



Culture and Theory

The ties that bind past and present: Tony Robert-Fleury, Philippe Pinel and the Salpêtrière

How successes long believed to be safe are threatening to slip through our fingers



Natasha Ruiz-Gómez^{a,*}, Michael Liebrez^b

^a School of Philosophy and Art History, University of Essex, United Kingdom

^b Department of Forensic Psychiatry, Institute of Forensic Medicine, University of Bern, Bern, Switzerland

A B S T R A C T

Pinel Freeing the Insane from Their Chains (1876, Hôpital de la Salpêtrière, Paris) by Tony Robert-Fleury is one of the most famous depictions of the treatment of those suffering with a mental illness. The background of this life-size painting and the reasons for its commission are less well-known. Through the lenses of art history and forensic psychiatry, this article examines the creation of Robert-Fleury's painting in relation to the medical and political context of late nineteenth-century France, including its indebtedness to Jean-Martin Charcot's studies of hysteria. The article also highlights the enduring significance of the artwork and its continued relevance to the modern practices of forensic psychiatry.

1. Introduction

Psychiatrists, particularly forensic psychiatrists, are perhaps more aware of the special ethical challenges of their field between legal normative concepts and medical evidence than doctors of other disciplines. This is because their clinical forensic work never takes place exclusively 'in the medical arena' and is almost never solely determined by the success or failure of a 'medical intervention or therapy', but is always subject to a social-normative evaluation that fluctuates considerably over time in ever-transforming societies (Appelbaum 1997; Austin Goble and Kelecevic 2009; Buchanan & Grounds, 2011). Regarding the treatment (and placement) of particular individuals with a mental disorder who have committed violent crimes, the last decades have seen a shift from social-rehabilitative towards punitive-repressive approaches. This is also the case in societies that were significantly inspired by ideas of the Enlightenment of the late 17th and 18th centuries, even if a 'revitalization' of traditional perspectives of rehabilitation is reported from some European countries when it comes to young adults (Cochran et al., 2020; Dünkel 2016; Palasinski & Shortland, 2017; Zafirovski 2010). Increasing attention is paid to the idea that offenders with serious mental disorders may be treated in prisons, in an effort to ensure the highest possible 'level of security', to avoid expensive investments in forensic psychiatric hospital beds or because there is purely an 'absence of resources'" (Entorf 2007; Fovet et al., 2020; Lamb & Weinberger, 2005; Spencer & Dean, 2019). Although this is rejected by the World Health

Organization (World Health Organization 2005) and has repeatedly been criticized by medical professionals and legal experts working in the prison system (Gottfried & Christopher, 2017; Hutchison 2017), it may be argued that this notion did not lead to a consistent outcry by general psychiatrists, who have spent long periods (in some cases decades) in an effort to deinstitutionalize large psychiatric hospitals. Indeed, they might view additional beds in forensic psychiatry as a form of reinstitutionalization and fear a step back towards mental hospitals open to many forms of (legal) coercion and hidden behind large walls (Bloom et al., 2008; Personal communication, 2020; Schanda 2020, 2005). Thus, depending on one's point of view, we find ourselves in a discussion which has never really ended, and which is actually experiencing something of a renaissance).

From the perspective of historical psychiatry, the conditions at the end of the 18th century play a special role in the question of the treatment and accommodation of people with mental disorders, for which the situation in the hospices of the Salpêtrière (for women) and Bicêtre (for men) in France are typically mentioned as examples (Berlin 2003; Hurwitz 1962). Both accommodated all those who were unpopular with the Parisian population, making little distinction between the poor, the sick and violent criminals (Cohen 1932). The mentally ill in particular were chained up for weeks (Rosen 1963). The prisoners were flogged in order to drive out their misconduct (Jimenez 2012). Although modern historians consider the role of the physician Philippe Pinel (1745–1826) to be exaggerated or even a 'myth"', his name is inseparably linked to the

* Corresponding author.

E-mail address: natashar@essex.ac.uk (N. Ruiz-Gómez).



Fig. 1. Tony Robert-Fleury, *Pinel Freeing the Insane from Their Chains*, 1876. Oil on canvas, 13 feet 2 inches × 16 feet 5 inches. Paris, Hôpital de la Salpêtrière. Photo: © RMN-Grand Palais/Agence Bulloz.

