi-taylorist"—a reference to Taylorism's "rationalization" of workplaces and system of "scientific management" that advocated chronometered work.[93]

Toulouse also considered the temporal regimentation of patients' schedules a

[90] As quoted in Huteau, *Psychologie, Psychiatrie, et Société sous la troisième République*, 194.

[91] Ibid.

[92] Goudemand, "Un Tournant dans l'assistance psychiatrique en France," 4.

[93] Huteau, *Psychologie, Psychiatrie, et Société sous la troisième République*, 167. See also Goudemand, "Un Tournant dans l'assistance psychiatrique en France," 7.

"therapeutic" form of control. In the late 1890s, when he visited open-door asylums in Murthley, Larbert, and Garloch Scotland, he observed that a highly regimented agenda seemed to have positive effects on the patients. He especially admired the robust daily timetable set for patients at Murthley, where activities from 6am to 8pm were established with striking regularity. Toulouse (quoting another doctor) remarked that just because patients were treated in a *service libre* facility didn't mean that they were free from restraint: "far from it…only [in the open-door asylum] ostensible material restraints are replaced by precision in [the patients'] timetable."[94]

This obsession with the relationship between structured time and mental health was not unique to Toulouse. Heuyer also believed that temporal regimentation was important for healthy childhood development. Intrigued by American methods for organizing the daily schedules of primary school children, Heuyer visited schools in Newark, New Jersey, where he observed "temporal hygiene" in action.[95] In his own work he reprinted a number of public health advertisements originally circulated in popular American magazines to illustrate his point (Figure 4.6). In his opinion, one of "pathological characteristics" of abnormal or "slow" children was their inability to adopt and adapt to "the normal rhythms of school."[96] As we shall see in greater detail in the next chapter, Eugène Minkowski (1885-1972), a consulting psychiatrist at the dispensary, also started in the 1920s and 30s to make links between the inability to conform to normative (meaning societal) temporal structures and the diagnosis of schizophrenia.

[94] Toulouse, "L'Open-Door en Écosse," *Revue de psychiatrie* (1899): 269 (261-272).

[95] Georges Heuyer, "Le Surmenage dans l'enseignement primaire," *L'Hygiène mentale* vol. 25, no. 9 (1930): 224.

[96] Georges Heuyer, "Nécessité de médecins inspecteurs spécialisés pour l'examen des enfant anormaux dans les écoles maternelles et primaires," *Bulletin mensuel de la Ligue* (novembre-décembre 1922): 86.

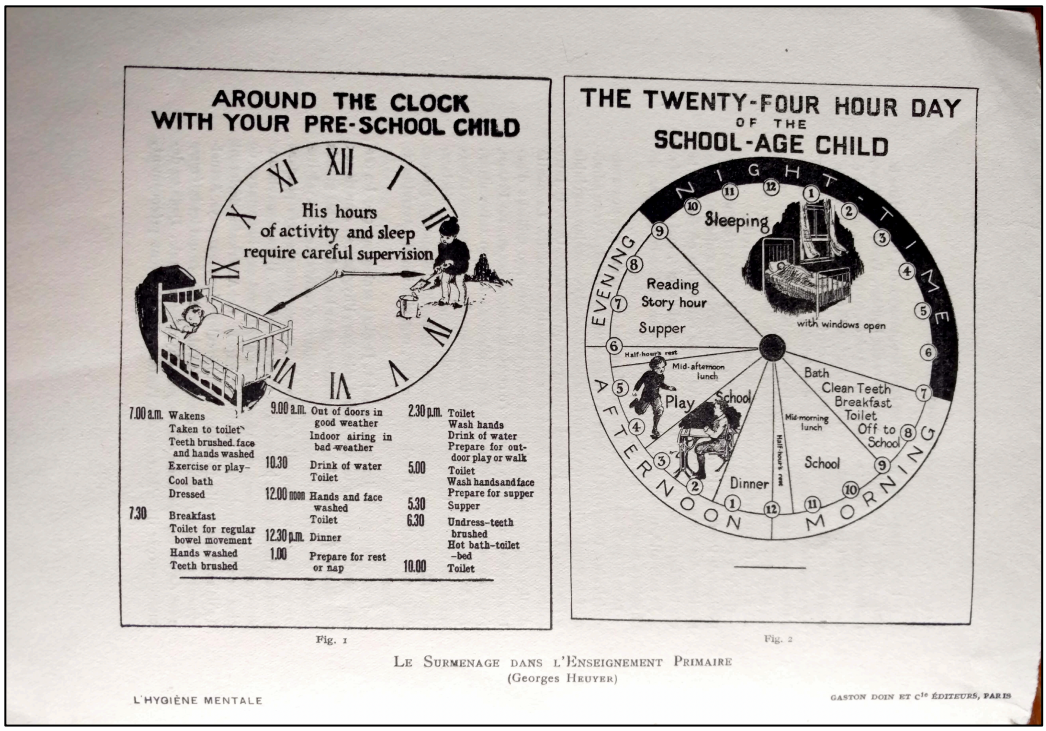
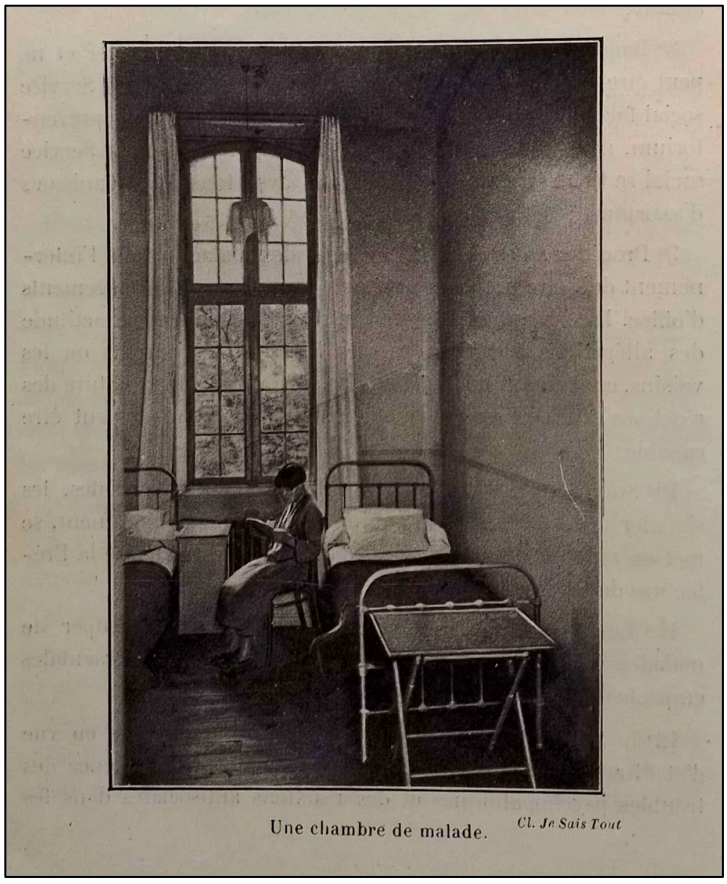


Figure 4.6 "Around the Clock with your Pre-School Child" and "The Twenty-four hour day of the School-Age Child" from Heuyer's *Le Surmenage dans l'enseignement primaire* (1930)

Published sources on the functioning and organization of the Henri Rousselle Hospital's various branches do not reveal much about how time was structured for the patients while they were admitted as inpatients. Publicity for the hospital does portray the service's facilities as plush with bourgeois luxuries including well-appointed rooms (Figure 4.7), a weekly cinema projection, various games, and ample activities to fill their leisure time.[97] Medical files provide only limited insight into how patients spent and responded to their time seeking treatment in the facility. Nevertheless, what is clear is that many were subjected to intelligence and reaction time testing at Lahy's psychology laboratory. Practitioners there tended to take note when patients resisted examination. For example, the medical file of a 53-year-old patient named "Louis M.,"

[97] Préfecture du département de la Seine, *Centre de psychiatrie et de prophylaxie mentale. Hôpital Henri-Rousselle. II. Organisation et fonctionnement*, 11-12.

notes that he asked repeatedly for explanation about the purpose of the testing. Maurice V., a twenty-three year old stonemason, also, according to his medical file, declared that he was "very bored" and questioned "the use of his time" spent in the clinic.[98]



4.7 "A patient's room" in the Henri Rousselle Hospital Figure (circa 1920s) from a 1929 report produced by the Préfecture du département de la Seine, Archives de J.M. Lahy, Box 76, Musée d'histoire de la Psychiatrie et des Neurosciences du centre hospitalier Sainte-Anne

Within the dispensary, Toulouse's attention to the relationship between time in the clinic, patients' needs, and his personnel's workflow was translated into a set daily schedule of available services. General psychiatric consultations took place every morning, except Sundays and holidays, usually from 9 am. Specialist consultations were scheduled in the afternoons so

[98] Archives de Paris, Series 3498 W 3.

that patients who had received a general consult earlier in the day, and were suspected of requiring inpatient observation or treatment, could follow up with an appropriate specialist the same day. The daily timetable of consults from specialists with expertise in everything from "anxious states" and "abnormal children" to "sexual pathologies" and "psychotherapy" was made publically available so that individuals seeking a particular kind of care might organize their own schedules accordingly.[99]

The completion of medical certificates in the asylum was supposed to follow a legally defined schedule with an eye to essentially long-term internment. The first certificate had to be completed within twenty-four hours of admission and a *certificat de quinzaine* was supposed to be filled out fifteen days thereafter.[100] In contrast, how a patient was expected to move through the inpatient wards of the Henri Rousselle Hospital was subject to accelerated, but more strictly (though not legally) defined timeframes. Intended for patients with severe agitation, hallucinations, active delirium, or self-harming tendencies, the so-called observation wing of the Henri Rousselle Hospital was a place for monitoring individuals for whom the severity of their situation was not immediately discernable. Here practitioners tried to ascertain whether or not their patients' mental states would be "sufficiently modified" "within a few days." Alternatively placement within Sainte-Anne might be deemed necessary if the patient did not improve.[101]

Psychiatrists working in the observation wing were encouraged not to make decisions about internment too hastily. But they were equally cautioned against "wasting time examining a

[99] Toulouse, Dupouy, and Courtois, "Les services ouverts pour psychopathes," 572.

[100] Julien Raynier and Henri Beaudoin, *L'Assistance psychiatrique française*: *assistance, législation, médecine légale, psychiatrie sociale*, tome II (Paris: E. Le François, 1950), 108.

[101] Toulouse, Dupouy, and Courtois, "Les services ouverts pour psychopathes," 575-576

chronic."[102] It was expected that action had to be undertaken without a delay of more than 2 to 4 days.[103] Moreover "the clinical examination had to be completed the day of, or by the morning after, a patient's admission;" blood and spinal fluid samples (the latter was required for all men because of the prevalence of syphilis) had to be collected with immediacy. If a social services inquiry was needed, this also had to be concluded promptly, so that generally, "the morning after admission, the doctor would have all the necessary elements compiled and ready to make a diagnosis and a decision" about treatment.[104]

If the patient was then moved to the treatment ward, there they would find three physicians tending to individuals who were deemed calm and "non-agitated:" "depressives, schizophrenics, [the] anxious, chronic alcoholics," and the like. Treatments here, as in the dispensary, included a variety of short-term "physio-therapies," including injections of various drugs like cardiazol (used for insulin shock therapy), malaria therapy, hydrotherapeutic baths, the application of ultra-violet rays, and electrotherapy.[105] Or a patient might be visited by a psychotherapist.[106] Regardless of the treatment modality, Dr. Antheaume reckoned that patients in an open-door facility should expect "always a cure of short duration, ranging from a few days to a few months."[107] At the Henri Rousselle Hospital in particular the "duration of stay" was not legally restricted, but "in practice, because of the lack of available places and the number of new

[102] Toulouse, Dupouy, and Courtois, "Les services ouverts pour psychopathes," 575.

[103] Préfecture du département de la Seine, *Centre de psychiatrie et de prophylaxie mentale. Hôpital Henri-Rousselle. II. Organisation et fonctionnement*, 12.

[104] Toulouse, Dupouy, and Courtois, "Les services ouverts pour psychopathes," 577.

[105] André Antheaume, "Chronique," *L'hygiène mentale* vol. 21, no. 1 (1926): 4.

[106] M. Mignard and E. Minkowski, "La psychothérapie au dispensaire," *Paris médical* no. 53 (1924): 147-151.

[107] J. Le Maux's summary of André Antheaume's conference lecture, "Les principes généraux qui doivent régir l'assistance des psychopathes," *Annales médico-psychologiques* no. 2 (1922): 184.

arrivals, could not exceed" at most "a few weeks."[108] As Dr. Roger Dupoy explained, "from the dual standpoint of economics and psychology," "rapid cures of several days" were "desired by both the doctors and the patients."[109]

The push for accelerated treatments and shortened hospital stays is part of a broader story about rationalization and the logic of modernity at work in twentieth century. Dupouy, for example, used part of his time at the Henri Rousselle Hospital to develop an "ultra fast treatment" (*cure brusque*) for his patients with drug additions. Once a thirty-year supporter of what he called a "half-slow" (*demi-lent*) approach to detoxification, which gradually tapered substance intake, Dupouy worked hard to change his cure's cadence. According to his explanation: "time has become more and more valuable, and it is rare today to find drug addicts who will accept, as they once did in the past, spending two or three months in institutional treatment." With Dr. Delaville, the director of the Henri Rousselle's "biochemistry laboratory," Dupouy designed the "Delaville & Dupouy method," a "five day" detox regime that generally took "between 3 to 5 days, and exceptionally six" (Figure 4.8).

