Pinel, Philippe

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PINEL, PHILIPPE


medicine.

Pinel was the son of a master surgeon who practiced in St.-Paul-Cap-de-Joux, a village between Castres and Toulouse. His mother, Élisabeth Dupuy, came from a family that had since the seventeenth century produced a number of physicians, apothecaries, and surgeons. Despite this medical heritage, Pinel’s early education, first at the College de Lavaur and then at the College de l’Esquille in Toulouse, was an essentially literary one; he was greatly influenced by the Encyclopedists, particularly Rousseau. Having decided upon a career in religion, he enrolled in the Faculty of Theology at Toulouse in July 1761; in April 1770, however, he left it for the Faculty of Medicine, from which he received the M.D. on 21 December 1773. Simultaneously with his medical training, Pinel studied mathematics, an interest that is apparent in his medical writings.

In 1774 Pinel went to Montpellier, where for four years he frequented the medical school and hospitals. He there began to formulate and to practice the principles that he later recommended to his students: “Take written notes at the sickbed and record the entire course of a severe illness.” He supported himself by giving mathematics lessons, conducting a private anatomy course, and writing theses for rich students. He also met Chaptal, who later acknowledged Pinel’s influence upon his intellectual development. In 1777 Pinel presented two iatromechanical papers, on the application of mathematics to human anatomy, to the Société Royale des Sciences de Montpellier; he was named a corresponding member in July of that year.

In 1778 Pinel went to Paris. He carried with him letters of recommendation to the geometer Jacques Cousin, who advised him to give up medicine and devote himself to the exact sciences. He visited libraries and hospital (particularly P. J. Desault’s service at the Hotel-Dieu) and frequented the salon of Mme Helvetius, into which he had been introduced by Cabanis, and where he met Franklin. Mme Helvetius’s house in Auteuil was a gathering place for the school later called idéologues, and Pinel became acquainted with the sensationalist doctrines of Locke and Condillac, which strongly influenced his work. As a graduate of Toulouse, however, he was unable to practice medicine in the capital.

In 1784 Pinel became editor of the Gazette de santé, in which he published a number of articles chiefly concerned with hygiene and mental disorders, a subject in which he had interested himself following the illness of a friend in 1783. In 1785 he translated William Cullen’s First Lines of the Practice of Physic and three volumes of the Philosophical Transactions of the Royal Society into French. He also wrote articles on medicine for the daily Journal de Paris and, in 1788, published a new edition of Baglivi’s Opera omnia.
Pinel took no active political role during the Revolution, but devoted himself to attempting to aid those who had been proscribed, among them Condorcet. On 25 August 1793 he was appointed, at the instance of his friends Cabanis and Jacques Thouret, médecin des infirmeries of the Hospice de Bicetre, where he was able to begin implementing his ideas on the humane treatment of the insane. (He had previously been a frequent visitor at the Belhomme nursing home for the mentally ill, but had been unable to convince the director—who was primarily concerned with making a profit—to accept his therapeutic notions.) At the Bicetre Pinel had the chains removed from his patients, an event commemorated in both paintings and popular prints. On 13 May 1795 he became chief physician of the Hospice de la Salpêtrière, a post that he retained for the rest of his life. Here he was in charge of 5,000 pensioners, aged women, and chronically ill patients; there was a 600-bed ward for the mentally ill, a 250-bed infirmary for acutely ill patients, and, at first, a small infirmary for sick orphans. Pinel was eventually assisted in his work by A. J. Landréd-Beauvais, J. E. D. Esquirol, and C. J. A. Schwilgué.

On 4 December 1794 the Convention Nationale (three years after the dissolution of the medical guilds and faculties by the Legislative Assembly) established three écoles de santé, and Pinel, upon the recommendation of Fourcroy and Thouret, was named adjunct professor of medical physics at the school in Paris. In 1795 he became professor of medical pathology, a chair that he held for twenty years; he was briefly dismissed from this position in 1822, with ten other professors suspected of political liberalism, but reinstated as an honorary professor shortly thereafter. Pinel was elected to the Académie des Sciences in 1804 and was a member of the Academy of Medicine from its founding in 1820. In addition to working in hospitals and teaching, Pinel often served as a consulting physician, although he did not have the rich and influential patients that Corvisart or Portal did.

The difficult beginning and slow progress of his career neither discouraged nor embittered Pinel, and his eventual success did not diminish his modesty. Although he is properly considered one of the founders of psychiatry, Pinel’s contemporaries regarded him as a master of internal medicine, a reputation based upon the authoritative classification of diseases that he set out in his Nosographie philosophique, published in 1798.

Pinel’s nosological work should be viewed in the context of the great eighteenth-century concern with classification, of which the works of Linnaeus are exemplary. Specifically medical classifications had been offered by William Cullen and David McBride, in 1769 and 1787, respectively, while Erasmus Darwin’s Zoonomia appeared in 1794-1796. Pinel was aware of the difficulties that his predecessors had faced, but he approached his task cheerfully, secure in his belief that a disease was “an indivisible whole from its commencement to its conclusion, a regular ensemble of characteristic symptoms.” Since these symptoms could be observed and analyzed, a classification of disease was possible.

Pinel thus divided diseases into five classes—fevers, phlegmasias, hemorrhages, neuroses, and diseases caused by organic lesions. Nearly one third of the Nosographie is devoted to the first class, fevers, which Pinel subdivided into angiotenic, meningogastric, adenomeningic, adynamic, ataxic, and adenoneural forms, corresponding respectively to the inflammatory, bilious, mucous, putrid, malignant, and pestilential fevers of the ancient authors. Pinel subsequently added the order of hectic fevers, which had been described in 1803 by his then disciple Broussais; these six classes were further subdivided into eight genera and a number of species.