'liberation of the mentally ill from their chains' at Bicêtre and the founding of modern psychiatry in France (Pelletier & Davidson, 2015; Vandermeersch 1994; Weiner 2008). The importance and radiance of this humanistic act for (forensic) psychiatry can also be underlined by the fact that a depiction of Philippe Pinel can still be found today in many textbooks on psychiatry and on the cover of this very journal (Moller et al., 2015).

Less known to an interdisciplinary readership, however, might be the background and circumstances under which the frequently shown painting *Pinel Freeing the Insane from Their Chains* (1876, Hôpital de la Salpêtrière, Paris) by Tony Robert-Fleury (1837–1911) was created (Fig. 1). In this article we aim to trace the history of the artist and his painting, which was created around 80 years after the 'actual' events at Bicêtre. In doing so we want to pursue the following questions: Why did Robert-Fleury create this painting at this time? Who was ordering and/or financing it? Where was it exhibited and how was it received? Was there a personal connection between Robert-Fleury and specifically the topic of coercion in psychiatry? Was there perhaps a personal experience, someone in the family suffering from a mental disorder or institutionalized? Or was the reality less romantic, and was it simply a commissioned work? Thus this article explores the creation of Robert-Fleury's painting, the event it represents and the politics behind both.

2. The painting

Tony Robert-Fleury's *Pinel Freeing the Insane from Their Chains* is, according to cultural historian Sander Gilman, perhaps the most famous asylum painting of the late nineteenth century (Gilman 1982 quoted in Weisberg 1995).¹ Painted fifty years after the death of Philippe Pinel, the canvas depicts his mythic act of 'liberating' the insane patients of the Salpêtrière in 1795.

Robert-Fleury was commissioned by the French government to paint Pinel, arguably the founder of modern psychiatry. The son of the respected academic painter Joseph-Nicolas Fleury (1797–1890), Robert-Fleury had already had several successes at the Salon, the most important art exhibition in France in the nineteenth century. He achieved renown with large-scale history paintings, which depicted both historical scenes like the Roman siege of Corinth, for which he won a *médaille d'honneur* at the Salon of 1870 (Claretie 1876), and more recent events such as a massacre perpetrated by Russian troops in Warsaw in 1861. These Salon successes over the course of more than a decade demonstrated that he was capable of depicting complex narrative scenes with figures in period dress and affecting anecdotal detail. With his reputation established, Robert-Fleury received the commission for a painting of Pinel in 1875.

Though not much is known of the artist's personal life besides some details of his biography, his academic training, and his later influential roles as president of the *Société des artistes français* and as an art teacher, especially of women artists, there is no evidence that he had any emotional or personal connection to the commission. However, the art critic Eugène Montrosier suggests that Robert-Fleury had an early interest in medicine that almost turned into his vocation (Montrosier 1881). This might have given the painter a special interest in the subject.

There are conflicting reports as to why the French State decided to commission a painting of Pinel in the 1870s and how much input Robert-Fleury may have had as to which event it would depict. The national

¹ Gilman, S. L. (1982). *Seeing the Insane: A Cultural History of Madness and Art in the Western World, Showing How the Portrayal of Stereotypes has Both Reflected and Shaped the Perception and Treatment of the Mentally Ill*. New York: John Wiley & Sons, 212; quoted in Weisberg, R. E. (1995). 'The Representation of Doctors at Work in Salon Art of the Early Third Republic in France'. New York University, PhD Diss., 220.

psyche was still recovering from the devastating Franco-Prussian War of 1870-71 and the bloody Parisian uprising known as the Commune in the spring of 1871. Art, along with medicine, elicited national pride in the new Third Republic and both were 'necessary for the formation—and promotion—of a healthy French nation' (Hunter 2016). Historian Richard Weisberg argues that the chains from which the patients are being freed in Robert-Fleury's canvas could serve as a metaphor for clericalism and royalism, 'which had up to then prevented the nation from achieving her true goals' (Weisberg, 1995).² Furthermore, from the middle years of the century, there was a 'vigorous campaign to retell the history of psychiatry in France by commemorating major figures and reassessing their contributions for posterity', according to art historian Jane Kromm (Kromm 2002).³ She follows psychiatrist and historian Gladys Swain in claiming that Robert-Fleury's commission 'was motivated by the state's desire to redress its previous policy toward [the Salpêtrière], in which patronage and support had been withheld for largely political reasons' (Kromm 2002). Swain suggests that it was the Société Médico-Psychologique that determined the setting of Robert-Fleury's painting should be the Salpêtrière, as a testament to the pre-eminence of the alienists there (Swain 1997).⁴ Adding credence to the theory that the painting was intended for the Salpêtrière, a critic from the time mentions that the size of the canvas was dictated by the dimensions of the wall of the Salpêtrière's new amphitheatre where it would be hung (Montrosier 1881). The original title of the painting, listed in the catalogue of the Salon of 1876, also declares the location of the scene quite baldly: *Pinel, médecin en chef de la Salpêtrière en 1795* (Archive – Ministry of Culture).

