5. Rehabilitating a Profession under Siege

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HENRI BONNET, THE ALIENIST and director of the provincial Roche-Gandon asylum, made an unusual decision after returning home from a trip to Paris: he wrote a theater review. Bonnet had recently attended a performance of the popular melodrama *La Baronne* and left concerned by its depiction of the psychiatric profession. As shown, the play exploited contemporary fears over the unjust confinement of individuals in mental institutions by focusing on the attempts of a greedy femme fatale to sequester her rich husband with the help of an asylum doctor. Bonnet published his take in the *Annales médico-psychologiques* for an audience of his peers, many of whom had already expressed worry over well-publicized attacks on their reputations, noting the play could open the profession “to scandal and lead to the discrediting of alienists.” Like many an asylum doctor before him, Bonnet decried the so-called “war declared against alienists” that had, at this point, been a source of concern for at least a decade.

While doctors like Bonnet persisted in representing the profession as unfairly attacked by the critics of arbitrary confinement, clashes of a less metaphorical variety had recently overshadowed such public relations battles. France experienced invasion, siege, and civil war between the fall of 1870 and the spring of 1871. The Franco-Prussian War had as much to do with Otto von Bismarck’s calculated march toward German national unification as it did with any deep-seated conflict between the two European powers. France’s devastating and embarrassing loss nonetheless had profound consequences for French politics and national self-esteem. The war began in July 1870 and resulted in regime change by early September. Some 80,000 French soldiers, along with the emperor Louis-Napoleon himself, surrendered to Prussian forces at the Battle of Sedan, and a coalition of politicians—liberal, conservative, and even monarchist—soon declared a republic in his absence. Unlike the governments of 1789 and 1848, what came to be known as the Third Republic was more the
product of political expediency than popular revolution. The new regime faced considerable challenges in both the short and long term as the war continued despite the changed political circumstances. Paris suffered under siege for five long months and the government, relocated to Bordeaux and later Versailles, finally capitulated in February 1871 to the dismay of many citizens of the capital. Fault lines soon become apparent between the conservatives of the national government and the popular classes of Paris, with Parisians declaring home rule in March 1871. The Third Republic subsequently massacred, exiled, and imprisoned thousands of revolutionary supporters of the Paris Commune in May of that same year.

The impact of these events stretched the limits of a chronically underfunded and already precarious asylum system. In certain respects, the period of turmoil wounded the image of the all-powerful doctor-father that alienists had attempted to project since the time of Pinel. Public and private asylum operators faced unprecedented challenges when it came to “consoling,” let alone curing, their patients. Those who ran asylums located in Paris and its environs, where doctors had no choice but to rely on the goodwill of others for the maintenance of their institutions, were in especially insecure positions. However, the tumult also provided uncommon opportunities for doctors to promote a positive vision of the psychiatric community at a particularly low point for their public reputations. As the unwillingly institutionalized critic of the asylum system, Hippolyte Delas, had recently charged, doctors’ power and status relied on appearances: in presenting themselves with “perfect propriety on the outside,” they maintained the illusion that “The craft that they practiced could only be an honest one because they have such an honest air!” The crises of 1870–1871 afforded doctors the chance to reassert this honest image, both on the spot and after the fact.

Medical men struggled through the Franco-Prussian War and the Paris Commune alongside their patients, and several chose to publish their interpretations of the events in the months that followed. Some of these writings took the form of personal narratives, while others were professional assessments of the impact of war and political trauma on cases of mental illness (and vice versa). These publications proved powerful tools in doctors’ efforts to reshape their public personae. Like the unjustly interned patients of the previous chapter, doctors made use of the gender norms their own medical theories and practices had served to consolidate as they built their reputations and made their assessments. In some cases, they were satisfied to simply remind audiences of admirable
actions undertaken by members of the profession during troubled times, often by drawing attention to doctors’ exhibition of long-standing attributes of masculine self-presentation. Others narrated the experiences of the psychiatric community in ways that linked the profession with the forces of order. In these accounts, doctors presented themselves as bourgeois men dedicated to the values of the nascent Third Republic. Most obviously, they did so through their diagnoses of Communards and the equation of revolution with madness, but they accomplished something similar through less sensational explanations of the day-to-day functioning of institutional spaces during the siege.

Doctors aligned themselves with the Third Republic in ways both subtle and direct, constructing their gendered self-presentations as individuals and professionals but also as members of their class and nation. The republican press had often supported anti-alienist positions during the 1860s, in part because critiquing the psychiatric system allowed them to attack Louis-Napoleon by proxy while avoiding the ire of governmental censors. But the actions of alienists also seemed to genuinely contradict republican principles. Doctors would need to win the new government to their side following the fall of the Empire if they wanted to maintain their cultural authority or even their livelihoods: that they largely succeeded speaks both to the astuteness of their self-presentation strategies and to the relative conservatism of the Third Republic (which did not set up a constitutional structure until 1875 and was, even then, dominated by monarchists and conservatives until the 1880s). Opposition to workers’ rights was a consistent if contested aspect of French government policy throughout the late nineteenth century, a stance legitimated by the pronouncements of much of the psychiatric community in the aftermath of the events of 1870–1871.

Alienists’ personal reputations and that of the profession writ large looked better after the war and the Commune than they had in some time, despite concerns expressed by those like Bonnet. Psychiatry’s public relations successes would, in turn, further strengthen the profession’s position against critics. Observers continued to critique the asylum system well past the fall of the Second Empire, but alienists managed to aggrandize their influence throughout the early Third Republic in spite of continued backlash from the unjustly interned and their allies. Indeed, medical involvement in judicial and legislative affairs precipitously increased in the decades preceding the First World War. The period of 1870–1871 therefore represents a crucial moment in the history of the profession, one whose success relied yet again on alienists’ ability to cultivate gender- and class-based self-presentations well suited to their political context.
The Profession as Savior

French asylum doctors’ descriptions of the événements provide a great deal of information about the functioning of institutional spaces during the period of crisis, in addition to underlining the continued relevance of now familiar aspects of psychiatric masculinity. Reports from Parisian bureaucrats emphasized the independence and self-reliance of the psychiatric profession by de-emphasizing the impact of war on asylum operations and consistently giving credit to doctors alone for the survival of their institutions. The Parisian private asylum operator Alexandre Briere de Boismont highlighted another key aspect of the doctorly persona by presenting himself as a self-sacrificing father figure to his patients, even at times of profound distress. Both these narratives served to promote the psychiatric profession by showing its resilience against great odds. Critics had accused doctors of abusing their power, which was nearly absolute inside the walls of their institutions. Having that power taken from them through circumstances well beyond their control gave alienists a chance to convince people that they deserved to wield such authority after all.

