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History of Neurology

Louis Delasiauve (1804–1893), an alienist at the dawn of epileptology and pediatric psychiatry

O. Walusinski

Cabinet privé, 20, rue de Chartres, 28160 Brou, France

INFO ARTICLE

Article history:

Received 12 September 2016
 Received in revised form
 13 November 2016
 Accepted 12 May 2017
 Available online xxx

Keywords:

Louis Delasiauve
 Epilepsia
 Acute confusional state
 Intellectual disability
 History of neurology

ABSTRACT

This paper aims to honor the memory of the alienist Louis Delasiauve (1804–1893). His classification of the different types of epilepsy based on clinical symptoms is still relevant today and made him a precursor of contemporary epileptology. In 1851, Delasiauve clinically and etiologically isolated ‘acute mental confusion’ (acute confusional state) from all other forms of dementia. Never deviating from his republican and progressive ideals, he devoted himself throughout the 19th century to treating those insane asylum patients who received the poorest care: epileptics and children with intellectual disabilities. Studying functional cognitive disability as well as mental disability secondary to congenital malformations, Delasiauve developed a novel specific form of pedagogy to deal with delays in cognitive development. This made him one of the initiators of institutional pediatric psychiatry. His ideas would be carried forward by his favorite student, Désiré-Magloire Bourneville (1840–1909). Committed to social welfare, Delasiauve worked relentlessly to improve access to healthcare for the least fortunate throughout France. As a passionate supporter of universal, free and secular education, he participated in a major movement away from religious establishments that involved opening a public school in every French canton.

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Louis Jean-François Delasiauve (1804–1893) (Fig. 1) who, in his first publications, preferred ‘de Lasiauve’, was both a neurologist and an alienist. Along with Jules Baillarger (1809–1890), Louis-Florentin Calmeil (1798–1895), Francisque Lélut (1804–1877), Jacques Moreau de Tours (1804–1884) and others, Delasiauve served as a link in the mid-19th century between the period of initiators, such as Philippe Pinel (1745–1826) and Jean-Etienne Esquirol (1772–1840), and that of his students Désiré-Magloire Bourneville (1840–1909) and Jules Christian (1840–1907). After the revolution in Paris in 1848, Delasiauve became involved in politics as a “medical and radical candidate and organizer” in the Eure department (Normandy). Delasiauve presented his beliefs to electors in terms of his origins and his personality: “With my modest background

among the people, aware of their needs, their efforts and their difficulties, I have asked on their behalf, when so many powerful voices remain silent, for justice, clarity, rehabilitation and intelligence; I have completed difficult studies to prove myself worthy of this glorious vocation, and I am prepared to defend the rights and interests of the people [...]” [1]. He was elected to the office of parliamentary deputy.

After Delasiauve was born on 14 October 1804 in the city of Garennes in the Eure, his parents, modest shopkeepers, moved to the neighbouring city of Ivry-la-Bataille, where he spent his childhood, before leaving to pursue his secondary studies in Evreux. During his medical studies in Paris, he took particular interest in his general pathology classes with Jean-Bruno Cayol (1788–1856) and the introductory class on mental

E-mail address: walusinski@baillement.com.
<http://dx.doi.org/10.1016/j.neurol.2017.05.003>
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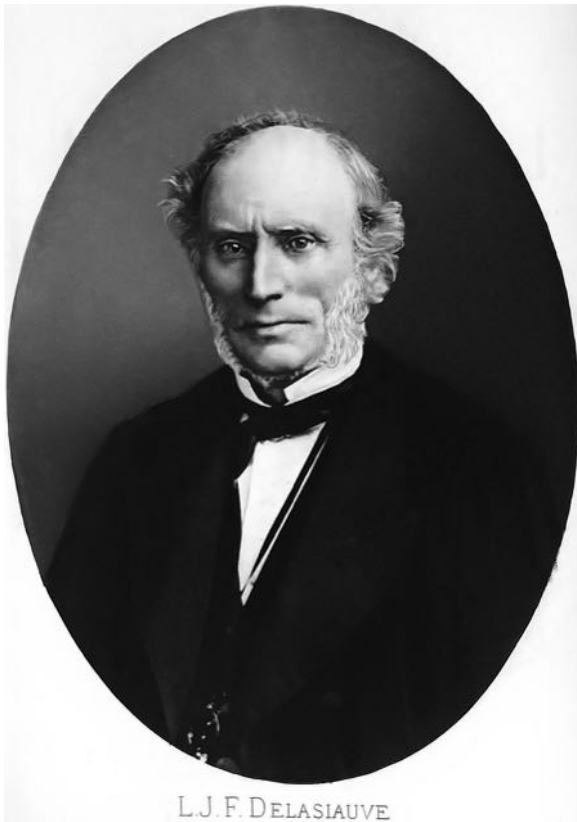


Fig. 1 – Louis Delasiauve (1804–1893) (BIU Santé, Paris, public domain).

diseases that Guillaume Ferrus (1784–1861) taught at Hospice de Bicêtre. The defence of his thesis [2], planned for 28 July 1830, was postponed due to the Second French Revolution, which lasted three days and was known as ‘Les Trois Glorieuses’. Once the ‘King of France’ had been replaced by a ‘King of the French’, Delasiauve defended his thesis with Cayol presiding over the jury. He discussed such concepts as ‘vital force’, the ‘state of health’ and the ‘nature of disease’. He stressed the primary importance of clinical medicine: “The medical arts will reach a very high level once the value of each diagnostic element has been understood and the transition of cause to effect can be followed to reveal the innermost nature of disease.” His medical degree in hand, he returned to Ivry-la-Bataille to practice as a rural physician. “Dedicated and affable, he rapidly attracted a large clientele and became known throughout the region” [3]. Just after establishing his practice, in 1831, he became one of the founding members of the Société phrénologique de Paris, which brought those with progressive and anticlerical ideas into the sphere of influence of Victor Cousin (1792–1867), a philosopher and professor at La Sorbonne.