Regardless, it appears unlikely that Robert-Fleury would have depicted Pinel ordering the irons removed from patients at Bicêtre, even though it was well known by this time that the mythic act of 'liberation' actually took place there and was repeated later at the Salpêtrière.⁵ Maxime du Camp, for instance, in his multi-volume work on the city of Paris from 1875, recounts the fact that Jean-Baptiste Pussin, the superintendent (or *surveillant*)⁶ of Bicêtre, gave Pinel the idea to remove the chains, having earlier observed the effect this 'freedom' had on the patients (du Camp 1875). Pinel then theorised the event—which he notes took place at Bicêtre on 23 May 1798—as part of the 'moral treatment' he promoted in his seminal *Traité médico-philosophique sur l'aliénation mentale* of 1809 (Pinel 1809).⁷ After Pinel's death, as many scholars have noted, his professional and filial successors—Étienne Esquirol (1772–1840) and Scipion Pinel (1795–1859), respectively—moved the date of the original act of liberating patients at Bicêtre to 1792 so that it would be more closely associated with the ideals of the Revolution rather than the anarchic politics of the Terror (Pinel 1836; Swain 1997). They also diminished Pussin's role in the event.

² Charcot and the Salpêtrière School were vehemently anti-clerical; see Goldstein, J. (1982). The Hysteria Diagnosis and the Politics of Anticlericalism in Late Nineteenth-Century France. *The Journal of Modern History* 54(2), 209–239.

³ For more on this history, see Goldstein, J. (1987). *Console and Classify: The French Psychiatric Profession in the Nineteenth Century*. Cambridge: Cambridge University Press.

⁴ Goetz et al. note that '[t]he alienists' traditional prerogatives [at the Salpêtrière] were stated explicitly by the Municipal Council and symbolically by the installation in the new amphitheater of the huge canvas by Tony Robert-Fleury depicting Pinel liberating the insane from their chains'. Goetz, C. G., Bonduelle, M. & Gelfand, T. (1995). *Charcot: Constructing Neurology*. New York: Oxford University Press, 230.

⁵ The art critic for *L'Union médicale*, for example, seems to doubt that the event took place at the Salpêtrière at all. Suty, C. (1876). *Promédades au Salon. L'Union Médicale* 56, 762-3.

⁶ This is the word that Pinel uses to describe Pussin in Pinel, P. (1809). *Traité médico-philosophique sur l'aliénation mentale* (2nd ed.). Paris: Brosson.

⁷ Pinel notes this in the Revolutionary calendar: '4 prairial an 6'; Pinel, 201. For Pinel's biography, see Weiner, D. B. (1999). *Comprendre et soigner. Philippe Pinel (1745–1826). La médecine de l'esprit*. Paris: Fayard.

By the 1880s, choosing Bicêtre as the site for a Salon painting would have been almost unthinkable; as art historian Mary Hunter argues, 'men's sickness provoked fear, particularly in light of the recent defeat in the Franco-Prussian war and the associated anxieties surrounding masculinity' (Hunter 2016). Moreover, a mid-century painting of the alienist by Charles Müller (1815–1892) shows exactly that scene; Robert-Fleury would surely have known Müller's *Pinel Removing the Chains from the Insane at Bicêtre in 1792* (1849, Académie nationale de Médecine, Paris), painted only a quarter-century earlier to decorate a meeting room at the Académie de Médecine (Fig. 2).⁸