Doctors in the Department of the Seine faced exceedingly trying circumstances during the Franco-Prussian War. City officials of all stripes sensed the oncoming disruption of their normal operations following the military disasters of Sedan and Metz, and the inhabitants of the capital prepared for the invasion of the Prussian army in the opening days of September 1870. Institutions inside the city of Paris were in an especially alarming position once the siege began: without food entering the city, there was no guarantee that patients could be properly fed. Malnutrition left them vulnerable to disease, not to mention the physical threat and emotional strain caused by Prussian bombardment. Asylums in the occupied territories were no better off. The directors of asylums just outside the city were left to their own devices, attempting to procure necessities and ensure the operation of their institutions without aid or communication from central authorities. Even public institutions in unoccupied zones faced difficulties because they were forced to operate without customary direction from the capital.

The organization of patient admissions in the department had been recently revamped as part of Baron Haussmann’s efforts to streamline city administration in the 1860s. The first step in the admissions process involved an examination at the prefecture of police, often on the request of the patient’s family, after which the potential internee was driven by coach to the Sainte-Anne asylum. There doctors performed a second examination and determined whether institutionalization was necessary. The next step depended largely on the patient’s household
income. Doctors sent patients who could afford it to Charenton, which accepted only those who could pay 900–1,500 francs per year. Patients designated as the most severely afflicted went to Bicêtre (for men) and the Salpêtrière (for women), both of which were located within Paris proper. The rest either remained at Sainte-Anne or entered one of two facilities located in the Seine-et-Oise, the department neighboring Paris. These asylums, Vaucluse and Ville-Evrard, had only recently opened when war broke out. Both were built on great expanses of land where patients, including “aliénés” and “idiots valides,” did agricultural and other forms of manual labor as a form of treatment and source of funding.7

The Assistance Publique, the government agency under whose umbrella these various asylums fell, began to reorganize admissions processes when it became clear the Prussian army would make its way to Paris. In Louis Gustave Bouchereau and Valentin Magnan’s Statistique des malades entrés en 1870 et en 1871 au bureau d’admission des aliénés de la Seine, they describe the modifications made in order to maintain services. Like other narratives written by public asylum doctors about Paris under siege, Bouchereau and Magnan’s report is largely descriptive in tone while subtly glorifying the actions of the psychiatric community. The two doctors worked together at Paris’s largest mental institution, the central entrance location for all the department’s public asylums.8 Sainte-Anne was under siege during the Franco-Prussian War, at times even in the line of fire, but the institution continued operations throughout the troubles. Bouchereau and Magnan consistently minimized the significance of alterations in patient services, claiming that the doctor-administrators of Paris’s asylums kept their institutions running much as they had before the war. They explained that although the Service des Aliénés was “placed in a very exceptional situation in 1870 and 1871, the admission of patients was not interrupted, even on the most agitated of days.”9 Despite the ravages faced by the residents of Paris, the asylum’s staff continued to “provide for all needs, with the aid of a few modifications of little importance.”10

The “importance” of these “few modifications” was certainly a matter of perspective. Bouchereau and Magnan conceded that among the department’s six public mental institutions, Sainte-Anne alone accepted new patients once the siege began. This remained possible because administrators transferred a number of patients as the Prussian army approached, thus leaving beds open for the projected influx during what would eventually turn into a five-month-long siege. Bicêtre and the Salpêtrière, also under siege, evacuated some patients and ceased to receive new ones, as did Charenton. Prussian armies cut off the suburban asylums Ville-Evrard and Vaucluse from Paris entirely.
While Bouchereau and Magnan presented the maintenance of Saint-Anne as evidence of the fortitude and self-reliance of the psychiatric establishment, it had just as much to do with their reliance on others. Specifically, only by sending patients to pensioners’ homes in the provinces or, later, returning them to their families were the administrators of Sainte-Anne able to accept new patients or feed those they already had. As of September 10, 1870, doctors had transferred four hundred eighty patients to the provinces, leaving a total of one hundred thirty-eight residing in the institution. By January 20, 1871, toward the end of the war, the total number of patients had risen to six hundred thirteen. Doctors made the decision shortly thereafter to return another one hundred eight “uncured” patients to their families in the city, leaving four hundred ninety-one patients in total after accounting for recent deaths. Bouchereau and Magnan rightly noted that patients transferred early on “escaped the emotions of the siege, the dangers of the bombardment, and especially the deprivations and all the pernicious influences that caused such great mortality among our patients” in Paris, but they hardly acknowledged the efforts made by non-alienists in keeping these patients safe.

The inspector general of the Service des Aliénés, Doctor Ludgar Lunier, similarly emphasized the resilience of French psychiatry as opposed to community efforts in a series of articles describing the effects of the events of 1870–1871 on the nation’s mental health. Lunier’s concerns as a high-ranking bureaucrat both before and after the events tended to reflect those of the administration, and he presented his observations in a dispassionate manner. Yet Lunier’s air of objectivity was itself an element of his professional self-presentation, one that masked opinions as facts and thereby gave his interpretations the weight of truth. Like those of his colleagues from Saint-Anne, Lunier’s depictions of mental medicine during the war and the Commune presented a chaotic picture of the challenges faced by alienists while giving doctors credit for maintaining patient services. He thus upheld the image of professional independence that had historically served to secure the honor of French psychiatry.

Lunier claimed the period of crisis created 1,400–1,500 new instances of mental illness. Despite these cases, the rate of institutionalization throughout France had slowed significantly when compared with previous years. In fact, total admissions decreased by 1,412 individuals from fall 1870 to summer 1871, whereas the number of patients had steadily increased by approximately 1,000 annually in the ten years preceding the Prussian invasion. This drop surprised the Inspector General, particularly because many of his fellow alienists argued that war and political perturbations aggravated mental illness, as had supposedly been the case during the first French Revolution and the revolution of 1848.
Furthermore, scores of bourgeois critics described the Paris Commune in terms of “collective madness” at this very time. In a moment when all of society was said to have gone insane, it seemed perplexing to Lunier that asylum admissions had actually gone down.

