Charles Lasègue: Resistance to a "neurological" alienism

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This paper presents Ernest-Charles Lasègue’s stance with regard to clinical alienism, such as expressed in some of his most important writings. Neurology and psychiatry were two medical specialties that took shape in the course of the nineteenth century, and many were the intersection points of their theories and practices. However, French alienism was divided between two opposed theoretical and clinical approaches - a "moral" or psychological one, and another one, more "neurological" or organicist - the latter growing to reach dominance. Lasègue became one of the few alienists to reject the organicist discourse, advocating the importance of the moral causes of insanity and challenging the inclusion of all forms of mental alienation in the field of neuropsychiatry. Having graduated in Medicine in 1846 with a dissertation on Georg Stahl’s vitalistic doctrine, Lasègue began to teach General Pathology in 1867. Also an expert in literature and a philosophy professor, he was taken to the Salpêtrière Hospital by his friend Claude Bernard, even before he had begun his medical studies. There, he followed the work of Jean-Pierre Falret, who introduced him to the practices of alienism. His performance as a general practitioner, neurologist, alienist and epidemiologist were to link his name to many clinical conditions, such as the "Lasègue sign", kleptomania, persecution delusion, and the "folie à deux". Widely regarded as one of 25 the main creators of forensic psychiatry, he wrote some of the seminal papers in this medical specialty. His now classic descriptions of various manifestations of hysteria are part of a series of articles addressing the different forms of hysterical illness. He claimed that progress in the understanding and treatment of mental illness was largely due to German authors, whose work was the object of some of his articles. Sympathetic to their psychological theories, he proposed that mental disorders should not be exclusively understood as a direct result of some neurophysiological trouble, with no reference to the human dimension of pathological phenomena. He thus refused to endorse the strong organicist and localizationist trend that would later distinguish the school of Salpêtrière. This position brought him naturally closer to the so-called "moral treatment", whose original sources can be traced back to Philippe Pinel. This attitude led to a greater emphasis on the uniqueness of each patient rather than on the uniformity of the disease. In spite of this original psychological
or moral orientation, some authors claim that Lasègue, from a certain moment onwards, abandoned his earlier medical stance and adopted an organicist view on the etiology of mental disorders. However, it may be argued that this is a false impression brought about by the importance attributed in his later work to clinical conditions that would be now classified as mental-organic diseases. Actually, these conditions were constantly compared to others, in which moral causes retained their full etiological value. By the end of his work, Lasègue came to suggest that the medical doctor in charge of a clinical case should direct his investigation both to moral causes and to the presence of potential brain disorders as determinant factors. Although he never denied the existence of an organic basis to madness, the attention given to moral causes led him to reject a categorical distinction between the mental condition of healthy people and alienated ones. Here is where the most important difference between Charles Lasègue and the vast majority of his predecessors and contemporaries may lie: in the strong and coherent criticism of a thorough and definitive "neurologization" of mental illness. The objective of this paper is then to show the continuity of his attitude throughout his work, in spite of allegations to the contrary.

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