In fact, Robert-Fleury refers to it in his canvas by a subtle subversion. Müller's painting shows Pinel in a healing pose that Weisberg terms the 'royal touch', which has a lineage that he traces back to paintings of Napoleon earlier in the century (see, for instance, Antoine-Jean Gros' *Bonaparte Visiting the Plague-Stricken of Jaffa*, 1804, Musée du Louvre, Paris) and then to Renaissance depictions of plague saints and canonised medieval kings (Weisberg 1995). In Müller's *Pinel Removing the Chains*, the alienist extends his hand benevolently, literally ordering Pussin to release an elderly patient and figuratively shining a light on the plight of the infirm. In Robert-Fleury's canvas, the central figure is no longer the compassionate alienist but an insane woman—yet Pinel's gesture in the earlier painting is echoed in the Salpêtrière patient who is being unchained (see Fig. 1). Her arm, held aloft by the attendant unlocking the iron belt, is both rigid and languid, mimicking the awakening concretised by the arm of Michelangelo's Adam on the Sistine Chapel ceiling (1508–1512, Vatican, Rome).

Robert-Fleury's canvas depicts a courtyard in the eighteenth-century hospital complex that would still have been visible to visitors in 1876. Pinel stands to the proper right of the central figure—described as 'a big and beautiful girl' by a contemporary critic (Montrosier 1881)⁹—whose dazed expression, dishevelled hair and unkempt appearance would have signalled her deviance to a contemporary audience. Around Pinel are various characters, including a medical student with a register under his arm, gawking bureaucrats and patients, including one who is gingerly kissing his hand in a gesture more typically proffered to absolute monarchs or holy men. The critic for the *Revue des deux mondes* wrote that this unchained patient, who did not 'dare' to take Pinel's hand in hers, 'believes she is dealing with a kind spirit descended from heaven' (Cherbuliez 1876).¹⁰ The women on the right side of the painting are isolated in order for the viewer to better see their affliction. The two closest to the foreground remain chained to their posts, the shackles around their waists and wrists highlighted by the artist. Their aberrance is made evident by their facial expressions and body language, their revealing garments and their ungroomed appearance. Brightly lit in the middle ground of the painting is a woman who has thrown herself down in the midst of a hysterical attack, maniacally tearing at her own clothes.¹¹ Her arched back signals the archetypal pose of hysteria: the *arc-de-cerle*. Her bared chest is spotlighted, and this sexualised patient is the only figure in the crowded scene who is mostly framed by blank space. Robert-Fleury

⁸ The Académie de médecine at that time was located at 8, rue de Poitiers. The painting now hangs in the Salle des Pas Perdus at its location at 16, rue Bonaparte. For more details of this commission, see Weisz, G. (1995). *The Medical Mandarins: The French Academy of Medicine in the Nineteenth and Early Twentieth Centuries*. New York: Oxford University Press, esp. 117–123, and Weisberg, 210–220.

⁹ 'une grande et belle jeune fille'; Montrosier, n. pag.

¹⁰ 'croit avoir affaire à quelque bon génie descendu du ciel'; Cherbuliez, V. (1876). *Le Salon de 1876. Les grands tableaux et les grands sujets. Revue des deux mondes* 15, 871.

¹¹ This figure has also been compared to Marianne or the personification of liberty; Kromm, 261. It is worth noting that this figure was a relatively late addition to the composition, as it is not included in the important study for this painting in the Wellcome Collection, London; see Ruiz-Gómez, N. (2020). *The Painter, the Psychiatrist and a Fashion for Hysteria. Wellcome Stories* (<https://wellcomecollection.org/articles/XI44UhiAACANhux>).



Fig. 2. Charles Louis Müller, *Pinel faisant tomber les fers des aliénés de Bicêtre en 1792, 1849*. Oil on canvas, height: 5.2 m. Paris, Académie nationale de Médecine. Photo: © RMN-Grand Palais/Patrice Schmidt.

has made sure that this character is unmissable. She is the clearest link between the Salpêtrière in the eighteenth century and in the nineteenth, between the disordered space of the asylum and the rational teaching hospital.