Lunier gave several potential causes for this decline, none of which faulted the psychiatric community in any way. One can hardly blame him, considering the circumstances. Much like Bouchereau and Magnan, he dismissed the efforts of other community members to keep asylums operational. The most convincing explanation for the reduction in patient numbers was certainly the chaos caused by advancing armies. Lunier explained that “the invasion brought about a great disruption in the administrative functioning of a certain number of our departments” and communication between provincial asylums, departmental processing centers, and the central administration in Paris was “brusquely interrupted” as a consequence. French administrators did not reestablish communications in many locales until at least February, when the siege of Paris finally came to an end. Many potential asylum occupants, even those outside the capital, thus remained with their families or in general hospitals for the duration of the events, and a number of them were either dead or otherwise no longer in need of services by the time institutional admissions began to function as usual.

Both these options—admitting patients to a general hospital or simply keeping them with their families—were actions alienists ordinarily sought to avoid. Doctors had long attempted to legitimate their intervention in the lives of the mentally ill on the grounds that the presence of their families could be harmful. They had also tried to distinguish themselves from other medical professionals, claiming that their specialized knowledge uniquely qualified them for their roles as the caretakers and overseers of the insane. The asylum supposedly provided a home away from home over which the doctor alone presided, a place conveniently and purposefully separated from familial and societal sources of mental illness. However, when many French citizens acutely needed mental health services, alienists found themselves incapable of meeting demand and relied quite heavily on the very groups they had long treated as rivals.

This dependence had the potential to undermine the authoritative image of French psychiatry doctors had cultivated throughout the nineteenth century, and Lunier played down the importance of administrative disruptions (warning his readers not to “attribute to these circumstances more importance than is right”). Instead, he argued that the decline in patient numbers mainly reflected the instability of household economies. Families were supposedly reluctant to pay to intern their relations when their own futures were so uncertain. In this framing,
patients’ relatives had neglected their familial duties, whereas doctors were still able and willing to pick up the slack. Lunier’s accompanying tables do indicate that the numbers of paying patients in public and private asylums decreased by a larger percentage than did the number of indigent patients during the events, lending some support to his interpretation. These figures might also suggest that families with other options decided it made little sense to deliver their loved ones to psychiatric institutions—places that often proved traumatizing in the best of times—when the asylum system was in such a state of disarray.

The decision among public asylum administrators to put a positive spin on their experiences of 1870–1871 made sense, especially in light of recent unjust commitment scandals. It also reflected doctors’ long-standing tendency to present themselves as protective and consoling father figures to their childlike patients. Alexandre Brière de Boismont, the aging owner of a private “family life” facility, made the doctor’s role as a provider of safety and domestic comforts explicit in his description of the siege. Brière de Boismont faced challenges similar to those confronted by his contemporaries employed by the public asylum system. However, the private nature of his medical practice led him to approach the months of deprivation in different ways and narrate those experiences to different effect. Brière de Boismont could not rely on public resources (i.e., the provincial pensioners’ homes that absorbed the patients Sainte-Anne could no longer accommodate) as his colleagues had. He also could not easily send his patients to live with their families because they were paying customers rather than wards of the state. Because of these limitations, the private asylum doctor eventually called upon an international network of medical professionals—his friends and fellow alienists in London—to help provision his institution.

When comparing Brière de Boismont’s account of his experiences to those of Bouchereau, Magnan, and Lunier, his comparative willingness to give credit to others for the survival of his asylum is noteworthy. Brière de Boismont published “A Lunatic Asylum during the Siege of Paris” in February 1871 in the British medical journal *The Lancet*. His hope was to “illustrate, on a small scale, the painful scenes of a family life in a *maison de santé* during the siege” and thank his far-flung colleagues for their help. He immediately positioned himself as the head of an asylum-household, describing the social relationships within his institution in familial terms and noting the disruption to “family life” brought on by the crisis. His word choice was fitting, considering that the doctor lived in the same building as many of his patients, located on a 12,000-square-meter complex at the edge of the Faubourg Sainte-Antoine. The rest of the account can be read as the tale of a desperate but unwavering father’s struggle to provide for his “family” in trying times.
There were 200 patients residing in his institution during the months of the siege, sixty-two of whom had formerly lived at a private residential facility operated by his daughter, Marie Rivet. Their transfer to the Faubourg Saint-Antoine, brought about because their rest home had recently been damaged in the defense of the capital, added stress to an already difficult situation. Brière de Boismont’s most pressing concerns included the acquisition of food and sources of heat. He discussed the lack of food in particular, emphasizing the impact of shortages on patient comfort. “In the early part of October,” he wrote, “the supply of milk ceased. Those who know Paris will readily believe the privations my patients suffered from the absence of café au lait, this beverage being one of the principal items of the breakfast table.”

Circumstances eventually became far more dire as other basic foodstuffs experienced rapid price inflation or disappeared entirely. The availability of meat was a particularly poignant concern. By the end of October fresh pork had become unavailable and “the butcher’s stalls, governed by municipal authority, now substituted horseflesh for beef, mutton, and veal.” Shortly thereafter the daily allotment of horsemeat per person fell to just thirty grams. Brière de Boismont explained, “Consequences of a very grave nature would have ensued from this insufficient supply of nourishment had not my constant care for my patients impelled me to search for food in places where I thought it might be concealed.”

He was able to purchase mule and horse meat from various underground sources and slaughtered several of his own animals to feed the patients; some amount of meat was therefore available for all but two days of the siege. Nonetheless, a number of elderly patients died who might have lived longer had milk, fish, and vegetables been available. Brière de Boismont noted that mortality was high during the frigid months of November and December especially. Some patients “died just as a lamp burns out for want of oil.”

Unlike the operators of public institutions, who insisted on the continued efficiency of asylum administration throughout the crisis, Brière de Boismont readily supplied evidence of his powerlessness. The doctor was forced to rely on his own ingenuity and his personal fortune in order to maintain the operation of his facility during the siege because he could not count on assistance from the state. He drew attention to the desperation of the asylum’s inhabitants to great effect; in so doing, Brière de Boismont fashioned himself as a self-sacrificing father figure, even describing his narrative as an illustration of “the painful scenes of a family life.” His tale was replete with moments of paternal devotion, from his multiple requests that the municipal authority provide the asylum with coal to his seemingly endless search for food throughout the city (impelled, he explained, by “my constant care for my patients”). He and his staff foraged for
firewood in the city parks, bought horse meat on the black market, and chopped down trees on the asylum grounds. Even so, Brierre de Boismont was unable to provide sufficient food and fuel through these methods alone. He found himself profoundly malnourished after eating only horseflesh and black, gritty bread for four long months, noting that he and his patients were all pushed to a state of exhaustion. Many died prematurely and experienced “extreme emaciation, profound debility, disordered respiration, and sleeplessness.”