[108] Toulouse, Dupouy, and Courtois, "Les services ouverts pour psychopathes," PM (1929-32): 577.

[109] Roger Dupouy, "Le Traitement des toxicomanes," *L'Hygiène sociale* no. 122 (25 juin 1934): 2693.

Figure 4.8 "In five days. Detoxification Treatment. Delaville & Dupouy Method" from "Le Traitement des toxicomanes," *L'Hygiène sociale* (1934)

In line with its stance toward "productivity," the administration of the Henri Rousselle Hospital also considered it of prime importance that patients could seek psychiatric treatment according to their own schedules. The aim was thus not only to provide better results in an outpatient setting, but also to limit long-term interruptions to a patient's personal, and especially, professional life. As the 1929 report on the hospital states, "a new consultation [period] has been established on Saturday afternoon from 5 to 7 pm [to] allow those who enjoy an English workweek (*la semaine anglaise*) to profit from the medical advice they need, without losing a half-day of work."[110] A similar report from 1932 re-emphasized that the expansion of

[110] Préfecture du département de la Seine, *Centre de psychiatrie et de prophylaxie mentale. Hôpital Henri-Rousselle. II. Organisation et fonctionnement*, 7. The "English workweek" is the five-day workweek, with both Saturday and Sundays off.

consultation hours to Saturday afternoons meant that patients with professional commitments could avoid disrupting their employment hours.[111] Proposals in favor of multiplying open-door facilities across Paris (and France) cited "time saving" as an important factor. In her medical thesis on the subject Marie-Thérèse Lacroix-Dupouy remarked that the creation of other centers for mental prophylaxis in diverse neighborhoods across the city would enable "numerous psychopaths" who "live far from the 14th arrondissement" to seek psychiatric care "without losing too much time."[112]

Conclusions: Phantom cures

In their 1931 report on "open services for psychopaths," Toulouse, Dupouy, and Courtois argued that "the material organization of the service" took "the time factor (*le facteur temps*) into the greatest account."[113] Rather than letting their patients languish for years in internment, they promoted new spaces for medical intervention and focused on prevention and cure. Indeed, at the most basic level, psychiatrists and psychologists working at the Henri Rousselle Hospital were in the business of arguing that their institution, and open-door psychiatry more generally, could provide, faster, cost-effective, and timesaving care. But it reality, the situation was more complicated.

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[111] Toulouse, Dupouy, and Courtois, "Les services ouverts pour psychopathes," 570.

[112] Marie-Thérèse Lacroix-Dupouy, *Les services ouverts dans les asile: la conception de l'hôpital psychiatrique, le dispensaire de prophylaxie mentale et le service social* (Paris: Jouve & C[ie], 1926), 128.

[113] Toulouse, Dupouy, and Courtois, "Les services ouverts pour psychopathes," 575-6.

Between 1922 and 1928, the annual number of hospitalizations at the Henri Rousselle increased from 388 to 2,883.[114] As growing numbers of patients flocked to their services, practitioners began to feel a sentiment long familiar to asylum doctors: the desire for *more*, not *less*, time. A byproduct of overcrowding and understaffing, time in the asylum, in the eyes of many alienists, had always been scarce. Charpentier, for example, insisted that only "more doctors, and fewer patients" (as well as "better pay and better equipment") would solve "the therapeutic problem [of the asylum]."[115] Asylum psychiatrist and onetime president of the Medico-Psychological Society, Florentin Pactet (1863-1955) articulated the problem of time in the asylum most explicitly:

> I would like…to make the mathematical demonstration of the impossibility for one doctor to treat (*donner des soins*) 500, 600, to 900 patients […] you will concede and I hope not think me too demanding that a doctor should dedicate to each of his patients three minutes a week and god knows to what extent it is possible to ascertain the state of an alienated patient in three minutes! For 900 patients with three minutes each weekly we arrive at the number of 2,700 minutes, or 45 hours a week […] it is impossible for a doctor to regularly devote eight hours a day to the examination of patients […] With a period of two hours a day the doctor has a little less than a minute per week to devote to each of his patients. So these are the lunatics who are interned to receive care and how much time does a doctor have to give them: three quarters of an hour per year…[116]

When the *Conseil général de la Seine* voted to allocate the Henri Rousselle Hospital a sum of 6 million francs to grow the service's operations at the end of the 1920s, the hospital's administration noted this would allow them not only to care "for more patients," but also to "care

[114] Préfecture du département de la Seine, *Centre de psychiatrie et de prophylaxie mentale. Hôpital Henri-Rousselle. II. Organisation et fonctionnement*, 12.

[115] Charpentier, "L'hôpital Magnan," 201.

[116] Florentin Pactet as quoted in Hervé Guillemain, "Le soin en psychiatrie dans la France des années 1930," *Histoire, médecine et santé* vol. 7 (2015): 77-90.

for [these patients] longer (*de les soigner plus longtemps*)."[117] This desire for more time with patients shows how after the war, accelerated curability turned out not to be "a one size fits all" solution. It was not simply a matter of creating spaces for fast and short-term passage.

Moreover, patients who protested recommended hospitalization problematized the mental hygienists' rhetoric of accelerated curability even further. Non-compliant patients heightened these practitioners' desire for the legal right to "keep" patients for longer periods of time, in spite of non-consent. The argument Toulouse and others proffered was that the right to hold patients against their will for a specified, "but limited," duration would enable psychiatrists to more accurately adjudicate whether or not an individual truly required time in an asylum or not. The normally "rapid procedure" of observation and treatment in the Henri Rousselle Hospital "might be biased against some patients" and "therefore it would of interest," they claimed, to have the possibility of keeping "under observation" a "resistant patient for whom a quick decision is detrimental to their interest or even their cure."[118] Echoing the *certificat de quinzaine* of the asylum system, Toulouse and his colleagues reasoned that a fifteen day period, with the possibility of one extension for an additional fifteen days in exceptional cases, would be enable them to make these important decisions without the duress of speed.

Nor was the desire for more time restricted to cases of resistant patients. At closer investigation it seems that in spite of the fact that Toulouse and many of his colleagues championed rapid procedures and quick turn around to stave off critics, they also frequently stressed that the maximum duration of time a compliment patient might need to stay in the Henri Rousselle Hospital should not be subject to legal caps. Thus if in the 1920s, supporters of the

[117] Préfecture du département de la Seine, *Centre de psychiatrie et de prophylaxie mentale. Hôpital Henri-Rousselle. II. Organisation et fonctionnement*, 12.

[118] Toulouse, Dupouy, and Courtois, "Les services ouverts pour les psychopathes," 581.

facility argued that its primary aim would be to serve acute patients with curable illnesses of a short duration, by the beginning of the 1930s, they also admitted "patients [with illnesses] of prolonged evolution," (*les malades à évolution prolongée*), a barely veiled euphemism for chronicity.

The treatment of chronic forms of mental illness and, as we shall see in the next chapter, the use of longer-duration therapies like psychotherapy, as well as the desire for "more time" on the part of many working in the Henri Rousselle Hospital, complicates a picture of interwar mental hygiene as operating only at "high speed." Nowhere is this clearer than in Georges Genil-Perrin's work on "dangerous suggestions." An important collaborator and practitioner at the Henri Rousselle Hospital, Genil-Perrin nevertheless became skeptical of the blanket valorization of speed. In "the choice between multiple methods …one slow and the others rapid," "why, you might ask me," would "I choice the former?" For Genil-Perrin, rapidity and "rational" psychotherapy did not go together. When treating a patient with "hysterical mutism," he writes:

> I could have used other methods, easier and faster ones: with a pill…with a few electrical shocks in the neck region…I could have maybe given him back his voice in an hour.[119]

But these rapid cures provide nothing more than "a phantom recovery" (*un fantôme de guérison*); they make problems "disappear" in the same way that "one makes pain vanish with an injection of morphine," without "addressing the source" of the problem. If for Genil-Perrin, "rational persuasion" was "less brilliant," it made up for its slowness with durability and certainty.[120] "Psychological medicine," he argued, should be "dosed with discernment."[121] As we shall see in the next chapter, Genil-Perrin wasn't the only "defector."

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[119] Georges Genil-Perrin, "Les suggestions dangereuses," *La Prophylaxie mental* (1925): 36-37.

[120] Ibid., 38.

[121] Ibid.

For skeptics of open door psychiatry, the emphasis placed on swift curability and rapid decision-making could lead to misjudgment, if not downright mistakes. Public opinion also became distrustful of the "short duration" approach to care promoted at the Henri Rousselle Hospital. The popular press, which had once decried psychiatry's lengthy and arbitrary asylum internments, turned against Toulouse and implied that "rapid door" psychiatry was enabling too many dangerously insane people to "walk free." In November 1922 *Chanteclair* published an image of Toulouse as the "liberator of psychopaths," with a menacing crowd of patients pushing their way out of a gated asylum and into the streets to disturb the public peace.[122] Other critiques continued to follow suit and became increasingly acrimonious as more patients sought out hospitalization and ambulatory care. *Le Matin* ran an article, for example, on 15 January 1933, about an epileptic composer and onetime patient at the Henri Rousselle Hospital who had attempted a gruesome attack on his wife with a razorblade before endeavoring to commit suicide.[123] *Le Journal* reported two weeks later that a two-time killer named "Rambon" had been previously treated at Toulouse's establishment…apparently with little success.[124]

[122]As seen republished in Huteau, *Psychologie, psychiatrie, et société sous la Troisième République*, 204.

[123] "Au cours d'un accès de folie un professeur de piano blesse sa femme et tente de se faire justice, " *Le Matin* 15 January 1933.

[124] Thomas, *Treating the Trauma of the Great War*, 165.

CHAPTER 5
A "Truer" Sense of Time?

After observing a patient with his own name in 1910, doctor Charles Blondel (1879-1930) remarked with interest that Charles "knows the date," but knowledge of this fact provides him no anchor in reality. His notion of "the date" is "vague and out of focus:" he feels "a profound disturbance" in his "sense of time." Stuck "living day by day, like an animal," Charles is wedged "in between two horrible nights," in a "recoil and retreat of the past and the future." Time, to him, appears "immense, interminable." Moreover, "he has the impression…that the past, old and recent, constitutes an inextricable mixture." [1]

Blondel, after completing his medical degree in Paris with a thesis on self-harming, joined hospice physician Gaston Deny (1847-1923) and neurologist Jules Dejerine (1849-1917) at the Salpêtrière in 1906.[2] Under their supervision, Blondel began monitoring and recording meticulous notes on a number of alienated patients that came through the Salpêtrière's wards during the early twentieth century. Charles, a forty-four year old chef with a history of "mood instability," was one such patient. Observing Charles' behavior and strange linguistic expressions between April and November 1910 left Blondel with "no doubt" about "the considerable role" Charles' affectivity played in his "loss of the notion of time" (*perte de la notion du temps*).[3] Emotionally, his somber mood and continuing sadness have made it

[1] Charles Blondel, *La Conscience morbide*: *Essai de psychopathologie générale* (Paris: Félix Alcan, 1914), 44.

[2] F. Fuentenebro and G.E. Berrios, "Charles Blondel and *La Conscience morbide*," *History of psychiatry* vol. 8, no. 30 (1997): 277.

[3] Charles Blondel, *La Conscience morbide*, 45.

impossible for Charles to synchronize "between the beats of a clock and the progress we imagine…in the intimacy of our own thought."[4]

This chapter explores how between the 1910s-1930s, certain mental health practitioners and researchers in France came to identify their patients' individual experiences of time as crucial objects of psychopathological inquiry. Rather than relying on the chronometric methods discussed in Chapter 2, or on the "usual assumption" that a patient's "perception of time was distorted" as a byproduct of their delusions, these practitioners were interested in posing the "problem of time" in a new way.[5] They wondered: why shouldn't the "time" studied by psychiatrists and psychologists take into account the temporalities of lived experience?

To tackle the problem of time from a new angle, these psychiatrists and psychologists turned toward the philosophy and sociology of Jean-Marie Guyau (1854-1888), Edmund Husserl (1859-38), Lucien-Levy Bruhl (1857-1939), Emile Durkheim (1858-1917), and Henri Bergson (1859-1941).[6] Thus rather than shying away from the merging of philosophical thinking and psychiatric practice—a union that had been actively rejected by many fin-de-siècle alienists who wanted to bolster the scientificity of their discipline—these practitioners and researchers reassessed the value of philosophical and sociological thinking for the study of mental illness.[7] Metaphysical questions such as why does the feeling of time passing differ in different

[4] Blondel, *La Conscience morbide*, 45.

[5] Ellenberger, *The Discovery of the Unconscious*: *The History and Evolution of Dynamic Psychiatry* (New York: Basic Books, 1970), 843.

[6] In the vast literature on Bergson and Bergsonism, few works have focused on how Bergson's philosophy was influential in psychiatry and psychic science. The few notable exceptions include the work of Larry McGrath and Giuseppe Bianco. See for example Larry S. McGrath *Making Spirit Matter*: *Neurology, Psychology, and Selfhood in Modern France* (Chicago: Chicago University Press, forthcoming 2020); Giuseppe Bianco, *Après Bergson. Portrait de groupe avec philosophe* (Paris: Presses Universitaires de France, 2015).