Pinel classified phlegmasias by the structure of the affected membranes (or tissues). He thus arrived at five orders: cutaneous phlegmasia, including eruptive fevers and dermatological diseases; mucous phlegmasias, classified by location, and including ophthalmia, quinsy, gastritis, and enteritis; serous phlegmasias, including phræritis, pleurisy, and peritonitis; parenchymatous and cellular phlegmasias of the muscle, fibrous, and synovial tissues. In his Traité des membranes of 1800, Bichat acknowledged the influence of Pinel’s book on his own work.
Among Pinel’s third class of diseases, hemorrhage, only those of the mucous membranes (epistaxis, hemoptysis, hematemesis, hemorrhoid, and metorrhagia) seemed to him to have been studied sufficiently. Among the fourth class, neuroses, Pinel included not only psychiatric illnesses, but also diseases of the sense organs, spasmodic visceral disorders, and dysfunctions of the genital organs. His fifth class, which in the first edition of the *Nosographie* he called “diseases of which the seat is in the lymphatic system” comprised more generally systemic diseases, scurvy, syphilis, and cancer among them, as well as heart disease, dropsy, and kidney stone.

Pinel composed the *Nosographie* as a textbook. It went through several editions, among which important variations may be found. In the first, for example, Pinel refused to acknowledge the distinguishing features of scarlet fever and puerperal fever, although he later classified scarlet fever among the eruptive fevers, and remarked on the occurrence in the same epidemic of both simple quinsy and true scarlet fever. He continued to deny the existence of puerperal fever as an entity (as he continued to deny the existence of fevers concomitant to any stage of reproduction), and it was only in the last edition of his book that he recognized it as a special form of peritonitis. Although the *Nosographie* was a notable success among Pinel’s students and disciplines, it also provoked a number of criticisms. Broussais, in particular, attacked Pinel’s ideas on idiopathic fevers. Pinel chose to ignore his critics, however, and even forbade his followers to respond to them.

Pinel’s other medical writings, from his first communications to the Montpellier Société Royale des Sciences, give evidence of his mathematical training. He drew up precise “tables synoptiques” to determine the frequency of occurrence of certain illnesses, together with their modes of development and their prognoses. He conducted rigorous experiments to measure the effectiveness of various medicines, and devised a numeirical methods of evaluation. His own therapy was conservative; he contented himself with a pharmacopoeia of only fifty-five vegetable substances and thirty-nine “chemical products,” which he used sparingly. He recorded his “extreme distaste” for polypharmacy, objected to the use of bloodletting and purges, and proscribed the use of quinine (even for malaria) and opiates (even for severe pain). Nonetheless, Pinel easily accepted new discoveries, including Corvisart’s technique of sounding by percussion and the use of the stethoscope for mediate auscultation, introduced by Laennec. Pinel created an inoculation clinic in his service at the Salpêtrière in 1799 and the first vaccination in Paris was given there in April 1800.

Pinel’s psychiatric work effectively transformed the prison for the insane into a hospital. He did not merely initiate better treatment for the mentally ill, however, but rather concerned himself with establishing psychiatry as a discrete branch of medicine. He published a number of articles on the subject, beginning in 1784, then synthesized his findings in “Recherches et observations sur le traitement moral des aliènes” (1799) and *Traité médico-philosophique de l’aliénation mentale* (1801), to which his 1807 communication to the Institut de France is an important supplement.

Pinel’s classification of mental diseases retained the old divisions of such illnesses as manic, melancholic, demented, and idiotic. He presented these classes (with a disclaimer—it was necessary to retain them “for the time being,” since medicine was not advanced enough for subtler distinctions) as late as 1812. He nevertheless made finer distinctions, isolating mania from delirium, and pointing out that in this state the intellectual functions might be intact, and, in his description of idiocy, citing stupor, the first stage of some types of mental disease. Pinel recognized the relationship between periodic mania and melancholy and hypochondria and stressed the danger of suicide by the melancholic patient. He also mentioned the possibility of altruistic homicide.

In establishing the cause of mental illness, Pinel was wary of “metaphysical discussions or certain ideological ramblings,” and he categorically rejected the notion of demonic possession or sorcery. Faithful to the doctrines of Locke and Condillac, he considered emotional disorders to be the primary factor in precipitating intellectual dysfunctions; he also took into account heredity, morbid predisposition, and what he called individual sensitivity.
Pinel’s psychiatric therapeutics, his “traitement moral,” represented the first attempt at individual psychotherapy. His treatment was marked by gentleness, understanding, and goodwill. He was opposed to violent methods—although he did not hesitate to employ the straitjacket or force-feeding when necessary. He recommended close medical attendance during convalescence, and he emphasized the need of hygiene, physical exercise, and a program of purposeful work for the patient. A number of Pinel’s therapeutic procedures, including ergotherapy and the placement of the patient in a family group, anticipate modern psychiatric care.

Pinel was also concerned with the proper training of infirmary personnel and with the proper administration of an institution for the mentally ill. A generation of specialists in mental diseases, led by Esquirol, was educated at the Salpetriere and disseminated Pinel’s ideas throughout Europe.

Pinel was married in 1792 to Jeanne Vincent; of their three sons, one, Scipion, became a specialist in mental illness. Having been widowed in 1811, Pinel was married again, in 1815, to Marie-Madeleine Jacquelin-Lavallée.

**BIBLIOGRAPHY**


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