Brierre de Boismont’s vulnerability in the face of catastrophe ultimately provided an opportunity to strengthen professional ties and elevate the reputation of the psychiatry as a whole. To his great relief, the harried asylum doctor received the generous aid of international colleagues during this time of need. His account of the siege was published in dedication to his English peer, friend, and benefactor Dr. Forbes Winslow. The French alienist addressed himself to “my dear confrère,” again displaying his predilection for familial language, and explained that he sent his report “the more willingly as you have for so many years given me such abundant proofs of your friendship and devotion.” The provision of necessities at the end of the siege ranked highest among these “abundant proofs.” Brierre de Boismont claimed he was on the verge of death when care packages began to arrive from London once the siege was lifted. If his personal sacrifices were not enough to save his patients, the devotion of the psychiatric profession would fill the void. The supplies—cheese, various meats, milk, potatoes, tea, biscuits, soap—did not begin to arrive until February, but “the food thus obtained may be said to have been the means of saving my own life, as well as the lives of several of my patients.”

While this statement could be interpreted as hyperbole, a way to strengthen professional bonds through excessive thanks, it is significant that Brierre de Boismont emphasized the benevolent strength of the psychiatric profession at his moment of personal frailty. He refused to take full credit for the asylum’s survival, but he still positioned psychiatry as his patients’ ultimate savior. Brierre de Boismont and the public asylum doctors therefore reached similar conclusions despite their distinct vantage points. Doctors who wrote accounts of the war and the siege sought to establish and maintain a resolute, competent, and dignified image of the psychiatric profession—at others’ expense, in the case of Bouchereau, Magnan, and Lunier, and to others’ credit, in the case of Brierre de Boismont. The psychiatric community had spent the first seven decades of the nineteenth century demarcating their professional role, and all alienists were keenly aware of their duties, both as doctors and as men. Many confronted situations during the invasion that made it difficult for them to live up to their own
expectations. Still, when they narrated their experiences, they sought to present weakness as a source of strength.

The Doctor as National Hero

It is much easier to identify the strategies used by medical men to promote their professional reputations than it is to assess the extent to which those efforts succeeded or failed. Fortunately, one doctor who published his recollections of the events of 1870–1871 received official accolades from the government of the Third Republic, thereby affirming that his actions reflected well on the state. Arguably the most adept example of professional self-promotion performed by an asylum doctor in the aftermath of the Franco-Prussian War was that of Eugène Billod, an alienist and administrator of the public institution Vaucluse. In addition to presenting himself as a member of a worthy profession, as was the case for our doctors in the previous section, Billod’s account of his actions served to enhance the honor of the French nation itself—a welcome addition in a country reeling from military defeat and the recent loss of its eastern territories, Alsace and Lorraine.

In *Les aliénés de Vaucluse et Ville-Evrard pendant le siège de Paris*, Billod describes the day-to-day operations of his institution, offering invaluable insights into one doctor’s behavior during the invasion and how he subsequently chose to narrate his experiences. Unlike mental institutions within Paris itself, Billod’s facility was never under siege. However, the Prussian army occupied the territory surrounding Vaucluse because of its location just outside the city. Prussian soldiers cut the asylum off from both the capital and the hinterland, and it was under constant threat of physical occupation. Billod and his patients were alone in a way other asylum administrators could not truly comprehend. Despite the extreme nature of his position, Billod’s preoccupation with the reputation of French psychiatry had much in common with the views of his Parisian contemporaries. He consistently implied that maintaining both personal and professional honor would affect Vaucluse’s very survival. All Billod had was his image: he could not rely on anything or anyone else.

The isolation the alienist found himself in was unexpected, for the administrators of the Assistance Publique had considered the fate of the department’s asylums and attempted to plan for the worst. Vaucluse served the city of Paris along with the asylums Sainte-Anne, Bicêtre, the Salpêtrière, Charenton, and Ville-Evrard. Both Ville-Evrard and Vaucluse were located outside Paris on large tracts of land the patients cultivated as a form of treatment and a source of revenue. As news of French defeats in the East reached Paris, the administrators of
the Assistance Publique decided to combine the populations of the suburban asylums, transporting the patients residing at Ville-Evrard to Vaucluse because they believed Ville-Evrard was in greater danger. This proved not to be the case. However, by the time people realized the more precarious situation of Vaucluse, the patients had already been transferred and there was nothing to do but wait out the occupation.34

The vast, village-like institution is located approximately twenty-seven kilometers from Paris, near the village Épinay-sur-Orge. Under normal circumstances one could reach the suburban asylum easily by train from Paris because a railroad station had been built for this purpose. The Prussians blocked access to the tracks in both directions once the occupation began, however, at which point communication and transport between Vaucluse and the capital ceased. Neither goods nor information traveled in or out between October 1870 and the end of the siege in February of 1871. Whatever food and supplies the asylum possessed were either gathered locally, procured before the occupation, or furnished on-site.

Billod comes across in his account as a man profoundly aware of the power of appearances. He consistently avoided the semblance of desperation and aimed to display the dignity he considered befitting his gender, class, profession, and nation. His behavior likely represented both a practical and an emotional response to living and working in a territory occupied by the enemy, but it was also a personal and professional imperative. In a situation in which he held so little “real” power, Billod’s ability to project an image of authority was a matter of life and death. He needed to convince various people—from members of the surrounding community to Prussian army officers—that he deserved to be treated with respect and that the needs of his patients truly mattered. This was no small feat at a time when the threat of starvation afflicted nearly everyone. The asylum director drew on rich reserves of cultural capital when other resources were severely lacking. In the process he elevated his personal reputation and that of the psychiatric profession. Narrating his experiences for a broad audience after the fact was itself an exercise in self-fashioning that cemented his reputation as a man of distinction.

Billod published his account in late 1872, nearly two years after the Prussian occupation. Reprints of letters lauding Billod’s behavior during the siege precede the text itself. These include a note from his superiors at the Assistance Publique highlighting his “praiseworthy” conduct, his “courage,” and his “devotion,” without which neither his patients nor the asylum could have survived the war. This letter is followed by an attestation from Jules Ferry—prefect of the Department...
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of the Seine during the siege and future prime minister of the Republic—authorizing a public monument to be erected at the asylum in honor of Billod and his personnel, as well as a letter from Billod’s male employees expressing gratitude for his wise actions. The mayor of the nearest village, Épinay-sur-Orge, added his voice to the chorus in a note thanking the alienist for services rendered to “the community.” The final document is a notice of Billod’s induction into the Legion of Honor in September 1872, just before the memoir’s publication.