[7] In general, the work of Pierre Janet is an exception to this. See Jacqueline Carroy and Régine Plas, "How Pierre Janet used Pathological Psychology to save the Philosophical Self," *Journal of the History of the Behavioral Sciences* vol. 36, no. 3 (2000): 231-240.

situations, and the disparities between public time and private time from a psychological standpoint, became especially relevant. As we shall see, from Blondel to J.M. Lahy and Eugène Minkowski, these French doctors and researchers demonstrated a new interest in how psychiatric patients or individuals under states of extreme mental duress ordered and experienced time in distorted or disjointed ways.[8]

This body of philosophically and sociologically informed work provides a point of contrast with the initiatives discussed in previous chapters by adding another example to the multiplicity of ways in which time factored into psychiatric practice and theory between the 1880s-1930s. The key idea here is that of temporal *experience*. Unlike work done in the controlled environment of psychology laboratories by French colleagues such as Henri Piéron (1881-1964), these practitioners were not concerned with the strictly "objective analysis" of "human conduct in relationship to time."[9] Instead it was precisely the subjective aspect of temporal experience and embodiment in psychopathological states that intrigued them. Their focus was not on time as a unit of measure, but on asking: what is it like to be alienated? Can we gain insight into this foreign mode of being? To access their patients' interior experience of temporality required these physicians and researchers to draw on the philosophical and linguistic tools of introspection and hermeneutics, not time-keeping machines like clocks or cameras.

[8] While an analysis of his patients' "spatial organization" also figures in Minkowski's work, his primary interest lay in their distorted structuring of time.

[9] Henri Piéron, "Les Problèmes psycho-physiologiques de la perception du temps," *L'Année psychologique* vol. 24 (1923): 1-25.

Not all psychiatrists and psychologists in early twentieth-century France subscribed to the doctrine of swift curability. In this chapter the language of incessant curability fades into the background, and discussions of therapeutics are, for the most part, non-existent. As we shall see below, the time to cure in psychotherapy for Minkowski remains vague and undefined, as amorphous as his view of the temporal trajectory of illness. Lastly, this chapter also demonstrates that World War I played a formative role in attuning French mental health practitioners to their patients' lived experience of time. The Great War is often associated with the development of trauma theory and Freudian psychoanalysis, but the events of 1914-1918 equally affected how French psychopathologists and researchers working in the post-war period developed non-Freudian approaches to time distortions.[10]

The pathology of private time

On the eve of World War I, after several years of training and clinical work under Deny and Dejerine, Blondel published his thesis for a doctorate in letters. This text, entitled *La Conscience morbide: essai de psychopathologie générale* (*The Morbid Consciousness: Essay of General Psychopathology*, 1914), was his first major work on mental pathology.[11] Though little studied today, it was this book that brought Blondel to the attention of his colleagues in France and elsewhere.[12]

[10] See for example John Zilcosky, "The Times in Which We Live: Freud's *The Uncanny*, World War I, and the Trauma of Contagion," *Psychoanalysis and History* vol. 20, no. 2 (2018): 165-190; Laura Sokolowsky and Jean-Claude Maleva, "L'apport freudien sur les névroses de guerre: un nouage entre théorie, clinique et éthique " *Cliniques méditerranéennes* vol. 86, no. 2 (2012): 209-218.

[11] Paul Courbon, "L'Œuvre de Charles Blondel," *Annales médico-psychologiques* no. 2 (1939): 365.

[12] *La Conscience morbide* was reviewed in English in 1914 soon after it was published. See T.H. Haines, "Review of La conscience morbide. Essai de psychopathologie générale," *Psychological Bulletin* vol. 11 (1914): 221–222.

Organized into three sections, Part I of *The Morbid Consciousness* features seven chapters, each of which presents an "annotated observation" of an individual patient. Comprised of attentive and lengthy narratives about his patients' morbid thoughts and behaviors, each chapter also engages in a fair amount of psychological interpretation. Atypical in their attention to copious and sometimes seemingly insignificant details, these annotated observations are unlike the accounts of patient case histories or descriptions of disease categories one would find in a classical manual of psychiatry or psychology from this period.[13] As French developmental psychologist Henri Wallon (1879-1962) remarked retrospectively, the case studies in *La Conscience morbide* were "far from properly medical observation[s]. They contain no references to terminology, distinctions, [or] classifications..."[14] Blondel likewise shied away from an overreliance on "objective examination"—or the physical / somatic medical exam—which, he argued, was more useful for identifying mental problems of intellectual decline rather than psychosis proper.[15]

This evasion of diagnosis, medical terminology, and nosological debates was intentional. Rather than following the normative practice of direct "cross questioning"[16] with a typical series of predetermined questions (Figure 5.1), Blondel describes his approach to the doctor-patient relationship as oriented around allowing his patients to "speak freely and without interruption" as frequently as possible.[17]

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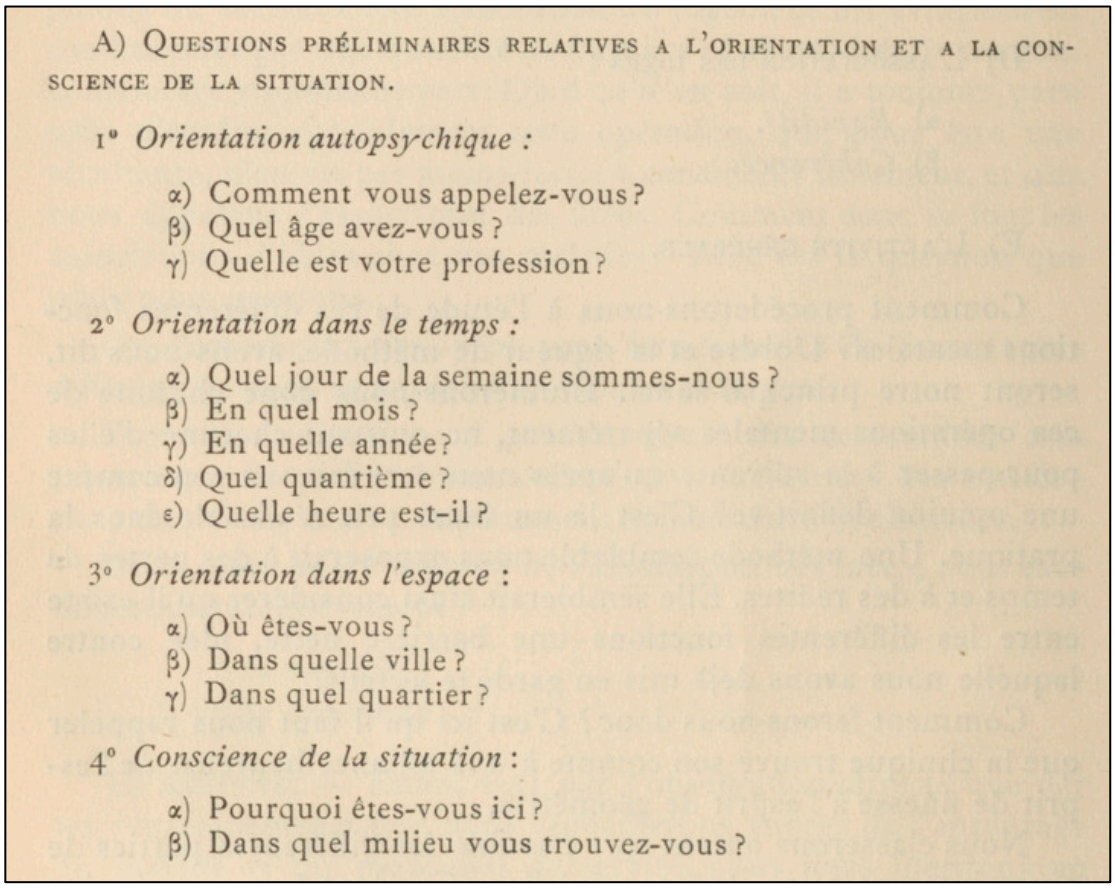
[13] See, for example, Emmanuel Régis' *Précis de psychiatrie* (Paris: Octave Doin, 1906, 1909, 1914, 1923). See also Georges Dumas, *Traité de Psychologie* (Paris: Félix Alcan, 1924).

[14] Henri Wallon, "Un psychologue humaniste: Charles Blondel," *Enfance* vol. 21, no.1-2 (1968): 105.

[15] Blondel, *La Conscience morbide*, 161.

[16] Blondel, *The Troubled Conscience and the Insane Mind* with an introduction by F.G. Crookshank (London: Kegan Paul, 1928), 32-33.

[17] Blondel, *The Troubled Conscience and the Insane Mind*, 38-39.



A) QUESTIONS PRÉLIMINAIRES RELATIVES A L'ORIENTATION ET A LA CONSCIENCE DE LA SITUATION.

1° *Orientation autopsychique :*

α) Comment vous appelez-vous ?
β) Quel âge avez-vous ?
γ) Quelle est votre profession ?

2° *Orientation dans le temps :*

α) Quel jour de la semaine sommes-nous ?
β) En quel mois ?
γ) En quelle année ?
δ) Quel quantième ?
ε) Quelle heure est-il ?

3° *Orientation dans l'espace :*

α) Où êtes-vous ?
β) Dans quelle ville ?
γ) Dans quel quartier ?

4° *Conscience de la situation :*

α) Pourquoi êtes-vous ici ?
β) Dans quel milieu vous trouvez-vous ?

Figure 5.1. Typical set of predetermined clinical questions to ask alienated patients from article written by Gilbert Ballet and G. Genil-Perin in *L'Encéphale*: *journal de psychiatrie* (1914)

Thus while he didn't want to reject the importance of disease classification outright, Blondel nevertheless insisted that for him it was far more enlightening to "take his patients as they present[ed] themselves"[18] in both language and behavior. He even sometimes watched them without their knowledge. For Blondel, "disturbed language," characterized by "changes of

[18] Blondel, *La Conscience morbide*, 144.

meaning" and "a profusion of metaphors," as well as strange or unique behaviors, could demonstrate the degree to which a "normal mind" had descended into pathology.[19]

After delving further into "the problem and its data" in Part II—with sections on subjects such as "images and metaphors," "pathological memories," and "the motor paradox"—Blondel's text culminates in a third and final section. It is here that Blondel lays out his theory of "the pathological mind."[20] For Blondel, "the insane mind is in rebellion against the conceptual system utilized by normal consciousness."[21] Positing a fundamental distinction between the sane and insane mind, Blondel argues that psychiatric patients have lost the ability to "format" the "individual data of pure consciousness" according to "social frames," and especially collective "language and culture."[22] As the healthy individual succumbs to their illness, the ever-widening gap between their experiences of themselves in the present (as sick) versus in the past (as healthy) drives them to the prolific and inexhaustible use of metaphors. In this jumble of verbiage, the patient attempts to describe themselves and their experience of illness, revealing a "futile search for a discursive system" that better fits the form of their own thoughts and feelings.[23] This experience of dislocation and incommunicability plunges them into a private world that a "sane" person cannot fully comprehend, let alone enter.[24] As Jacqueline Carroy, Annick Ohayon, and Régine Plas have argued, Blondel's theory represents a significant

[19] For Blondel's discussion of the relationship between language and the morbid mind, see *La Conscience morbide,* 160-175; *The Troubled Conscience and the Insane Mind*, 68-91.

[20] Blondel*, La Conscience morbide*, i-ii.

[21] Blondel, *The Troubled Conscience and the Insane Mind*, 53-54.

[22] Fuentenebro and Berrios, "Charles Blondel and *La Conscience morbide*," 278.

[23] Blondel, *The Troubled Conscience and the Insane Mind*, 57.

[24] H. Ellenberger, "A Clinical Introduction to Psychiatric Phenomenology and Existential Analysis," in R. May, E. Angel, & H. F. Ellenberger, eds., *Existence: A new dimension in psychiatry and psychology* (New York: Basic Books, 1958), 95.

departure from the French "pathological method" in psychology, which posited no fundamental distinction in kind, but only a difference of "degree," between the "normal" and the "pathological."[25] This rather pessimistic attitude toward the possibility of understanding between patient and doctor did not deter Blondel from interpreting his patients' acts and speech, however.

The central argument of *The Morbid Consciousness* is about that fundamental breach between the sane and insane mind, and the latter's inability to submit to the salubrious effects of socialization and participation in shared norms. A principal component in building up this argument for Blondel was an analysis of how his patients' minds rejected what he termed impersonal "homogenous time."[26] An expression that sounds strange to twenty-first-century ears, "homogenous time" was used during this period to designate what might otherwise be called "clock" time or "public" time. Popularized by the philosophy of Henri Bergson, "homogenous time" described the "objective" time of science and collective social action rather than the "subjective" time of individual consciousness.[27] Writing in the early twentieth century, only a few years after France had finally adopted Greenwich world time, Blondel certainly would have been attuned to the social, organizational, and centralizing power of national clock time. Far behind other industrializing nations' efforts to standardize and synchronize according to world time, France, until 1911, had defended its idiosyncratic and regional time zones, to say nothing

[25] Jacqueline Carroy, Annick Ohayon, and Régine Plas, *Histoire de la psychologie en France IXI-XX siècles* (Paris: La Découverte, 2006): 138.

[26] Blondel, *La Conscience morbide,* 317.

[27] See Henri Bergson, *Essai sur les données immédiates de la conscience* in *Oeuvres* (Paris: Librairie générale française, 2015), 234. See also A. Farges "La Notion bergsonienne du temps," *Revue philosophique de Louvain* vol. 19, no. 75 (1912): 337-378.

of their eccentric system of displaying different times on the clocks inside and outside train stations.[28]

Blondel's attention to how his patients experienced time as revealed in his clinical observations was two fold: like many of his colleagues, Blondel examined what was referred to as his patients' "general orientation in time and space" by assessing their memory and knowledge of important dates, their general sense of chronology, and their sense of location or place.[29] This practice had become increasingly commonplace since the late nineteenth century as a way to quickly evaluate a patient's level of mental confusion or to ascertain the presence of delusion.[30] Considered essential to "a well formed mind," orientation in linear, historical, public time indicated that one's intellectual faculties were operating as they should. By contrast, to be "poorly orientated in time" suggested the opposite: intellectual decline, confusion, senility, or possibly psychosis.