The shift in focus from the enlightened scientist in Müller's painting to the insane patient in Robert-Fleury's tells us much about the fascination with the degenerate female body in 1870s France. Not coincidentally, Doctor Jean-Martin Charcot, one of the founders of modern neurology, was studying the hysterical body at the Salpêtrière at that time. He believed that hysteria was a nervous disorder that was symptomatic of hereditary degeneracy and spent the last decades of his life searching for a lesion in the brain that would explain it. Believed to be a female disorder since the time of the ancient Greeks, hysteria in Robert-Fleury's age was considered an epidemic, particularly in France.¹² It was popularly declared to be 'the great malady of the century' (Claretie 1881). For many, its epicentre was the Salpêtrière, where Charcot and his protégés theorised and visualised the illness in both photographs and illustrations. The neurologist became an international celebrity, in part thanks to the hysterics at the Salpêtrière, who 'performed' at his famous lectures.¹³ The amphitheatre at the Salpêtrière was in use, though unfinished, by autumn 1879 (Anonymous 1879), and it is likely that the painting by Robert-Fleury was installed then or soon after.¹⁴ It would have been particularly striking to witness a demonstration of a hysterical attack or of the hypnosis that Charcot began experimenting with in the 1880s with Robert-Fleury's life-size painting in the background. A sketch by Doctor Paul Richer, one of Charcot's most important protégés, shows Robert-Fleury's central figure hovering over the projector in the Salpêtrière amphitheatre (Fig. 3). It is perhaps unsurprising, then, that commentators would compare Pinel's act with Charcot's studies of hysteria, stating, for instance, that 'under Charcot's words the last chains fell' (Peugniez 1893 quoted in Marshall 2016).¹⁵

Pinel Freeing the Insane demonstrates that Robert-Fleury was well versed in the hysterical postures described and depicted by the

Salpêtrière School. For this reason, many critics of the time lauded the painting's realism. Their familiarity with these characteristic and conventional gestures came from their own voyeuristic visits to medical institutions, such as the Sainte-Anne asylum in Paris. Montrosier, for example, writes that Robert-Fleury's canvas was touching 'precisely because the spectator who could, like us, visit madhouses, not only in France, but also abroad, had before his eyes spectacles identical to those that the painter has represented'.¹⁶ Not everyone praised *Pinel Freeing the Insane*, however. The critic of *L'Union médicale* condemned its popularity, which he decided was due to the sensational treatment of the scene: 'The frightening and pitiful spectacle of raging madness always has the power to violently stir the public's heart, and the crowd stops before this painting just as it gathers in the street when there is an accident'.¹⁷ The critic from *L'Art* was even more damning, stating that a better artist 'would not have represented madwomen. He would have painted madness' (Bonnin 1876 quoted in Weisberg 1995).¹⁸

Eleven years after *Pinel Freeing the Insane* was shown at the Salon, Charcot would be similarly commemorated in a life-size painting, André Brouillet's *A Clinical Lesson at the Salpêtrière* (1887, Musée d'histoire de la médecine, Paris) (Fig. 4).¹⁹ The disorder of Robert-Fleury's courtyard scene has been replaced with a clinician discoursing on hypnosis and hysteria to a group of rapt male listeners. The only women are relegated to the right side of the canvas: the hysteric Blanche Wittmann, Nurse Marguerite Bottard and a young attendant named Mademoiselle Ecary. Charcot does not even need to look in their direction, as he details the clinical scene taking place beside him. Here we no longer have a depiction of insanity but of a purported neurological illness. The patient does not require chains—even the constricting corset around her torso has been loosened. Yet, just as in Robert-Fleury's painting, one of the most luminous parts of the canvas is the bared chest and neck of a female

¹² For more on the history of hysteria, see Scull, A. (2009). *Hysteria: The Biography*. Oxford: Oxford University Press; Micale, M. S. (1995). *Approaching Hysteria: Disease and Its Interpretations*. Princeton: Princeton University Press; and Trillat, E. (1986). *Histoire de l'hystérie*. Paris: Seghers.

¹³ For more, see Didi-Huberman, G. (2003). *Invention of Hysteria: Charcot and the Photographic Iconography of the Salpêtrière*. Trans. A. Hartz. Cambridge, MA: The MIT Press.

¹⁴ It was definitely in place by 1881; see Montrosier, n. pag.

¹⁵ Peugniez, P. (1893). J.-M. Charcot (1825–1893). Amiens: Imprimerie Picarde, 19–20; quoted in Marshall, J.W. (2016). *Performing Neurology: The Dramaturgy of Dr Jean-Martin Charcot*. New York: Palgrave Macmillan, 48.