This outpouring of official praise attests to Billod’s success in keeping Vaucluse operational during the war, but it also indicates his expertise in crafting his public image. Like asylum doctors in less trying times, Billod aimed to present himself as both authoritative and benevolent, as can be seen in his explanation of his major goals during the siege. First, Billod wanted to preserve the establishment and keep his personnel out of harm’s way. Second, he hoped to sustain patient services. Third, he needed to maintain a rigorous sense of order. In other words, he sought to simultaneously control and protect the establishment and those who lived there. Billod’s fourth and final goal was to “secure this triple result all while safeguarding, in the most scrupulous manner possible, the honor and dignity of the administration.” He left it up to the reader to determine whether he accomplished these tasks, but it can be assumed his success was self-evident. After all, he would not have been asked to publish his account nor been inducted into the Legion of Honor if state officials did not think his story reflected well on the bureaucracy in charge of asylum administration, not to mention the nation. We can therefore read Billod’s account of the siege as a lesson in professional behavior, one that shows how an alienist could effectively present himself as a man of authority, dignity, and self-respect under the most difficult of circumstances.

Interactions with the Prussians proved especially consequential, both for the survival of the institution and as proof of Billod’s status as a man of honor. These moments were invariably tense because they held high stakes for the asylum and its inhabitants. Vaucluse constantly faced the threat of requisitions of already limited supplies of food and fuel. As early as September 15, the lines of transportation between the institution and Paris had been cut, and shortly thereafter the Prussians ordered the local baker to stop selling bread to the asylum. The threat of occupation was even more troubling, for the Germans hoped to station troops at Vaucluse and take the food produced on the asylum farm for themselves. Having anticipated this possibility, Billod tried to secure Vaucluse’s status as a Red Cross outpost before the arrival of the Prussian army. While he had received permission to house twelve wounded for the Red Cross, the Prussians refused to
recognize the international flag because the wounded never arrived, leaving the asylum open to forced requisitions and the billeting of soldiers. Prussian officers met Billod’s attempts to resist their incursions with indifference. The Prussian commander stationed at the nearby town of Breuil even remarked that “the lives of Prussians were more precious than those of the mad.”

Under the threat of requisitions, Billod decided to appeal to Prussian leadership. The doctor initiated this interaction with a letter addressed to the Prince Royal, commander of the Prussian Third Army, who had stationed one of his battalions near the asylum. Billod assured his readers that he decided to take this step only when it became clear it was a “question of life and death for my unfortunate patients.” He explained in dramatic terms, “I did not hesitate further, although I knew it would cost me greatly to say it, to do what was the greatest hardship of my life in the interest of what was proper, that is to say, to call upon the human sentiments of the Prince Royal.” Despite Billod’s reticence to supplicate the invader of his homeland, he framed his decision as a worthy act of self-sacrifice. As a representative of the French state and as a professional man, he could not risk prostrating himself at the feet of the German prince. “Aware of the importance of the path I was about to attempt,” wrote Billod, “I committed myself to weighing the terms of my letter in a manner in which not one word of that document impinged to any degree the dignity of the administration or myself.” The doctor chose his words carefully, attempting to achieve a balanced tone that conveyed neither obeisance nor disrespect.

His letter apparently struck the right chord. The day after receiving Billod’s note the Prussian Prince of Gottberg declared that Vaucluse would not be required to house soldiers and was officially freed from any future requisitions. He also granted the doctor liberty to travel within the occupied territories in order to secure necessities for the institution. While Billod’s conception of personal, professional, and national esteem made him reticent to contact the prince, his ability to express himself with dignity ultimately served him well. A shared understanding of what constituted correct behavior seems to have helped persuade the Prussian general to grant Billod’s request. The desire of both men to act honorably provided them a mechanism to manage conflicts while maintaining a sense of independence and self-respect. If masculine honor could be a source of contention, it was also a source of connection, even among enemies.

The asylum doctor again made use of his interpersonal skills toward the end of the occupation. Several Prussian officers arrived at Vaucluse in February 1871, having received orders to billet ninety horses and soldiers on the asylum grounds in spite of the prince’s earlier promises. A very tense series of interactions...
followed their arrival and, despite his vulnerable position, Billod managed to secure the safety of the institution. He refused to allow the occupation of Vaucluse until he saw an order from the prince contradicting his original promise. One of the German officers replied, “You ask for an order. Well, here it is,” as he tapped on his sword threateningly. The alienist responded, “I regret to have to tell you . . . that what you have just shown me is not an order, it’s an expression of brutal force, and in my showing you an order from the head of your army [the original letter from the prince], I prove to you that I know no force aside from moral force.” The major reacted angrily, motioning as if he were going to slap the doctor in the face. To this insult Billod declared, “No more of these movements, I don’t like them, and don’t forget you’re in my house.”

The officer then changed his tone, at least according to Billod’s recollection of events, now acting as one gentleman would toward another, touring the asylum with Billod and impressing him with his “perfect urbanity.” The doctor had successfully mobilized his personal self-presentation as his best defense against Prussian encroachment, calling attention to an apparently shared sense of decorum to convince the soldiers to treat him with respect. Furthermore, it was by drawing on the domestic metaphor (and the paternal authority it implied) that Billod was able to shame the officer into recognizing the incivility of his attitude. The asylum was not a neutral space, but “chez moi”—and to insult Billod in his own home was a step too far. The end of hostilities came in time for Vaucluse to avoid more requisitions, and it is unclear whether Billod’s stalling tactics would have worked indefinitely, but they were surprisingly successful in the short term.

The conceptions of ideal masculinity whose spread this book has traced continued to hold relevance during and after the Franco-Prussian War, as evidenced by Billod’s account of the siege and the accolades he received for his efforts. The bourgeois Billod embodied rational savoir-faire, making use of his skills as a negotiator when exerting physical strength to counter his opponents was out of the question. His courage was expressed not via brute force but through persistence and know-how, his decisions the products of deliberate consideration rather than emotion. Furthermore, like other members of his class and profession, Billod embraced the honor code as a way to navigate disputes with other men—men who physically had the upper hand and whose very presence signified the humiliating defeat of France. More important, Billod’s actions, his narration of those actions, and the reactions of other French men all point to an essential link between the expression of masculine honor and the preservation of national esteem. As Venita Datta has shown with respect to press accounts...
of men’s cowardice later in the century, “the valor of elite males also reflected on that of the French nation itself.” France could use all the valor it could get in the immediate aftermath of the Franco-Prussian War, as those who lauded Billod must have sensed.