Following this relatively normative line of questioning Blondel noticed that six of his seven patients had distinct aberrations of memory.[31] In his annotated observation of a young, 26 year-old patient named Adrienne, for example, Blondel goes almost so far as to accuse Adrienne

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[28] Stephen Kern, *The Culture of Time and Space*, 13. The clocks on the outside of train stations displayed the actual time, whereas inside stations, clocks were set five minutes fast to help ensure passengers were on time.

[29] See for example his annotated observation of Adrienne. Blondel, *La Conscience morbide*, 9-15.

[30] G.E. Berrios, "Delirium and Confusion in the 19th Century: A Conceptual History," *British Journal of Psychiatry* vol. 139, no. 5 (1981): 439-449; G.E. Berrios, "Disorientation States and Psychiatry," *Comprehensive Psychiatry* vol. 23, no. 5 (1882): 479-491. Medical files from the archives of *Maison Blanche* hint that these were relatively standard questions by the twentieth century. Files dating from the 1920s and 30s frequently indicate a patient's "orientation in time and/ or space." Depending on the patient's responses, the medical file might note a variety of qualifiers, including the following: "orientation défectueuse" (see Archives de Paris series D4X3 1069); "orientation imprécise," "bien orientée dans le temps et le lieu," "mal orientée," "bien orienter dans temps et espaces, au courant les évènements contemporains, " (See Archives de Paris, Series D4X3 1081); "imparfaitement orientées dans le temps," "Déficit apparent de l'orientation actuelle dans le temps," or "orientation excellente," etc. (See Archives de Paris. Series D4X3 1112).

[31] Blondel, *La Conscience morbide*, 218.

of constructing a false memory when she appears unable to accurately date the event to which she attributes her outbreak of mental illness.[32] Confused about her age at the time of the "incident"—when a "young man" or a "crazy person" (*un aliéné*) "tried to abuse her"[33]—Adrienne and her memories are deemed untrustworthy. Unlike in Freudian traumatic memory theory where the repression of a traumatic event is considered a defense mechanism of the mind, what Blondel called Adrienne's "retrospective delirium" was exposed not only by her failure to remember exactly *when* the frightful event happened, but also by the disorganized nature of the recollection itself, which seemed—to Blondel—to be the projection of exaggerated emotions onto a semi-invented memory.

When exactly psychiatrists and psychologists in France started make these kinds of links between mental illness and intellectual decline with the inability to accurately state the day of the week, month, and year, is difficult to date, but sources written by French psychologists in the 1870s and 80s suggest a growing interest in "the diseases of memory" and more generally in the ability to keep track of time.[34] For example, in 1884, responding to the facts of a case published by Hippolyte Bernheim (1840-1919) of Nancy, Paul Janet (1823-1899), posed precisely that question. Bernheim had asked his experimental subject "S" while under hypnosis to return to see him after thirteen days. Though he remembered nothing from his hypnotic session, "S" diligently returned to Bernheim's office on the day as instructed and explained his action as a response to an impulse he had felt only that morning. This led Paul Janet to suggest that every person

[32] Blondel, *La Conscience morbide*, 9-13.

[33] Ibid., 11.

[34] See for example, Théodule Ribot, *Les maladies de la memoire* (Paris: Germer Baillière, 1883). See Ian Hacking, *Rewriting the Soul: Multiple Personality and the Sciences of Memory* (Princeton: Princeton University Press, 1995).

possesses "an unconscious faculty for measuring time."[35] A proliferation of writing on the subject followed: in 1885 the psychologist Henri Beaunis (1830-1921), a few years before founding the laboratory of physiological psychology at the Sorbonne discussed in Chapter 2, defended Bernheim by suggesting that our natural internal clock helps us keep track of time unconsciously. He even speculated that this capacity was intensified and rendered more precise in those with highly sensitive and sharp nervous systems.[36]

Others weighed in. Charles Richet (1850-1935), the physiologist, claimed that keeping track of time could be "accomplished without the involvement of the self (*le moi*)."[37] In a chapter on "time illusions" in *La Genèse de l'idée de temps* (*The Genesis of the Idea of Time*, 1890), the French philosopher Jean-Marie Guyau's states that insanity can alter or suppress an individual's "temporal perspective."[38] In fact, fascination with the ability to accurately keep track of time, or to know the time of day without a watch or clock was part of popular culture in nineteenth-century and twentieth-century France with newspapers and literary journals making references to the strange capabilities or idiosyncrasies of "clock men." In 1853, for example, a story published in the *Revue contemporaine* describes a character named Mr. de Glandevez as an "homme-horloge" for his ability to regulate "all of the actions of his day" with "an incredible regularity." So much so that his life turned "like the hand of a clock."[39] Even medical journals published accounts of mysterious time-keeping capabilities. One alienist Dr. Blin (dates unknown) for

[35] As quoted in André LeBlanc, "The Origins of the Concept of Dissociation: Paul Janet, his nephew Pierre, and the Problem of Post-Hypnotic Suggestion," *History of Science* vol. 39, no.1 (2001): 59.

[36] LeBlanc, "The Origins of the Concept of Dissociation," 60.

[37] See Charles Richet, "De la suggestion et de l'inconscience," *Revue politique et littéraire* vol. 34 (1884): 254.

[38] Jean-Marie Guyau, *La Genèse de l'idée de temps* (Paris: Félix Alcan, 1890), 109.

[39] See M. Nathaniel "Deux Mésalliances," in *Revue contemporain* (1853): 254-5.

example, who had served as an intern in the Seine department's asylums, was fascinated with a 12-year old child "on the limit between *débilité* and *l'imbécilité*," who presented "a singular ability" to indicate the date of the days of the week and the weekday corresponding to the date, for the years 1908, 1909, 1910, and 1911." [40]

But Blondel's preoccupation with analyzing his patients' sense of time went beyond assessing their ability to accurately give the date, recall memories, or order the chronology of historical events. He was also interested in how they embodied and experienced time. Recall that in his observation of Charles, Blondel noticed that though Charles "objectively" knew the date, this fact had little influence on the proper functioning of his mind. For Blondel, a *normalien* with an aggregation in philosophy (1900), the work of French philosopher Henri Bergson provided a highly relevant frame through which to make sense of his patients' unusual perceptions of time. By interpreting his patients' preoccupations, thoughts, behaviors, and language through the lens of Bergson's notion of *la durée*, Blondel was one of the first to apply Bergson's philosophical insights to clinical psychiatric observations.[41]

Thus it was primarily Bergson's philosophy of time consciousness that offered Blondel a new way to think about how the "morbid" and "normal" mind processed and organized time differently from one another. First set out in Bergson's *Essai sur les données immédiates de la conscience* (*Essay on the Immediate Data of Consciousness*, 1889), *la durée*, or duration, was the name Bergson gave to the temporal flow of consciousness when we refuse to artificially create separations between present states of mind and those of the past. In duration, there is no distinction or juxtaposition between past, present, and future—just interpenetration and

[40] Dr. Blin, "Un imbécile calculateur…(Présentation de malade)," *Bulletin de la Société clinique de médecine mentale* (1910): 9-14.

[41] Giuseppe Bianco, *Après Bergson*, 39.

continuity.[42] For Bergson—and this, too, was especially important to Blondel—there was something profoundly private (and ultimately ineffable) about an individual's unique temporal experience. For Bergson and his followers, one's internal sense of time was unquantifiable and fundamentally qualitative.[43] It escaped rational analysis and commonplace language and instead could only be expressed through the use of inventive metaphors and mentally accessed through the act of "intuition."

Developed throughout his career, the notion of duration enabled Bergson to posit a hard distinction between time as it is experienced in the flow of inner life and the "chronological sequence" of linear time and fixed measurement.[44] As is well known, Bergson's notion of duration also became culturally influential in Europe and North America, stimulating a number of modernist writers and artists from James Joyce to Virginia Woolf.[45] What has remained little studied, however, is how Bergson's theories about duration, and his methodology of "intuition," were also influential in psychiatry in France during the 1910s-30s.[46]

To complement and edify Bergson's distinction between the private time of duration and the "spatialized" and "homogenous" time of science and social necessity, Blondel also drew upon his other intellectual inheritances from the Ecole Normale Supérieure, including Durkheim

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[42] As quoted in Frédéric Worms, *Le vocabulaire de Bergson* (Paris: Ellipses, 2000), 20. Blondel cited frequently from Bergson's 1889 text, as well as from *Matière et Mémoire* (1896) and *Le souvenir du présent et la fausse reconnaissance* (1908).

[43] Bergson, *Essai sur les Données*, in *Oeuvres* I., 225.

[44] Samuel L. Macey,ed., *Encyclopedia of Time* (New York: Garland Publishing, 1994), 54.

[45] See for example Mary Anne Gillies, *Henri Bergson and British Modernism* (Montreal: McGill-Queens University Press, 1996); Tom Quirk, *Bergson and American Culture: The Worlds of Willa Cather and Wallace Stevens* (Chapel Hill: The University of North Carolina Press, 1990).

[46] This subject has begun to attract more attention recently. See for example Bianco's *Après Bergson* and Allegra Fryxell, "Psychopathologies of time: Defining mental illness in early 20th century psychiatry," *History of the Human Sciences* vol. 32, no. 2 (2019): 3-31.

and Levy-Bruhl.[47] In Durkheimian terms, time is a collective representation. In *Les Formes élémentaires de la vie religieuse* (*The Elementary Forms of Religious Life*, 1912), which Blondel cites in *The Morbid Consciousness*, Durkheim asserts that the category of time has its origins in religion and is, therefore, a social construct rather than a Kantian *a priori* condition of thought.[48] Durkheim, like Bergson, advanced an important difference between "a time that is…a succession of years, months, weeks, days and hours," and the "private experience" of time. One had to recognize that "it is not *my time* that is organized this way [according to the 12-month calendar or 24-hours of a day] but time as it is conceived objectively by everyone in the same civilization."[49]

With this armature of philosophy and sociology, Blondel developed a highly novel theory about the pathological mind's sense of temporality.[50] Blondel's observations of three patients at the Salpêtrière—Gabrielle, Dorothy, and as we already saw, Charles—provided him with important data about how "pathological thought distributes itself in time."[51] His patient Gabrielle, for example "lived in anticipation of terrible misfortune," fearing "a disastrous pregnancy." Despite the fact that "pregnancy is a physiological process of an objectively defined duration," Blondel remarked, at the beginning of her ninth month, Gabrielle was still

[47] Laurent Mucchielli, "Pour une psychologie collective: l'héritage durkheimien d'Halbwachs et sa rivalité avec Blondel durant l'entre-deux-guerres," *Revues d'histoire des sciences humaines* vol. 1, no.1 (1999): 105.

[48] Émile Durkheim, *The Elementary Forms of Religious Life*, trans. Carol Cosman (Oxford: Oxford University Press, 2001): xxv, 20 n.3.

[49] Ibid., 11-12.

[50] Blondel credits Lucien Levy-Bruhl's work, and in particular Bruhl's notion of "primitive mentality," as providing him with the idea that there is a fundamental difference between the sane and insane mind, one that cannot be explained using "normal" language, reason, judgment, etc. Blondel, *La Conscience morbide*, 247-255.

[51] Ibid., 214. For a discussion of Levy-Bruhl's importance to Blondel, see also Carroy, Ohayon, and Plas, *Histoire de la psychologie en France IXI-XX siècles*, 138-140.

unreasonably terrified of being pregnant.[52] Though no problems or accidents had befallen her or her growing baby, Gabrielle remained in a state of fear, demonstrating a highly troubled temporal logic. In fact, Blondel's interpretation of Gabrielle's case was cast in specifically temporal terms: he speculated that she was no longer able to accurately perceive the passage of "clock time." For Gabrielle, "the past and present had no other function outside of the immediate future," "beyond which she could not imagine." Though each passing day brought her one step closer to giving birth, Gabrielle's mind could not understand that nearly nine months had already gone by. In Blondel's reading, Gabrielle's notion of time had "contracted;" her perception of the future was damaged; and she existed outside all "logical" appreciation of linear time. Instead, Gabrielle's "subjective" or private notion of time took "its revenge," condemning her to the feeling of perpetual and unending terror.[53]

In a similar vein, Dorothy, a thirty-year old woman who spent three years at the Salpêtrière from May 1905 until her death in October 1908, experienced all demarcations between past, present, and future as nonsensical. Her temporal homogeneity was mirrored by her loss of physical sensation. Eventually, Dorothy lost all feeling in her body and became convinced that she no longer had one. In her circumstances, discrete events, past memories, and distinct moments lost all value and meaningful relevance. Blondel watched as she freely interchanged agonizing over the past with feeling anxious about the future.[54] According to Blondel, Dorothy's alternating ruminations and projections were temporally displaced "discursive expressions about her present uncertainty, which she could not seem to face."[55]

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[52] Blondel, *La Conscience morbide*, 216.

[53] Ibid.

[54] Ibid., 58-59.

[55] Ibid. 217.