¹⁶ 'précisément parce que le spectateur qui a pu comme nous, visiter des maisons des fous, non-seulement en France, mais encore à l'étranger, a eu sous les yeux des spectacles identiques à celui que le peintre a représenté'; Montrosier, n. pag. See also de Senneville, C. (1876). *Salon de 1876. La Comédie* 6.

¹⁷ 'Le spectacle effrayant et lamentable de la folie furieuse a toujours le pouvoir de remuer violemment le coeur du public, et la foule s'arrête devant cette peinture, comme elle s'amasse dans la rue, lorsque arrive un accident'; Suty, 764.

¹⁸ Bonnin, S. (1876). *Salon de 1876. L'Art* 5, 229; quoted in Weisberg, 223.

¹⁹ For a detailed discussion of this painting, see Hunter, 166–241. For a discussion of the ways in which Charcot and the Salpêtrière School visualised pathology, see the forthcoming book: Ruiz-Gómez, N. *The Scientific Artworks of Doctor Jean-Martin Charcot and the Salpêtrière School: Visual Culture and Pathology in fin-de-siècle France*.



Fig. 3. Paul Richer, *Cahiers d'observations cliniques pendant les leçons de Charcot à la Salpêtrière*, 1882–1883. 31 × 20 cm. Inv. no. EBA 8142, Paris, École nationale supérieure des Beaux-Arts (ENSBA). Photo: © RMN-Grand Palais/image Beaux-arts de Paris.

patient exhibiting the arched back typical of hysteria. While Brouillet's realist canvas attempts to show Charcot in a dispassionate clinical space, we are not far from Robert-Fleury's asylum courtyard filled with madwomen.

It is impossible to understand Robert-Fleury's painting of Pinel without also knowing about Charcot's theorisation of hysteria and its place in the popular imagination.²⁰ Charcot is said to have commented to his students: 'When I am dead, perhaps they will erect a statue of me. I

would like it placed near that of Pinel. We will talk through the night' (Helme 1907 quoted in Marshall 2016).²¹ Instead, the painting of Pinel by Robert-Fleury would become intimately linked to the Salpêtrière's famed neurologist, contributing to his misidentification as a psychiatrist that continues to this day.

3. Conclusion

Psychiatrists, who have little or no experience providing mental health care to persons who are incarcerated, might think that Robert-

²⁰ Weisberg notes, 'It may have been impossible in 1876 to choose Charcot himself as the hero of an anti-clerical painting, but Robert-Fleury might certainly select an earlier hero, one who shared Charcot's ideas, to paint on the fiftieth anniversary of his death'. Weisberg, 235.

²¹ Helme, F. (1907). *Les jardins de la médecine*. Paris: Vigot, 306; quoted in Marshall, 47.



Fig. 4. Abel Lurat, *Jean-Martin Charcot demonstrating hysteria in a hypnotised patient at the Salpêtrière, 1888*, after André Brouillet, *A Clinical Lesson at the Salpêtrière, 1887*. Etching (state before lettering, apparently artist's proof), 24 × 34.8 cm. London, Wellcome Library. Photo: Wellcome Library, London.

Fleury's painting is nothing more than a silent memory of overcoming dark days. It is easy to overlook the fact that chaining up persons with mental disorders, quite literally, is still happening today, and not only in prison systems that are severely underfunded (Kurki & Morris, 2001; Patel & Bhui, 2018). For example, the last rings to chain inmates displaying 'a lack of self-control and endangering themselves or others' were removed in the Thorberg prison in Bern (Switzerland) only in 2016 after a public outcry over a then recent order of this measure to 'fixate' an inmate (Kaf/Miw, 2016). More figuratively speaking, it may be argued from the authors' point of view that Robert-Fleury's painting reminds the forensic psychiatric discipline, even 145 years after its creation, that the treatment of mentally ill people in appropriate facilities is still not a matter of course.

Declaration of competing interest

Natasha Ruiz-Gómez is Senior Lecturer in Nineteenth-Century and Modern Art in the School of Philosophy and Art History at the University of Essex. No competing interests exist.

Michael Liebreuz is the Editor-in-Chief of *Forensic Science International: Mind and Law*. No other competing interests exist.

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