The experience of the Franco-Prussian War also suggested to many men that the inculcation of bourgeois habits had perhaps left them unprepared for combat. Had French society spent the first part of the century elevating martial attributes of masculinity instead, there might have been no need to celebrate the victories of someone like Billod in the first place. The cultural promotion of masculine self-control did much to prop up the social and political authority of bourgeois men whose lifestyles were considerably more sedentary than those of their aristocratic predecessors or their lower-class contemporaries. We must remember, however, that older expectations of masculine comportment never disappeared and that anxiety over men’s apparent “domestication” has represented a central feature of Western civilization since the early modern period. Billod attempted to present himself as both the ideal male professional and a manly defender of the innocent. It was in the best interests of the nascent republic to reward him for his efforts, but the cultivation of Billod’s self-presentation still required an uneasy balancing act. Overt expressions of virility and strength among bourgeois and middle-class men would become more prominent in the period between the Franco-Prussian War and the start of World War I, at least in part owing to rising concerns over the physical debility of potential French soldiers.

Nonetheless, because Billod was a bourgeois professional who saved the inhabitants of a state-run institution during a period of national calamity, it still made sense for officials to frame his story of the siege as a point of pride. The doctor had set out to preserve the “dignity” of the administration while securing the safety of his establishment. The publication of his story is proof of his success. And while Billod’s experiences were more exceptional than most, the Prussian invasion confronted all French alienists with unprecedented circumstances. Violence, isolation, and hunger threatened the lives of doctors and patients alike. Yet psychiatric professionals consistently took the catastrophes of 1870–1871 as opportunities to shape their professional identities and present themselves and their colleagues as resilient, honorable, and even heroic men. Their interpretations of the Paris Commune would further solidify the alliance between medicine and the state, this time through the vilification of common enemies.
Prescient Doctors and Furious Revolutionaries

The image of the psychiatric profession presented by Billod and others who wrote about the Prussian siege depended on a very particular conception of the doctor-patient relationship. Doctors styled their patients as children in need of care and protection whose apparent vulnerability justified medical intervention. They fashioned themselves as father figures, strong but benevolent, the only people capable of saving their patients from the dangerous influences of the outside world (their own families included). Yet doctors also had a stake in spreading the belief that those considered insane were threats to the communities in which they lived, a fear that justified the expansion of doctors’ social roles. In other words, mad people were at once dangerous and in need of protection. The spread of such assumptions helped psychiatric professionals establish their authority within the asylum and beyond.

Doctors’ depictions of 1870–1871 perpetuated both of these tropes. Mentally unstable individuals already living inside psychiatric institutions appear in doctors’ writings as vulnerable and childlike, whereas doctors depicted the Communards of Paris as “mad” and even contagious. All the world could agree, wrote the doctor Jean-Baptiste Vincent Laborde, that “a wind of madness” had passed through the French capital when its citizens rejected the Third Republic and formed a new municipal government in its stead. According to Laure Murat, French alienists had long noted how revolutionary upheavals colored their patients’ delusions. This, however, did not necessarily imply that doctors were politically opposed to the idea of revolution nor that they pathologized revolutionary activity in and of itself. As we have seen, Pinel secured his position as the head of Bicêtre in the 1790s, and those who followed in his footsteps often played lip service to liberté even when contradicting this revolutionary value in practice. Furthermore, Murat has identified only two alienists after the revolution of 1848 who claimed revolution was a product of madness rather than one of its potential inspirations. The most prominent advocate of this position was the politically conservative and devoutly Catholic Brière de Boismont, who also maintained that the revolutionaries of the Paris Commune were clinically insane. This time, however, he was joined by his colleagues in far greater numbers. The differences between doctors’ interpretations of 1848 and 1871 were profound, with most psychiatric commentators taking the madness of the Communards for granted even when disagreeing on other medical matters.

To those at odds with the national government the decision to revolt during the spring of 1871 was hardly unreasonable. Many Parisians felt betrayed by the
Third Republic in the aftermath of the Franco-Prussian War, especially because they had borne the brunt of the siege. Two economic policies announced by the National Assembly in March 1871 were especially unpopular: the requirement that the city’s inhabitants immediately pay back rent to their landlords and the establishment of a short deadline to repurchase items they had been forced to pawn. Citizens were already frustrated by the new government’s decision to capitulate to the Prussians and allow them to march through Paris victorious, and such policies posed an almost inconceivably cruel predicament for anyone of limited means who lived in the capital. A citywide revolt, led mainly by members of the popular classes, broke out when the conservative first president of the Third Republic, Adolphe Thiers, sent troops to Montmartre to preemptively seize cannons from the city’s armory.

While Marxist historians have perhaps overstated the protosocialist elements of the Paris Commune, which constituted an expression of neighborhood solidarity as much as class consciousness, contemporary discussions of the revolutionary government and its ultimate destruction almost universally reflected class prejudices. This was certainly the case among doctors attempting to diagnose Communards after the fact. Medical men writing about the Commune made no secret of their political commitment to the Third Republic and their disgust for the working-class Communards. J. V. Laborde, the neurologist and founder of the journal *La Tribune médicale*, was among the most outspoken medical critics of the Commune. A self-described republican and friend of Leon Gambetta, Laborde’s antirevolutionary conclusions were reflective of the relative conservatism of mainstream republicanism by this time. In 1872 Laborde published a widely reviewed book about the Commune, *Les hommes et les actes de l’insurrection de Paris devant la psychologie morbide*, in which he medicalized revolutionary sentiment to an extreme degree. Murat has analyzed numerous other psychiatric treatises published around the same time that made similar arguments. Those who condemned the Commune consistently implied that the interests of the psychiatric community aligned precisely with those of the state.

While Laborde suggested that some revolutionaries had been driven to revolt by harsh circumstances and the effects of drink, he also provided numerous examples of what he considered clinical insanity among the Communards. The disordered political climate supposedly gave madness a chance to reveal itself and even flourish. Mental disturbances that had lain dormant in more peaceful times eerily rose to the surface in the face of war, siege, and famine, and the insane of Paris supposedly flocked to revolutionary organizations across the city. Even those hereditarily predisposed to madness who had never before been
politically inclined found the disorderly atmosphere appealing. For Laborde, the adage “Qui se ressemble, s’assemble” was never truer than during the three months of urban revolt. He claimed those who might have been committed to asylums in other times were celebrated during the Commune for the originality or their ideas and their passionate forms of self-expression.