Observing Charles, Gabrielle, and Dorothy led Blondel to believe that his patients had lost the ability to psychically participate in the "abstract and impersonal nature"[56] of public or "objective" time. Whereas the "normal mind" is socialized by language and custom to follow the normative temporal structures that organize everyday life, the pathological mind is an "aberrant, asocial mentality."[57] Without the capacity to harmonize the self with the customs that stabilize and fix communal life, Blondel interpreted his patients as blocked off from the ways in which sane individuals perceive and orchestrate time together in concert.[58] As historian of philosophy Giuseppe Bianco has suggested, Blondel's *La Conscience morbide* implicitly introduced in to French psychology even before World War I the idea that full immersion in Bergsonian duration, or what we might call one's own private temporal world, corresponds with mental illness.[59]

Psychological time in the trenches

The specific conditions of 1914-1918 played an important role in attuning French psychiatrists and psychologists to how the subjective experience of time might afford insight into unusual mental states, levels of extreme stress, and other psychic disturbances. The nature of trench warfare in particular—with its frequent periods of inaction and waiting, as well as its often-cited sense of monotony mixed with tension and fear—was especially provocative. While Bergson had written about the act of waiting and its prolonging effect on the sensation of time passing, his example—waiting for sugar to melt in a glass of water—was altogether ridiculous

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[56] Blondel echoes Durkheim's description of social time as "impersonal and abstract." See Durkheim, *The Elementary Forms of Religious Life*, 12; Blondel, *La Conscience morbide*, 317-318.

[57] Courbon, "L'Œuvre de Charles Blondel," 370.

[58] Blondel, *La Conscience morbide*, 317-318.

[59] Bianco, *Après Bergson*, 39.

when compared to the experience of waiting in the trenches.[60] Henri Wallon (1879-1962), reflecting upon his military medical service in 1920, recalled that among the mental troubles of war, disinterest was the principle symptom: "the world became monotone, time without limits and without length…"[61]

As Eugène Minkowski himself confessed, there was nothing more powerful than the combination of inaction and expectation in the trenches to make one reflect on the strange and disorienting psychological experience of time under states of mental and physical pressure:

> The monotony of life in the trenches made us sometimes forget the date and the day of the week; in the conditions we found ourselves in, separated from the habitual continuity and organization of life, these facts were…of no real importance; we substituted them with another "calendar," one more appropriate to our situation by simply counting the days that had passed since we arrived at the front and those that separated us from the date [when we could leave].[62]

J.M. Lahy's interviews with infantrymen fighting first in Belgium and then in the Argonne and Champagne confirm that Minkowski was far from alone in these feelings.[63] Long before historians took an interest in how soldiers during World War I experienced time "differently," Lahy observed with curiosity the widespread presence of "temporal illusions" shared among frontline combatants.

As we saw in Chapter 2, Lahy was mobilized during World War I and spent the war years working as a psychological researcher. Keen to understand what psycho-physiological qualities made the best machine gunners, Lahy and his 1915-16 experiments helped further the

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[60] Bergson uses this example in the book that made him internationally famous, *L'évolution créatrice* (1907).

[61] Henri Wallon, "Lésions nerveuses et troubles psychiques de guerre," *Journal de psychologie* (1920): 87.

[62] Minkowski, *Le Temps vécu*: *Études phénoménologiques et psychopathologiques* [1933] (Paris: Presses universitaires de France, 1995), 12.

[63] J.M. Lahy, "La Psychologie du combattant," 5-6. Unpublished manuscript, Lahy Archives, Box 57.

reach of chronometric measurements and aptitude testing studies in France in the postwar period. However, Lahy's experience living in community with frontline soldiers also motivated him to ask a number of other psychological and psycho-social questions. Thus in addition to his reaction time studies, Lahy worked to amass data on an entirely different set of problems.[64] Drawing from a wide range of "psychological observations" made over the course of his mobilization, Lahy wrote a manuscript of over 200 pages, *La Psychologie du combattant dans la guerre de tranchées et dans le combat corps à corps* (*The Psychology of the Combatant in Trench Warfare and in Hand-to-hand Combat*). Witten while the war was still ongoing, the manuscript, now housed in the J.M. Lahy archives at Sainte-Anne, remains unpublished as a whole—though sections of it were printed in *La Grande Revue* between 1915-1918 as independent articles.[65]

In preparing his research for *The Psychology of the Combatant* Lahy busied himself observing and interviewing soldiers, refusing to rely on accounts from "second hand" witnesses. He sometimes obtained both verbal and written accounts of soldiers' wartime experiences.[66] The manuscript treats a wide range of subjects, from differences between the "civilian and martial mentality" to the effective military use of psychological "suggestibility." But Lahy was equally moved to explore another issue that he considered of prime importance: the psychological experience of time and how the conditions of war and intense situations might distort it.[67] Dedicating an entire chapter to the subject, Lahy wondered what circumstances contributed to

[64] According to Lahy, all the data collected for this text was collected directly by himself Lahy, "La Psychologie du Combattant," 5-7.

[65] See for example, J.M. Lahy, "La psychologie du chef. I- Au cantonnement*," La Grande revue* vol. 20, no. 9, (1916): 390-412; J.L. Lahy, "La notion du temps chez les combattants, Partie I," *La Grande revue,* vol. 22, no. 7 (1918): 45-61; "La notion du temps chez les combattants, Partie II," *La Grande revue*, vol. 22, no. 8 (1918): 241-255.

[66] Lahy, "La Psychologie du combattant," 4.

[67] Ibid., 170, 172, 192.

the widespread "mental state" he observed in infantrymen where "time seem[ed] to have an irregular course and, in general, to have lost all its value."[68] In contrast with the practical and numerical orientation of his reaction time experiments and aptitude tests, this study enabled Lahy to take a qualitative and more hypothetical approach to his subject matter. In lieu of measuring the speed with which different gunners could react to various stimuli, Lahy endeavored to investigate why widespread numbers of combatants seemed to suffer persistent "temporal illusions," despite the fact that each solider possessed the means "to control time according to the hour, the minute and the second."[69] A reference to the fact that it was during the First World War that personal timepieces and especially wristwatches became more widely worn by men, Lahy would have no doubt been aware how new it would have been for most men to wear such an accessory. Even the French clock and watchmaking company Lip used the conflict as an excuse to advance a nationalistic publicity campaign centered on the war effort and endeavored to change their watch designs to make them more "masculine," militaristic, and practical.[70] Lip ran an advertisement in the journal *L'Illustration* in 1916 that stated, "the hour of victory will be marked by Lip watches and chronometers."[71] Watches were, after all, an important instrument of military coordination in the war effort. But despite having wider access to time-telling devices, widespread numbers of soldiers, it seemed to Lahy, were still persistently feeling temporally out of sync.

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[68] Lahy, "La Psychologie du Combattant," 162.

[69] Ibid., 164.

[70] See for example France 3, "Histoires 14-18: l'essor de la montre bracelet" Source archives: - Collection Musée de la montre de Villers-le-Lac - Pathé Gaumont - Collection Jean-Claude Vuez - France 3 - F. Cicolella. https://france3-regions.francetvinfo.fr/bourgogne-franche-comte/doubs/histoires-14-18-essor-montre-bracelet-823523.html

[71] Nicolas Beaupré, "La guerre comme expérience du temps et le temps comme expérience de guerre: Hypothèse pour une histoire du rapport au temps des soldats française de la Grande Guerre," *Vingtième Siècle. Revue d'histoire* vol. 1, no. 117 (2013): 181.

While Lahy did not make an explicit connection between the distorted notions of time he observed in soldiers and the appearance of mental illness, he did implicitly set up this parallel when, in his section on methodology, he claimed the techniques of "psychiatric observation" as his own.[72] Though Lahy did not complete medical studies and was not an "alienist," he was, as we already saw in chapters 2 and 4, accustomed to conducting experiments on patients with psychiatric troubles. If he made few direct references to wartime mental distress in his manuscript, his discussions of "temporal illusions" and the "troubles of the mind" (*troubles de l'esprit*) they sometimes engendered, foreshadowed certain elements of Minkowski's own descriptions of the psychopathologies of lived time. Moreover, as others have argued, "*le cafard*,"—or what Helen McPhail has described that "deep melancholy" without a "precise linguistic equivalent in the English vocabulary of the Great War"[73]—was a kind of "illness of time" (*maladie du temps*) brought on by the interminable and cyclical repetition of day-to-day life in war.[74]

Lahy observed that making sense of time's passage in the trenches was particularly challenging, not only for soldiers, but also for everyone living at the front. "To keep track of time," Lahy writes, "duration is marked by the relief events take in our consciousness…these I call spontaneous landmarks, as opposed to…[those fixed by] calendars for long durations, and instruments of precision for short durations…."[75] Drawing from his reading of Jean-Marie's

[72] Lahy, "La Psychologie du combattant," 6. Lahy's hard distinction between the civilian and military "mentality" also echoes Blondel's between the "sane" and "insane" consciousness. Lahy also occasionally makes the linguistic slip between "civilian" and "normal" subjects, implying that "combatants" fall within the category of the "abnormal."

[73] Stéphane Audoin-Rouzeau, *Men at War, 1914-1918: National Sentiment and Trench Journalism in France during the First World War*, trans. Helen McPhail (Providence: Berg, 1992), viii.

[74] Beaupré, "La guerre comme expérience du temps et le temps comme expérience de guerre," 178.

[75] Lahy, "La Psychologie du combattant," 163.

Guyau's *The Genesis of the Idea of Time*, Lahy argued that one's sense of time is "built" through meaningful action and the satisfaction of desires (usually after some directed effort). Much more so than "the scientific division of time," it was these spontaneous temporal landmarks that allowed one to "to fix in consciousness the notion of duration."[76] Otherwise time is nothing than a sprawling expanse or what Lahy referred to as a temporal "void."

Interested in the trenches as a kind of "closed society" separate from the world of civilians, and where each man's "gestures are regulated in time and in space,"[77] Lahy observed how the psycho-social condition of infantrymen was defined by a lack of autonomy and a limited variety of mental stimulation. Everyone's individual desires and actions were subsumed to the overarching goal of national victory. This diminishing of the self's spheres of action and thought, coupled with the military's strict temporal regimentation of day to day life, severely diminished the mind's ability to create spontaneous temporal landmarks. For the men in the trenches, "days succeed days without leaving salient points for the consciousness to group mental images together and differentiate duration (*la durée*)."[78] Under these circumstances, the "social and scientific markers" of time passing become equally meaningless. The trench newspaper *L'Écho des gourbis* exemplified this new temporal accounting with a "calendar" for 1918 that read: "9 February: Rat, 10 February: Lice, 11 February: Fleas, 12 February: Mosquitos […] 1 March: Thirst, 2 March: Isolation, 3 March: Typhoid…"[79]

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[76] Lahy, "La Psychologie du combattant," 163-4.

[77] Ibid., 164.

[78] Ibid., 168-9.

[79] As cited in Beaupré, "La guerre comme expérience du temps," 176.

Lahy documented a plurality of temporal abnormalities experienced by soldiers under the conditions of war. During heavy bombardment, for example, the intense sounds and "the rupture in the logical succession of sounds" triggered "disorientation in time."[80] If Lahy measured 15 to 25 seconds between fire, the soldiers around him reported the sensation that much more time had elapsed between the discharged ammunition. Waiting for "something to happen" was also particularly painful; Lahy attributed the cause of some soldiers' outbreaks of "panic" to the anticipation of unknown but eventual and intense action.[81] Other men yielded to "ennui," which Lahy defined as the sensation of empty time devoid of meaning.[82] Under these conditions, Lahy surveyed: each man tries to "kill time" ("on tue le temps")[83] in their own way, some by playing cards, others by drinking too much or eating mindlessly.[84] Others went so far as to invent fictitious events that had no grounds in reality. "These men often ended up believing" in their own fictions and mental fabrications. "Empty time," Lahy wrote, is a burdensome weight to bear, and our unconscious is always at work to "re-find" itself in time.[85]

Though Lahy abstained from using the term "memory" in his chapter on the notion of time in combatants, he did discover that soldiers exhibited an impaired connection to "the past." Lahy documented a number of strange instances, for example, where soldiers, when speaking about themselves, did not augment their age by a year despite the fact that their birthdays had already passed. Others referred to 1913 as "last year," even though it was now 1915. Soldiers

[80] Lahy, "La Psychologie du combattant," 173.

[81] Ibid., 170-1.

[82] Ibid., 180.

[83] Ibid., 173.

[84] Ibid., 180.

[85] Ibid., 179.

who were fathers often spoke about their children as if their lives had stopped the moment they were deployed.[86] "They opposed in their consciousness," Lahy chronicled, "what they were before the war."[87] Similarly, their concept of the future was also "perturbed." Unable to connect to an idea of who they once were and simultaneously impotent to imagine a life for themselves after the end of the conflict, the soldiers with whom Lahy spent much of his time lived in a kind of strung-out present.[88] All of these observations and interviews led Lahy to conclude that "time is qualitative." Unlike in "normal life," "military life" is "fragmented by abnormal periods: waiting, anxiety, surprise, short and intense actions."[89] "The mental life" of the solider becomes analogous to a kind of temporal disorder.

The structure of time in schizophrenia

"He manifests ideas of ruin and culpability. A foreigner, he blames himself for not having 'chosen' France; he sees this as a crime without parallel." "A terrible punishment awaits him:" He will be forced to eat the world's garbage. He calls it the "trash policy:" all the food scraps, the pits of fruit, chicken bones, bread crumbs, left overs; all the cigarette butts, ashes, used matches, rolling papers; all the barber's shavings, clipped nails, and trimmed hair; all the stationery, letters and envelopes, newspapers, restaurant tickets…and the list goes on. He makes

[86] Lahy, "La Psychologie du combattant," 162.