Laborde argued that politics was a milieu well-suited to the unleashing of passions and impulses, all the more so during moments ripe with possibility and rebellion. In this respect he echoed the theories of early alienists who believed madness was the result of passions run amuck. His descriptions of male revolutionaries likewise mirrored earlier psychiatric discussions, with some novel additions. Men suffering from delusions of grandeur, whose messianic ramblings might once have been ignored, supposedly embraced the opportunity to become revolutionary leaders: those who had once been objects of pity or disgust “were taken in triumph [during the insurrection], the martyr’s wreath upon their heads.” Men who exhibited signs of délire de persécution also fit right in because this particular condition manifested when ambitions had not been realized. Laborde claimed that failed intellectuals, journalists, and artists lashed out wildly during the Commune, finding large audiences for their vengeful diatribes against a society they perceived as having wronged them. Asylum doctors after the French Revolution had also tied professional frustration to mental illness in men, implying that new possibilities for financial success caused so much anxiety that some men went mad. Such diagnoses served to police the behavior of men by defining insanity as a failure to conform to bourgeois expectations. But the gender-based treatment scenarios concocted in the course of the moral treatment also suggested that doctors believed these patients could become productive citizens once again. By 1871, this was not the case.

Laborde presented a vision of society in which the consequences of madness had reached apparently unprecedented depths: revolutionary Paris was a space in which “perversions, ambitions, and madness swarmed and agitated,” an upside-down world where the irrational momentarily ruled the sane. The inclusion of “ambitions” between “perversions” and “madness” is noteworthy. For Laborde, mental illness inspired by professional disappointment reflected a mismatch between a man’s expectations for social success and what he truly deserved—which, in the case of those who sought to rise above their station, was apparently very little. To put it another way, Laborde’s prototypical mad Communards were precisely those individuals who understood meritocracy to be an illusion and who dared to envision a world in which this was no longer the case. “Unrealistic” aspiration therefore constituted not only a dangerous sign of
insanity, but a source of social chaos. If the minds of individual revolutionaries evinced the disease of unwarranted expectations, the Commune itself seemed to confirm elite fears that such hopes had spread throughout the body politic.

Shifting conceptions of the political and social consequences of madness served to reinforce its stigma. So too did changing psychiatric attitudes toward alienation’s source. Although Laborde linked insanity to the overexcitement of the passions—especially ambition—he did not argue, à la Pinel, that all people were susceptible to mental illness, claiming instead that madness was primarily the result of hereditary degeneration. First elaborated by the asylum doctor Benedict Morel in 1857, degeneration theory pinpointed insanity as one of many seemingly distinct afflictions whose appearance in a family’s medical history supposedly signaled the inevitable physical decline of future generations. Laborde similarly found that “transmitted predisposition can . . . proceed from very different pathological states of departure,” including but not limited to the insanity of a parent or other relative. Everything from epilepsy to headaches to slight physical deformities, in relatives living or dead, constituted evidence of a family’s pathological nature for degeneration theorists: for this reason, it was never hard for a doctor to “confirm” a diagnosis of hereditary insanity. Laborde connected individuals’ participation in the Commune to this sort of family history time and again, suggesting not only that madness and revolutionary politics were one and the same, but that a person’s eventual psychological state was practically predetermined at birth.

As a neurologist and physical anthropologist, Laborde’s conviction of the hereditary basis of mental illness was more pronounced than that of most alienists who actually operated asylums, many of whom still interpreted insanity as a “moral” condition to some extent. Even Morel, the originator of degeneration theory, rejected hereditary insanity as an explanation for revolutionary activity because he believed this would unjustly pardon the Communards for their rebellion. As one of Laborde’s reviewers noted, “monsters” should not be absolved of their actions just because “their father was sorrowful and depressed.” Nonetheless, even those who disagreed with Laborde on the question of heredity readily accepted his equation of madness with participation in revolutionary politics, thereby providing a ready-made rationale for dismissing Communard demands and supporting any actions taken by the state to curtail revolutionary activity, no matter how violent.

Expressions of fear and condescension toward popular politics were not unusual. Most bourgeois commentators were horrified by the Commune’s endorsement of egalitarian initiatives—such as universal secular education, nurseries
for working parents, and the elimination of night baking—and physicians were 
not alone in explaining away social radicalism in terms of insanity. Drawing 
particular ire were women revolutionaries, whose actions came to symbolize for 
bourgeois critics all that was wrong with working-class politics more broadly. 
Depicted as wild-eyed furies, the women of the Commune were supposedly out 
of control, sexually licentious, and gleefully destructive. Gay Gullickson has ex-
tensively chronicled contemporary depictions of the “unruly women of Paris,” 
and her evidence indicates that already prevalent assumptions about women’s 
irrationality shaped people’s impressions of Communardes. The conservative 
columnist Francisque Sarcey, for example, claimed the *pétroleuses* were “under 
the epidemic influence of incendiary mania” when they supposedly burned 
down parts of Paris in the traumatic final days of the Commune.\(^57\) The writers 
Edmond and Jules de Goncourt noted that many captured women revolution-
aries “had the eyes of madwomen.”\(^58\) These sorts of commentaries fueled sexist 
assumptions about politically engaged women, implying that the Communardes 
represented horrific deviations from the domestic ideal and, at the same time, 
were precisely what all women would become if granted political rights. Mem-
bers of the medical community unsurprisingly reproduced these stereotypes in 
their discussion of women who participated in or even sympathized with the 
Commune, conceptually linking “unwomanly” behavior to madness and legiti-
mating the opinions of lay observers.

The writings of the Brierre de Boismont family offer a case in point. Alexan-
dre Brierre de Boismont worried “this frightful social and political convulsion” 
would eventually have “sad effects on mental health,” while his daughter Marie 
Rivet described her impressions of Communardes in particular.\(^59\) She made spe-
cial note of a tense interaction with a woman preaching atheism at the Place 
du Trône who responded to Rivet’s questions about the possibility of rejoining 
her husband in the afterlife with the assertion that she had “never been mar-
rried, thank God.”\(^60\) The *directrice* also recounted meeting a widow, Madame 
A., whose children sought to intern her for profligate spending; they realized 
their goal following the Commune’s defeat, when military doctors took the 
woman’s fraternization with revolutionaries as evidence of her insanity. Having 
been captured on the barricades dressed as a *fédéré*, “her rifle still hot,” it was 
almost certainly Madame A.’s elite background that kept her from being exe-
cuted or sent to a colonial prison along with her compatriots.\(^61\) She reportedly 
told Rivet that the insurgents had impressed her with their “energy and their 
assurance that they would die for a great humanitarian principle; that one could 
kill their bodies, but the idea would remain.”\(^62\) The woman’s support for the
Commune—particularly because she was wealthy—represented clear evidence of insanity for Rivet, an opinion her male colleagues would almost certainly have shared.