[87] Ibid., 186.

[88] Ibid., 184.

[89] Ibid., 197.

an infinite list of everything he will have to swallow. All the empty bottles of wine, yard debris, cut grass. All of the world's clocks: their faces, hands, keys, weights, and springs.[90]

In 1923, Eugène Minkowski, only recently settled in Paris, had what he called "the happy opportunity" to serve as this unnamed man's private physician, living with him day and night, not in "an asylum or private clinic, " but under "ordinary" domestic circumstances.[91] From the "classical psychiatrist's" point of view, Minkowski remarked, his "patient X.," male, 66 years old, was clearly "delusional." A "melancholic schizophrenic," he interpreted "the smallest gestures of every day life," as acts of hostility and aggression. His symptoms were practically banal: the usual expressions of paranoia and exaggerated feelings of guilt. He, like so many other psychiatric patients, was equally convinced that "the medical corps was at the head of a vast movement directed against him."[92]

But what if the facts of such a case could be obtained, considered, and interpreted differently? What if—rather than trying to locate the cause for his illness in the past, or predicting his illness' ultimate prognosis—the patient could reveal what it was like for him to actually "exist"? Sustained and direct contact with the lived experience of "the melancholic schizophrenic," Minkowski hoped, would expose something more profound about his condition and the nature of his suffering.[93]

Minkowski, born in Russia to Polish-Jewish parents, completed his medical degree in Munich in 1909. After finishing his medical studies he had had the intention to give up the

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[90] Minkowski, "Étude psychologique et analyse phénoménologique d'un cas de mélancolie schizophrénique," *Journal de psychologie normale et pathologique* (1923): 545.

[91] Minkowski, "Étude psychologique et analyse phénoménologique," 546.

[92] Ibid., 545.

[93] Minkowski does not give his "melancholic schizophrenic" a name. I am using "patient X" as a way to distinguish this patient from others discussed in this section.

profession for a life dedicated to philosophy.[94] On the eve of the war, however, he and his new wife, Françoise Brokman—also a trained medical doctor—moved to Zurich, where Minkowski obtained a voluntary position at the Burghölzli clinic as an assistant to the Swiss psychiatrist Eugen Bleuler in 1913. It was there, under the tutelage of Bleuler, that Minkowski developed an interest in schizophrenia, the name Bleuler had invented to replace Kraepelin's "dementia praecox."

Though Minkowski returned to medicine, and more precisely to psychiatry, he did not relinquish his interest in philosophy. Before and during his voluntary enlistment in the French army as a military doctor during World War I, Minkowski wrote a number of (unpublished) philosophical works based on his readings of Henri Bergson, Max Scheler, and Edmund Husserl.[95] Thus, while Minkowski would have to wait until demobilization to begin working on his unique clinical application of phenomenological philosophy to psychiatry, "the question of time" in specifically Bergsonian terms was already part and parcel of his intellectual formation:

> For many years already the phenomenon of time has become the preferred object of my research. Obviously, I am not talking about the time that is part of the conceptions of modern physics; it is in the opposite sense that I have had to clear my passage…The notions of disorientation in time and the evaluation of duration that we normally use in psychiatry cannot exhaust the phenomenon of time; it is far more complex and demands a far more profound analysis.[96]

[94] When Minkowski and Françoise moved to Paris in 1920, Minkowski would have to repeat his studies in order to obtain French medical accreditation. He graduated in 1926 with a medical dissertation entitled "La notion de perte de contact avec la réalité et ses applications en psychopathologie." See Jean Garrabé, "Histoire de l'introduction de la phénoménologie en psychiatrie en France: Partie 1: Avant la Second Guerre moniale," *EDP Sciences* vol. 55, no. 3 (2016): 185-192.

[95] Minkowski, *Le Temps vécu*, 5. See also Chapter 1 of Part I, which is entitled "Le devenir et les éléments essentiels du temps-qualité."

[96] Minkowski, "Étude psychologique et analyse phénoménologique," 544.

When he and Françoise settled in Paris after the end of the First World War, Minkowski embarked on what would become more than a decade's worth of research and writing dedicated to understanding how his patients structured and embodied their temporal experiences.[97]

Like Blondel, Minkowski was an epistolary correspondent of Bergson's and drew inspiration from the French philosopher's description of *la durée* as a subjective experience of time that was quintessentially different from the "time of science."[98] He was an attentive reader of *L'Évolution Créatrice* (*Creative Evolution*, 1907), from which he borrowed Bergson's concept of the *élan vital*, the driving vital life force Bergson claimed was behind evolution.[99] By the time Minkowski began his work on "Bergson's conceptions as applied to psychopathology"[100] in earnest, the French philosopher had become internationally renowned with his lectures in the Collège de France attracting not only intellectuals and writers like Alexandre Koyré and T.S. Eliot, but also vast numbers of "society ladies and their suitors."[101] Bergson' 1913 lectures at Columbia University in New York City caused the first traffic jam in

[97] Minkowski was in charge of a psychotherapy consultation at Henri Rousselle and the Rothschild Hospital. During this period the Hôpital Rothschild was dedicated to caring for elderly of Jewish faith. Minkowski continued to write about "pathological temporality" through the 1930s. See for example, Minkowski, "*Le Problème du temps vécu" Recherches philosophiques* (1935-6): 65-99.

[98] Minkowski and Bergson corresponded from the 1920s until 1939. See Bergson's *Correspondances* (Paris: Presses universitaires de France, 2002). Minkowski was also a reader of Blondel.

[99] Most likely this would have been Bergson's "Introduction à la Métaphysique," *Revue de Métaphysique et de Morale* vol. 11, no. 1 (1903): 1-36. For Minkowski's account of Bergson's distinction see *La Schizophrénie*: *psychopathologie des schizoïdes et des schizophrènes* (Paris: Payot, 1927), 88. Minkowski also cites Felix Ravaisson, Jules Lachelier, and Emil Boutroux, all of whom can be characterized as French "spiritualist" or "anti-materialist" philosophers of the nineteenth and early twentieth centuries. Minkowski, *Le Temps vécu*, 209.

[100] Minkowski published two texts specifically "dedicated" to Bergson (one in English, the other in French), but Bergson is cited extensively throughout Minkowski's publications from the 1923s onwards. Minkowski, "Bergson's Conceptions as Applied to Psychopathology," trans. F.J. Farnell, *Journal of Nervous and Mental Disease* vol. 63, no. 3 (1926): 553-568; Minkowski, "Les idées de Bergson en psychopathologie," *Annales médico-psychologiques* vol. 87, no. 1 (1929): 234-246.

[101] Lawlor, Leonard and Moulard Leonard, Valentine, "Henri Bergson", *The Stanford Encyclopedia of Philosophy* (Summer 2016 Edition), Edward N. Zalta (ed.), URL = <https://plato.stanford.edu/archives/sum2016/entries/bergson/>.

the history of Broadway and in 1927 he was awarded the Nobel Prize in Literature. Moreover, his very public debate in Paris with the physicist Albert Einstein in 1922 was the object of much discussion, even amongst psychiatrists and psychologists. Henri Piéron (1881-1964), for example, a key figure in the "laboratory model of experimental psychology"[102] in France, opened his talk at the 7th International Congress of Psychology held at Oxford in July 1923 on "the psycho-psychological problems of time perception" with references to both Einstein and Bergson.[103]

If, for Minkowski, "M. Bergson had posed the problem of pure duration in front of him," then it was the "the phenomenological method" that "seemed to put new means within [his] reach to solve it."[104] As is well known, time-consciousness forms an essential component of phenomenological philosophy.[105] Minkowski found inspiration in the work of Edmund Husserl, the German philosopher and "founder" of phenomenology.[106] Stimulated by Husserl's aim in *Logical Investigations* (1900-1901) to "bring out the essential traits of the phenomena from

[102] Jacqueline Carroy and Régine Plas, "The Origins of French Experimental Psychology: Experiment and Experimentalism," *History of the Human Sciences* vol. 9, no.1 (1996): 82.

[103] Henri Piéron, "Les Problèmes psychophysiologiques de la perception du temps," 1-2.

[104] Minkowski, "Étude psychologique et analyse phénoménologique," 544. It should be noted that Minkowski also read Bergson as a phenomenologist. He writes, "Bergson has shown me how to approach the essential phenomena of our lives." Minkowski, *La Schizophrénie*, 7.

[105] Minkowski does not seem to have engaged with Heidegger's work, however. He confesses that he only became aware of the German philosopher's "very important work" *Being and Time* when his own text was already too far along. Minkowski, *Le Temps vécu*, 16. n. 1.

[106] Minkowski, "Étude psychologique et analyse phénoménologique," 543, n.2. He cites in particular Husserl's "Recherches sur la logique" (*Logical* Investigations), which was published in 1900-1901. Husserl argued in this work that the best way to study the units of consciousness is through language, and more specifically though description in the first person, so as to establish that the "respective item" is expressed as the subject experienced it. See Beyer, Christian, "Edmund Husserl", The Stanford Encyclopedia of Philosophy (Summer 2018 Edition), Edward N. Zalta (ed.), URL = <https://plato.stanford.edu/archives/sum2018/entries/husserl/>.

which our lives are composed," Minkowski was also abreast of his colleagues in Switzerland and Germany who had similarly adopted a Husserlian approach to mental medicine.[107]

Minkowski, drawing on his (primarily) Bergsonian sources, deployed time as an epistemological tool within two distinct spheres—first, within the clinical encounter between physician and patient, and second, within the work of interpreting his patients' behaviors and narratives. Minkowski described his approach to the doctor-patient relationship as an encounter in "the present" where the psychiatrist deploys "feeling, not simply as an object [of inquiry], but also, and even more so, as an instrument of understanding."[108] Minkowski was not interested in maintaining "a medical perspective 24 hours a day."[109] Instead, he saw the his interaction with the patient as an opportunity for intersubjectivity and empathy and a mode of diagnosis he called "diagnosis by penetration."[110] Unlike Blondel who believed that the morbid consciousness was fundamentally inaccessible to the "normal" mind, Minkowski trusted that it was possible to "seize" and "penetrate" the particularities of his patients' psychic lives.[111] This focus on the power of intuition and feeling was one of the ways in which Minkowski sought to distinguish his version of phenomenological psychiatry from what he, and other "dissenters" including proponent of psychoanalysis André Cellier (1887-1954), called "objective psychiatry."[112] For Minkowski, longitudinal signs like "periodicity, intermittence, and the alternation of states of

[107] Minkowski, "Étude psychologique et analyse phénoménologique," 543, n.2. Minkowski's references to Husserl are few and far between however. To my knowledge he references Husserl only three times in *Le Temps vécu*, for example.

[108] Ibid., *La Schizophrénie*, 76.

[109] Ibid., "Étude psychologique et analyse phénoménologique," 546.

[110] Ibid., *La Schizophrénie*, 70-71

[111] Ibid., *Le Temps vécu*, 209.

[112] Minkowski cites the work of A. Ceillier, "Recherches sur l'automatisme psychique" *L'Encéphal*e (17 mars 1927). Minkowski, *Le Temps vécu*, 209.

depression and excitation" were far "from a sufficient and distinctive sign" of manic-depressive insanity or schizophrenia.[113]

> For those of us who, above all else, are trying to seize on the spot, in the present, the essential traits of the morbid consciousness, it cannot be a question of seeking a slow and progressive evolution of the illness and its diverse symptoms.[114]

Thus in direct contradistinction to the practices promulgated by Régis' "prognostic charts" as discussed in Chapter 1, Minkowski "was uninterested" in "the evolution of the affliction" in so far as its symptoms might reveal "the laws that govern [the illness'] sequence in time."[115] Minkowski, a co-founder in 1925 of the journal *L'Évolution psychiatrique* was interested in psychoanalysis, but was also keen to differentiate his approach.[116] Unlike the Freudian emphasis placed on "searching in the past of the patient for the causes of his current state," Minkowski wanted to be able to reconstruct the temporal world of the patient through an act of understanding he believed did not necessarily require knowledge of the patient's personal story.[117]

Though Minkowski worked as a consulting psychiatrist at the Henri Rousselle Hospital in the 1920s and 30s, where psychometric and laboratory testing made up much, if not most, of the staff's mandate, Minkowski was considerably disparaging of psychiatric methods that borrowed

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[113] Minkowski, *La Schizophrénie*, 57-59.

[114] Ibid., *Le Temps vécu*, 204.

[115] Ibid., 202.

[116] For an account of Minkowski's relationship with psychoanalytical circle in France see Elizabeth Roudinesco, *Histoire de la psychanalyse en France 1885-1939* (Paris: Fayard, 1994): 421-444. Though Minkowski co-founded *L'Evolution psychiatrique*, he also wanted his readers to differentiate his phenomenological approach from psychoanalysis as a method.

[117] Minkowski and J. Rogues de Fursac, "Contribution à l'étude de la pensée et de l'attitude autiste (le rationalisme morbide," *L'Encéphale* vol. 18 (1923): 219.

from experimental or applied psychology.[118] Reaction time tests and other "objective procedures"[119] which attempted to identify "bradypsychia" (slow thinking) and define the "mental age" of "idiots"[120] (*les déments*) failed to recognize that not everything in psychopathology can or should be reduced to the measurement of minutes and seconds:

> Experimental psychology and physiological psychology have had their era of triumph. They prided themselves in being able to express their results in the matter of the physical sciences, in curves and in figures, or to reduce all the manifestations of psychic life to physiological mechanisms evolved in the nervous centers...But today we know that…a big fraction of psychic reality, and not the least essential, remains outside of their domain.[121]

Drawing from Bleuler's understanding of schizophrenia as characterized by an "autistic" withdrawing from the world, Minkowski argued that individuals with mental illness (and in particular, schizophrenia) had lost their "vital contact with reality." Not dissimilarly to Blondel, Minkowski believed that a "normal" person is able harmonize the "time of the self" with the "time of the world," an ability he called lived synchronism.[122]

> It is, finally, the same contact with reality or the same lived synchronism that we believe we find in the general feeling of walking with time and in agreement with it…It is…a unique rhythm, common to us…which makes [us] feel that [we are] advancing in life, simultaneously *with* time.[123]

[118] See the patient dossiers from the Henri Rousselle Hospital, Archives de Paris, Series 349W.

[119] Minkowski, *Le Temps vécu*, 329. See also page 11, where he speaks of reaction time tests and measuring duration.

[120] Ibid., 335.

[121] Ibid., "Bergson's Conceptions as Applied to Psychopathology," 554.

[122] He borrowed these terms (*le temps du moi* and *le temps du monde*) from the German phenomenological psychiatrist E. Straus (Ich-Zeit and Welt-Zeit.) Ibid., *Le Temps vécu*, 278.

[123] Ibid., *Le Temps vécu*, 63. Minkowski's emphasis.

Minkowski also remarked that while schizophrenic patients often "objectively" know the date or the time of day, this knowledge is devoid of all intuitive and meaningful value.[124] The structure of time in schizophrenia is splintered and fractured, embodied in his patients' strange behaviors. As one of Minkowski's patients recounted:

> The past is the precipice. The future is the mountain. This is how the idea came to me to leave a buffer-day (*un jour-tampon*) between the past and the future. During this day I tried to do nothing at all. Once I stayed 24 hours without urinating.[125]

In addition to schizophrenia, Minkowski also characterized others psychiatric diagnoses according to the different ways in which patients expressed and enacted other abnormal temporal structures. In manic states, Minkowski observed, patients often experienced a "narrowing" of "the present."[126] Hence the frequent feelings of unlimited power (*puissance*) and the irrational plans for outlandish projects that accompany mania. By contrast, in general paresis "the fixed frame of years, months, days—in a word, measurable duration—is often abolished," but the ability to sequence events usually remains.[127] Similarly, the temporal indicators used by patients with dementia when describing their experience, Minkowski observed, "betray a constant worry" over "situating themselves in time." Thus even though they tend to have lost many of their memories, their narratives still possess "a particular temporal aspect."[128]

Alongside his fascination for the abnormal temporal worlds inhabited by his mentally ill patients, Minkowski also was involved in conceptualizing specific temporalities for

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[124] Minkowski, "Bergson's conceptions as applied to psychopathology," 559.

[125] A patient of Minkowski's as quoted in Ibid., *La Schizophrénie,* 121.

[126] Ibid., "Les Délires et les troubles de la conduite" in *Encyclopédie Française* VIII, ed. Henri Wallon 8*54-11.

[127] Minkowski, *La Schizophrénie*, 97.

[128] Ibid., "Les psychoses d'involution" in *Encyclopédie Française* VIII 8*56-15.

psychotherapy. As a consulting psychiatrist at the Henri Rousselle Hospital, he and doctor Mignard developed a "standard" chronology for a single psychotherapy session. Intended to help psychotherapists make the most of the "limited amount of time" available for each patient on a weekly basis, their standard session was comprised of seven "principal phases" which they recommended practitioners follow more or less chronologically for maximum curative benefit.[129] Rather than keeping patients in the psychiatric hospital, which he believed only "reinforce[d] the walls that already separate [patients] from reality," Minkowski suggested where possible that patients follow a program of psychotherapy, the duration of which would depend on the nature of the case.[130] Drawing on a wide array of "long-duration" psychotherapeutic approaches—from the form of self-help known as the "Coué method" to elements of psychoanalysis, Minkowski and Mignard found that while some patients "declared themselves cured in a single therapy session," others needed to return for weekly, biweekly, or monthly sessions to avoid hospitalization.[131] Thus while their "standardized temporality" for the single session was intended to maximize the therapeutic potential of a single séance, reoccurring appointments helped attenuate any disadvantages associated with having so little time with the patient at each session.

Conclusions: Temporal normativity

Uninterested in taking measurements using chronometers, or charting the evolution of a patient's illness course, Charles Blondel instead found the temporal dimension of his patient's

[129] M. Lacassagne, "L'orthopsychie du Dr. M. Mignard," *La Prophylaxie mentale* 32 (novembre-décembre 1931): 449-450.

[130] Eugène Minkowski and R. Targowla, "Contribution à l'étude de l'autisme (L'attitude interrogative)," *Annales médico-psychologiques* no.1 (1923): 431.

[131] M. Mignard and E. Minkowski, "La Psychothérapie au dispensaire," *Paris médical* no. 53 (1924): 137-38. For a fascinating work on the Coué method, see Hervé Guillemain, *La Méthode Coué*: *Histoire d'une pratique de guérison au XXe siècle* (Paris: Seuil, 2010).

day-to-day experiences highly germane to defining the difference between a sane and insane mind. For Blondel, those with mental illness suffered a sense of time incongruous with the temporal rhythms of everyone else. Having lost all reference to social and public frameworks, the pathological mind is in constant rebellion against collective and objective notions of time. Drawing on Bergson's philosophy of duration and Durkheim's vision of society, Blondel's *The Morbid Consciousness* invited French psychiatrists and psychopathological researchers to try and answer questions about the relationship between "self time" and "social time," and how an individual is able or unable to move from one temporal structure to another. In fact much of Blondel's career in the 1920s was dedicated to outlining what he called "collective psychology."[132]

For Lahy, both qualitative and quantitative approaches to time in individuals with mental disturbances proved enlightening. Though he was not trained as a psychiatrist, Lahy still suggested that the unnerving "temporal illusions" of wartime might be connected to various neuroses. Observing combatants in the trenches, he noticed some correlation between the experience of temporal distortion and soldiers' outbreaks of panic or states of melancholic "ennui" and blamed, in part, the oppressive, yet monotonous temporal regime imposed on combatants from above.

Minkowski, too, detected in his patients with schizophrenia a fundamental inability to synchronize one's internal experience of time with that of the external world. He went so far as to identify his patients' inability to structure time in normative ways as the source from which their strange behaviors emanated. Rejecting the typical way of interpreting the temporal

[132] Charles Blondel, *Introduction à la psychologie collective* (Paris: A. Colin, 1928); Geneviève Vermès, Francoise Sellier, Annick Ohayon, "Des psychologies sociales en France entre 1913-1947," *Société contemporaines* no. 3 (1993): 197-208.

evolution of mental illness diagnoses, Minkowski instead developed his own phenomenological approach to understanding his patients' inner temporal worlds.

Against the backdrop of the Third Republican social philosophy of solidarism, which emphasized the importance of mutual interdependence and attributed "moral consciousness"[133] to the social experience, what surfaces from the work of Blondel, Lahy, and Minkowski during the 1910s-1930s is another image of mental health as the embodiment of temporal normativity. Fears of associability and psychopathology manifest as a suspicion of those who march to the beat of their own drum. Those who did not "time their lives" according to the meaningful temporal references of society's expectations were deemed mentally unstable. Take for example, Minkowski and J. Rogue de Fursac's interpretation of one of their patients who, they claimed, ordered and "determined the stages of his life according to subjective factors only," while "the facts of the external [world] remained entirely in the shadows."[134] Minkowski and another colleague write of a patient referred to as "Paul C:" "Paul's attitude differs entirely on this point of view from ours; he does not situate his activity in time…We thus witness a veritable dislocation…he does not pursue any goal and no longer directs his personal effort."[135] Instead, "at home, every day, he watches, at length, three clocks to make sure they indicate exactly the same time."[136]

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[133]Solidarism promoted mutual interdependence and posited social experience as the foundation for creating a collective moral consciousness. Jerrold Seigel, *The Idea of the Self*: Thought and Experience in Western Europe since the Seventeenth Century (Cambridge: Cambridge University Press, 2005), 512. See also J.E.S. Hayward, "The Official Social Philosophy of the French Third Republic: Léon Bourgeois and Solidarism," *International Review of Social History* vol. 6, no. 1 (1961): 19-48

[134] Minkowski and J. Rogues de Fursac, "Contribution à l'étude de la pensée et de l'attitude autiste (le rationalisme morbide," 225-226.

[135] Minkowski and Targowla, "Contribution à l'étude de l'autisme," 431.

[136] Ibid., 423.

And how to treat these mental chronopathologies? How to get the mind "back in sync"? Of Blondel, Lahy, and Minkowski, it was only the latter that had something direct to say about treatment. Rather than talking in terms of cure and incurability, however, Minkowski speaks more frequently of improvement and amelioration.[137] The phenomenological analysis of mental illness, for Minkowski, was not just for the purpose of the practitioner's understanding, but also served as a "point of contact between the patient and the reality from which he turns away." Minkowski recommended that practitioners encourage in their patients "the usefulness of regular activity," for "work is one of the most powerful forces that connect the individual to society [and] it also institutes stable temporal frameworks, which are necessary in life, but absolutely missing." [138] Mental illness emerges here not as a rupture with reason, but as a sense of discord with "chronos" itself.

[137] Eugène Minkowski and R. Targowla, "Contribution à l'étude de l'autisme, " 435.

[138] Ibid., 434-435.

CONCLUSION
Clock Dreams and Temporal Delusions

On the day after Christmas 1937, the newspaper *Paris-Municipal* ran a short anecdotal piece entitled "Homme-Horloge" (Clock-Man). It recounted the strange tale of a man named Mr. Hester, who had fought in France during the Great War and had been wounded on the front by an exploding shell. After being transported to the hospital Hester "noticed, to his great surprise, that he heard the 'tick-tock' of a clock in his head." He was not imagining it: "the noise," so the article states, "was regular and equally perceptible [by others] from a distance of 50 cm." From the moment of his hospital stay onward, Hester "never ceased" hearing tick-tock, tick tock. "Numerous doctors" examined him "without being able to figure out the cause of the sound." So strange is the phenomenon, that Mr. Hester "even gave a 'hearing' of it over the radio." The story continues:

> Photographer by profession and father of four, Mr. Hester is a perfectly normal man who has never demonstrated even the smallest sign of mental troubles. We can't say that he has bats in the belfry, but at the most, a clock in his brain.

It seems that as clocks and personal timekeeping devices became increasingly available for middle-class consumption in France, their presence as objects in the deliria and dreams of psychiatric patients also increased. At the very least, published cases in journals and monographs from the late nineteenth century onward suggest a growing attentiveness on the part of mental health practitioners to a variety of "temporal delusions." But if in 1822 a young French woman suffering from "hysteria complicated by ecstasy" could believe that a pricey, fashionable timepiece would, through its regulatory power, help cure her of her illness, by the first decades of the twentieth century, this association between clocks and cures appears to have been

impossible.[1] Between the 1880s and 1930s French medical literature abounds with examples that demonstrate the opposite: rather than curative devices holding mysterious healing and therapeutic properties, clocks appear to have taken on menacing and ominous connotations in the delusions and dreams of the alienated and mentally unwell. In 1898, for example, Pierre Janet recounted a "curious" anecdote told to him by Dr. Charles Richet, about a woman whose "dream of a huge, terrifying clock invaded her spirit, making her wake up from sleep right at the moment when she needed to."[2] In 1913, Réné Masselon, the *médecin-directeur* of the Prémontré asylum in northern France, described the medical history of a young 26-year old woman, identified as "Mademoiselle R…" who thought herself to be a clock.[3] Another psychiatrist, Gilbert Robin, in an apparently widely reported and famous case in the late 1920s, recounted that his patient tried to shoot his watch with a revolver.[4] With the seeming exception of Mr. Hester, a consensus appears to have emerged by the 1930s amongst French medical professionals that patients who hear ticking clocks are likely suffering from persecutory delirium.[5]

That psychiatrists between the 1880s and 1930s should take increasing notice of their patients' threatening and pervasive "clock delusions" speaks to a number of convergent factors. Not only was it during this period that clocks and personal timepieces became objects of more widespread consumer consumption, but it was also, as discussed in Chapter 2, when clocks and

[1] See Jan Goldstein, *Hysteria Complicated by Ecstasy* (Princeton: Princeton University Press, 2010).

[2] Pierre Janet, *Névroses et idées fixes*, tome 1 (Paris: Félix Alcan, 1898), 419.

[3] Réné Masselon (1874 - ?) was a *médecin adjoint* at the Clermont asylum. BnF data identifies him as a "doctor and psychologist." His date of death is unknown. See Masselon, "Psychoses constitutionnelles et psychoses associées," *L'Encéphale: journal de psychiatrie* (1913): 131.

[4] As recounted by Eugene Minkowski. See Minkowski, *Le Temps vécu*: *études phénoménologiques et psychopathologiques* (Paris: PUF, 2013), 13.