Laborde’s descriptions of the Commune were therefore lurid, but not especially original. Nonetheless, as a medical doctor, he was in a singular position to act as both witness and expert. He even claimed it was possible to anticipate who might succumb to madness during times of political agitation by looking for signs of inherited predisposition and clues in past behavior. Doctors represented France’s best chance for redemption because they could pinpoint future revolutionaries with scientific precision before they caused unrest. The post hoc “diagnosis” of Communards therefore represented an important public relations strategy for the psychiatric profession, in that decrying the Commune allowed medical practitioners to establish their political commitment to the Third Republic and link its survival to their own. Furthermore, if doctors’ condemnation of the Commune was a form of self-promotion, it was also a method of self-defense. It is entirely possible that French alienists feared the Commune because the municipal government, given time, might have turned its attention to questions of asylum reform. There was at least one incident of a crowd attempting to free a patient from Saint-Anne against doctors’ orders, and Bouchereau and Magnan reported that a political club had actually made plans to debate revising the law on asylum sequestration.

When doctors presented revolutionary Paris as disorderly and irrational, they conveniently upheld the political claims of the bourgeoisie, as well as their own professional and masculine prerogatives. Doctors drew upon and helped cultivate widespread prejudices against those considered insane to justify dismissing revolutionary demands. In the process, they further stigmatized mental illness, thereby creating an even more powerful justification to continue to deny rights to anyone who dared question the political or economic status quo (especially workers and women). In this sense, medical discussions of madness and the Commune are poignant examples of the ways psychological disability has operated historically as an essential marker of difference used to legitimate hierarchies of all kinds.

These cultural outcomes meshed with the material interests of individual alienists and elevated the status of the French psychiatry as a whole. Laborde positioned men like himself as society’s best defense against the dangers of social revolution. He also implicitly provided a strong argument for increased asylum incarceration by linking psychological and family history to revolutionary sentiment. Alienists who found Laborde’s claims about hereditary madness
overstated did so as well. They might not have believed doctors capable of discovering future revolutionaries before they wreaked havoc, but they nonetheless agreed that such individuals should be incarcerated at the first signs of “trouble.” Eugène Billod, the embattled director of Vaucluse, likewise presented asylum sequestration as a social good. He depicted his patients as basically harmless, choosing to relate charming stories of patriotism during the siege rather than examples of conflict or disruption (at one point the inhabitants of the women’s quarter met Prussian soldiers with shouts of “Vive la France!” and “Vive la paix!” although Billod suspected few patients understood the larger implications of the war).\(^6\) Compared with Laborde’s descriptions of the supposedly mad men and women of Paris, the inhabitants of Vaucluse remained remarkably placid during the wartime period. Living through desperate times had not encouraged violent or disruptive behavior: the asylum setting had effectively pacified its inhabitants. This was, of course, the point.

**Medical Commentaries Concerning** the events of 1870–1871 did not exhibit the same defensive tone as psychiatric discussions of unjust internment from around the same period, but they still promoted a view of the profession that implied the aggrandizement of psychiatric power was in the best interests of French society. Some writers were content to highlight the efforts taken by asylum doctors to safeguard their institutions during the siege. Such narratives implied that these men were well-suited to their authoritative roles, perhaps especially in times of stress and anxiety. These write-ups gave doctors credit for maintaining patient services and advertised the heroic efforts of individual alienists in France and abroad, often in a fashion that drew upon well-established features of psychiatric masculinity (including benevolent paternalism and professional honor). They therefore made a subtle case for the asylum system’s continued utility in the fledgling republic, despite the near constant drumbeat of criticism coming from anti-alienist corners. Medical discussions of the Commune went even further in defense of the profession, implying that the fate of France depended on the diagnostic capabilities of medical men and their elevation to positions of power.

This era was similar to the first French Revolution in that it gave doctors the chance to align themselves with the state in a fashion that proved mutually beneficial. But there was a major difference: the bourgeoisie was no longer a revolutionary force, and neither was French psychiatry. Where the association of psychiatric and state power during and after the French Revolution inspired medical efforts to incorporate diverse segments of the population into the emergent
social and political order, asylum doctors’ triumphs in the immediate aftermath of the Franco-Prussian War and the Paris Commune had the opposite effect on medical understandings of treatment and cure. For one, psychiatric commentators like Laborde began to emphasize in ever more strident terms the hereditability of mental illness. Unlike their counterparts at the high point of the moral treatment era, degeneration theorists emphasized seemingly immutable differences between healthy bodies and pathological ones. Eventually the push toward hereditarianism would undermine doctors’ faith in the gender-based treatment regimens developed earlier in the century and contribute to an even greater marginalization of those deemed mentally ill. Furthermore, the war and the Commune would come to play oversize roles in what we might call the French medical imagination. While Laborde somewhat dramatically positioned psychiatry as France’s best defense against chaos, his descriptions of the revolutionary city implied that the resuscitation of French society could prove a lost cause, no matter what doctors like him had to say about it.

One final description from Laborde should make this clear. A particularly vivid episode in his narrative took place during the republican invasion of western Paris, just before the notorious “Bloody Week” that ended the experiment of the Paris Commune. He tells the tale of a friend and “fellow doctor” traveling through the city who supposedly witnessed a number of disturbing street scenes. Amid explosions and gunfire, a man danced in the middle of the road. Injured revolutionaries sang raucously as their comrades were blown to pieces. The streets ran “red with wine and blood” as men consorted with women of ill repute. Again, the revolutionaries were not simply misguided, but out of control to the point of insanity.

Descriptions of this sort provided powerful “proof” of civilizational decline in the years to come. Those who emerged socially and politically victorious in the aftermath of the Commune—people like Laborde himself—recalled the period in terms of frenzied delirium rather than considered struggle. This image of the Commune contributed to a growing conviction that French society was as degenerate as the supposedly ravaged minds of the Communards. The dramatic loss of the Franco-Prussian War and the subsequent civil conflict indicated to many that France was a nation in free fall, a society whose diseased nature could be read in the very biology of its citizens. Specialists in mental medicine would soon come to see that this sort of thinking was incompatible with the basic tenets of the moral treatment, including its emphasis on gender as cure, which would lead some to rethink the asylum system in its entirety.