[5] Anatole de Monzie and Lucien Febvre, eds., *Encyclopédie française. La vie mentale*. Tome 8 (Paris: Libraire Larousse, 1938), 8*34-4. For another example where psychiatric patients mistakenly hear the sound of a clock (rather than their heartbeat) see also Jules Christian, *Troubles de la sensibilité* (Paris: G. Masson, 1876), 86.

chronometric devices fully infiltrated the psychiatric space. Janet and Masselon, for example, two of the doctors whose patients' "clock delusions" were cited above, had themselves used chronometric testing and reaction time measurements in their own clinical experiments on alienated patients.[6] And after English neurologist Henry Head's "clock tests"—which required patients to "tell time," as well as to set the hands of a physical clock following written and spoken commands—were imported into France during the interwar period, its seems that clocks and other timekeeping instruments were to become even more prevalent in clinical observation and neuropsychiatric diagnosis.[7]

Furthermore, beyond the walls of individual homes and medical clinics, clocks, time synchronization, and time-measurement were all of increasing importance in late-nineteenth and early twentieth-century France. It was during this period that businessmen, politicians, factory owners, and military men, amongst others, agreed that public time needed to be more universal, more structured, and more regimented for the smooth functioning of social, economic, and political life. As we saw in Chapters 4 and 5, "temporal hygiene" and "temporal normativity" were essential to a picture of mental health in the 1920s and 30s. In fact, time-keeping devices had made such an impressive entry into French society by the twentieth century that commentary on their omnipresent status appears even in domains where time seems comparatively irrelevant. Advertisements from French newspapers in the twentieth century geared toward selling priests

[6] See chapter 2 for an account of Janet's use of chronometric devices. Constance Pascal cites Masselon's "numerous studies" using chronometric testing and word association testing on patients diagnosed with *démence précoce* in her 1911 publication. See Pascal, *Démence précoce*. *Étude psychologique médicale et médico-légale* (Paris: Félix Alcan, 1911), 71, 74, 76.

[7] André Ombredane (1898-1958) was a doctor and university professor best known for his research on the psychology of work, in particular, *L'Analyse du travail*; *facteur d'économie humaine et de productivité* (Paris: PUF, 1955), which was written in collaboration with Jean-Marie Faverge, who also studied human behavior in the workplace. In 1927-1930 Ombredane was an intern at the Henri Rousselle psychiatric hospital in Paris. For references to clock tests, see Ombredane, "Notes et documents sur le mécanisme de l'anarthrie et sur les troubles associés du langage intérieur," *Journal de psychologie normale et pathologique* (1926): 952.

special "confessional chronometers" demonstrate that even those seeking the forgiveness of God were not exempt from the strict metering of time and the presence of clocks. In 1934 the French socialist newspaper *L'Humanité* published a number of satirical columns in response to these adverts for the "confessional chronometer," stating: "if M. Benziger wanted to show us that the Church is a business, he couldn't have succeeded any better…"[8]

But the ubiquity of clocks and the pressures temporal regimentation placed on the individual also increasingly became the object of medical derision and social critique. Satire aside, *L'Humanité*'s journalists broadly condemned the practice of chronometered workplaces.[9] Moreover, rebellion against the logic of temporal normativity implicit in modernization and industrialization was not limited to the delusional psychiatric patients whose strange embodiments of time were the subject of Chapter 5. The introduction of "time-motion studies" and chronometered work into the French industrial sector in the 1910s was met with great resistance, as the 1913 strikes against these implementations at Renault in Paris, Arbel in Ivry, and Berliet in Lyon, show.[10] Publications from the 1930s equally demonstrate an augmented resistance to the constant presence of stopwatches, clocks, and time-measurement in French factories and offices. In a 1930 report for the recently formed *Comité National de L'Organisation Française*, Ernest Hymans argued that in the analysis of labor productivity, the

[8] Jean-Claude, "Chronomètre de confession," *L'Humanité*, 9 December 1934 and 14 December 1934.

[9] See for example the article entitled "Stabiliser, C'est Américaniser" in *L'Humanité*, 11 September 1926, which talks about the tyranny of chronometers and time-motion measurement in factory assembly lines. See also an article entitled "À l'atelier de lavage travail malsain et mouchardage" in *L'Humanité*, 17 April 1929, which describes a work environment where even the time employees spend in the bathroom is chronometered.

[10] Marta Braun, *Picturing Time: The Work of Etienne-Jules Marey (1830-1904)* (Chicago: Chicago University Press, 1992), 338. For more on the introduction and reception of Taylorism in France, see for example, Francesca Tesi, "The Application of Taylorism in France: The Role of the Michelin Family in the Rationalization of French Work," *Business and Economic History On-Line* vol. 7 (2009): 1-22; William H. Schneider, "The Scientific Study of Labor in Interwar France," *French Historical Studies* vol. 17, no. 2 (1991): 410-446; Anson Rabinbach, *The Human Motor: Energy, Fatigue, and the Origins of Modernity* (Berkeley and Los Angeles: University of California Press, 1994), 244-248.

"time" of the worker was not the only goal. He suggested that management was over reliant on the chronometer as a tool for measuring productivity.[11]

Combined with the frequent complaints noted by psychiatrists of their patients' fears of falling behind or being unable to keep up with the pace of change, an image of modern time as a threatening oppressor emerges in this literature. Even Édouard Toulouse, a proponent of the mental hygiene movement, believed that social acceleration was part of the problem. In his work *Le Budget de la psychopathie* (1930) he argued, "it cannot be overemphasized…that the adaptation of individuals becomes more and more difficult as technological progress accelerates the social rhythm."[12] Antony Rodiet and Georges Heuyer, in a monograph on insanity in the twentieth century, describe the rapidity of transport, the plethora of automobiles, and the "fever" with which people hurried from place to place as causes of post-World War I social disequilibrium. The predisposition to mental illness manifested itself as a "weakened state of psychic resistance,"[13] which made one more sensitive to the temporal demands of modern life. Hence Eugène Minkowski's observation that it was common for schizophrenics to demonstrate the fastidious need to "over schedule" each second of the day and to always appear busy—a condition he called "morbid rationalism."[14]

Speed as a promise and a threat trickled into the delusions of patients as well: some believed that cars could miraculously travel at 500 miles an hour or that trips from France to

[11] The committee was founded in 1926. Ernest Hymans, *Analyse des facteurs de la production. Le temps de l'ouvrier n'en est pas le seul objet* (Paris: Comité national de l'organisation Française, 1930).

[12] Édouard Toulouse, *Le budget de la psychopathie* (Lille: Douriez Bataille, s.d.), 5. This text was published originally in *La Prophylaxie mentale* (décembre 1930).

[13] Ibid., "Le Programme de la Ligue d'hygiène mentale," *Bulletin mensuel de la Ligue* (11-1921), 3.

[14] Rogues de Fursac and Eugène Minkowski, "Contribution à l'étude de la pensée et l'attitude autistes (le rationalisme morbide)," *L'Encéphale* vol.18, no. 4 (avril 1923): 222.

Argentina took little more than five minutes.[15] For others, there was an overwhelming sense of being passed by. As Roger Bouchard (1897-19..), a young medical student documented in his 1926 thesis on "the evaluation of time in certain mental illnesses," patients often expressed the disorienting feeling of social acceleration: "I don't know what year it is…*the days are passing so fast, they spin too fast*."[16] Another patient complained: "I have the sense that time is passing very quickly, more quickly [for me] than for others, too quickly, it's atrocious…anxiety grips me…not a moral fear, it is a bestial fear, the fear of an extinct animal."[17] The psychological pressures induced by "time anxiety,"—the belief that everything must be completed as quickly as possible—engendered, in the words of Minkowski, "a desire to live outside of measurable time."[18] As one patient retorted to Bouchard: What time is it? Why does it matter?[19]

As historian Hervé Guillemain has demonstrated, schizophrenia until at least the Second World War was a diagnosis primarily reserved for young women, many of whom, in the interwar period, moved to urban centers in search of better economic circumstances and a certain degree of individual emancipation.[20] When these women found themselves and their professional desires and social expectations thwarted, especially after the economic depression of the 1930s had set in, some psychiatrists suggested that their outbreaks of psychosis or their descent into

[15] Eugène Minkowski, "Bergson's conceptions as applied to psychopathology," trans. F.J. Farnell, *Journal of Nervous and Mental Disease* vol. 63 (1926): 561

[16] Roger Bouchard, *Sur l'évaluation du temps dans certains troubles mentaux* (Paris: Vigot, 1926), 148. His emphasis.

[17] Minkowski, *Le Temps vécu*, 308.

[18] Ibid., *Le Problème du temps en psychopathologie, extrait des Recherches Philosophiques, 1932-1933* (Paris: Bovin et Cie, s.d.), 232.

[19] Roger Bouchard, *Sur l'évaluation du temps dans certains troubles mentaux*, 165.

[20] Hervé Guillemain, *Schizophrènes au XXe siècle*: *des effets secondaires de l'histoire* (Paris: Alma, 2018), 37, 44.

schizophrenia was the result of "too rapid and traumatic" socio-economic transplantation.[21] Apparently maladapted to the tempo of work in modern cities, women and men typists, telephonists, telegraphists, and subway car drives—all positions where rapid mental or motor operations and steady attention are necessary for exemplary performance—were considered especially susceptible to psychological disorders.[22] In the patient files produced at the psychology laboratory at the Henri Rousselle Hospital from the interwar period, psychiatrists often made notes on those who were unable to keep up with their workplace requirements. For example, in the file detailing the case of a young typist, Francine, aged 29, her examiner wrote:

> [Francine] is characterized by slowness in the execution of all motor and mental tests. When a test is timed, or when a certain rhythm is required, [her] results worsen in comparison to those tests that do not require answers in rapid succession. Given this slowness, we remark that [her] diverse forms of memory are also weak. It is the same for the attention test, which classifies the subject as below average. From the point of view of intelligence, [her] logical reasoning is suffering, as the time [she] required to complete the test was twice as long as is generally granted.[23]

How to cure the ails of temporal pressure and the pathologies of slowness? As discussed in Chapters 3 and 4, for some the cure was to learn to "go faster." J.M. Lahy, for example, even published studies on how to "establish a scientific method of dactylography" and the "psychology of typing" for the "acquisition of speed."[24] But other practitioners came to believe that the solution to the ills induced by modern time lay in slowing down. Recall Dr. Georges Genil-Perrin who warned against the elusive promises of swift curability, arguing instead for an unhurried and gradual approach to psychological treatment. Minkowski especially cautioned

[21] Guillemain, *Schizophrènes au XXe siècle*, 50.

[22] Monzie and Febvre, *La Vie mentale*, 8*50-7.

[23] Archives de Paris, Series 3498 W 3.

[24] Lahy Archives, Box 21.

against "the economy of time" [25] in so-called "heroic treatments," where the point was "to go fast and hit hard."[26] At least for a moment, the ideal of quickness worked out as a tool to redeem psychiatry was repositioned as the bane of mental health. If this opinion did not last, the "war" between fast and slow approaches, by and large, did.

The introduction of new therapeutic modalities in the 1940s and postwar period, including electroconvulsive therapies and the so-called "pharmacological revolution," yet again changed the tempos of cure and curability in the field of mental health in France and beyond. But what the period between the 1880s and 1930s distinctly shows is how it was that time became an instrumental tool of change in the field.[27] It helped practitioners discern and decide, as examined in Chapter 1, the differences between acute and chronic illnesses. It enabled the organization of new spaces for psychiatric intervention. Perhaps even more so than the treatments themselves, how psychiatrists measured and minded the time of illness and the time of cure was (and is) far more foundational to the practice of psychiatry than has been previously accounted for. Indeed, by placing themselves, their practices, and their patients' illnesses "in time," French mental health practitioners from the late nineteenth century through the interwar period initiated some of the central conflicts that still animate psychiatry, clinical psychology, and medicine more broadly today. At the opening of the new millennium, the *Annales of Internal Medicine* published a special issue on the theme of time and medicine. From Stanley Joel Reiser's article, "The Technologies of Time Measurement: Implications at the Bedside and the Bench" to Yuval Shahar's piece, "Dimension of Time in Illness: An Objective View," this issue's authors and

[25] Minkowski, "Psychiatrie, psychothérapie, relations avec le malade et le grand public," in *Écrits cliniques*, 162.

[26] Ibid., 161.

[27] Lobotomies were not performed in France until the 1940s. See Marc Zanello et al., "History of psychosurgery at Sainte-Anne Hospital, Paris, France, through translational interactions between psychiatrists and neurosurgeons," *Neurosurgical Focus* vol. 43, no. 3 (2017): 1-9.

articles speak to some of the very same issues and tensions discussed in this dissertation.[28] The criteria for curability or for saying a particular kind of treatment works are intimately linked to the pressures of efficiency and time management. As Richard V. Lee and Frank Davidoff state in their own contribution, "Speed: The Challenge to Medicine in the New Era," it is hard to resist the "current mantra" that "this technology will get the job done faster," when, in fact, "good medicine…takes time."[29] This conflict plays out in contemporary psychiatry and psychotherapy as well, where speed continues to be a criterion of healing and a justification for certain therapeutic interventions, including cognitive behavioral therapy (CBT) and cognitive process therapy (CPT), the latter of which advertises a timeline of cure that usually takes no longer than 10 to 12 weeks. But the period between the 1880s and 1930s shows that speed is not a "new" challenge, and that in more ways than one, the question of time continues to be as relevant to twenty-first century medicine, psychiatric or otherwise, as it was then.

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[28] Stanley Joel Reiser, "The Technologies of Time Measurement: Implications at the Bedside and the Bench," *Annales of Internal Medicine* vol. 132, no. 1 (2000): 31-36; Yuval Shahar, "Dimensions of Time in Illness: An Objective View," *Annales of Internal Medicine* vol. 132, no. 1 (2000): 45-53.

[29] Richard V. Lee and Frank Davidoff, "Speed: The Challenge to Medicine in the New Era," *Annales of Internal Medicine* vol. 132, no. 1 (2000): 91.

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