In 1833, the Eure prefect Antoine Passy (1792–1873) appointed Delasiauve a member of the canton’s delegation on public instruction, which had been set up to comply with the Law of 28 June 1833, known as the ‘loi Guizot’. According to René Sémelaigne (1855–1934), “he took his mission seriously and developed a passionate and lasting interest in pedagogy and instruction” [4]. This interest would play a key role in his future activities. By 1832, he was already a member of the

Société Libre d’Agriculture, Sciences, Arts et Belles-Lettres for the Eure department. His first publications appeared in the society’s bulletin: ‘Considérations théoriques sur l’aliénation mentale’ was presented for debate in 1841 [5]; ‘Considérations sur l’extase’ in 1842 [6]; and ‘Essai de classification des maladies mentales’ in 1843 [7]. His former teacher, Cayol, sought his collaboration for *La Revue Médicale Française et Étrangère* [8]. He then worked on *L’Expérience, Journal de médecine et de chirurgie* [9], directed by Jean-Eugène Dezeimeris (1799–1851) and Émile Littré (1801–1881). In May 1839, his editorial activities led him to definitively leave Normandy for Paris, where he became friends with Laurent Jessé Bayle (1799–1858) and Claude-Etienne Bourdin (1815–1886).

In 1840, the first competitive exam for alienists to staff asylums in and around Paris led to the appointment of Baillarger, Moreau de Tours, Ulysse Trélat (1795–1879) and Théophile Archambault (1806–1863); Delasiauve was appointed after the second exam in 1843. He began as assistant to François Leuret (1797–1851) at Bicêtre. When Leuret died, Delasiauve took over half of his department, becoming responsible for epileptics and “mentally retarded children”. According to Bourneville, “He was pleased, as for many years he had taken such an active interest in education. This led to his fine ‘Traité de l’épilepsie’ (1854) and his remarkable report, ‘Des principes qui doivent présider à l’éducation des idiots’”.

Delasiauve was interested in new concepts and ideologies, as evidenced by his various activities. A founding member of the Société Médico-Psychologique in 1852, he was also actively involved in the work published in *Les Annales médico-psychologiques* [10]. Jules Falret (1824–1902) described the “exuberant voice, the love of discussion and the vigor in defending his ideas that characterized him most completely” [11]. In 1859, Delasiauve was one of the 19 founding members of the Société d’Anthropologie.

In 1861, Delasiauve founded *Le Journal de Médecine Mentale* [12], one of the first journals to publish exclusively the work of alienists. “We wanted to provide a mental education, as it were, to physicians outside the alienist’s field and to magistrates, students, educators and the general public” [13]. Antoine Ritti (1844–1920) had high praise for Delasiauve and his journal: “It contains a long series of his articles, which comprise a complete treatise of mental pathology, based on elements of normal psychology. Even approached with care and impartiality, this magisterial work surprises the reader with the sheer quantity of ideas, some of them highly original, which Mr Delasiauve has woven into articles written, to some extent, on a day-by-day basis” [14]. After the Franco-Prussian War put a definitive end to his journal, Delasiauve sent articles to *Le Progrès Médical*, directed and edited by his favorite student, Bourneville. He also sent articles to his colleague Charcot’s *Archives de Neurologie*. It is surprising that, although they shared many politico-religious ideas, Charcot apparently did not spend much time with Delasiauve beyond what was required of physicians practising at the same hospital. Their age difference might explain this, or the fact that Charcot was interested in neurology, whereas Delasiauve was more interested in psychiatry, especially child psychiatry.

In October 1862, Georges Clémenceau (1841–1929), who was later the French Prime Minister during World War I, was his

temporary interne (house officer); Clémenceau would later recall: “I spent an entire year with the little epileptics of Bicêtre. They were full of gaiety and intelligence when they arrived, quick to seek out pleasure and joy, but eventually they grew sombre and silent, slipping into idiocy where just enough material life survives to afford the Creator His fill of His creature’s suffering” [15].

Delasiauve left Bicêtre in 1864 for hôpital de la Salpêtrière, where he was assigned to the fourth ward for “epileptics and adult idiots”. In the spring of 1870, three months before the Franco-Prussian War, the administration closed this ward, known as the Sainte-Laure ward, and demolished the dilapidated building that housed it. Charcot was assigned to these patients whom Bourneville, his interne in 1868, had worked with as an intern under Delasiauve in 1866. This purely administrative decision would give rise to all of the Salpêtrière School’s work on epilepsy and hysteria. Unlike Charcot, Bourneville was trained in mental diseases. This explains his important role and, thus, Delasiauve’s indirect role in Charcot’s burgeoning interest in hysteria. Many of the cases used by Bourneville to illustrate hysteria in 1876 in his new journal, *L’Iconographie Photographique de La Salpêtrière*, were former patients of Delasiauve.

As a result of the Franco-Prussian War, Delasiauve spent two frustrating years without a department, then took over “the department of idiot girls, very similar to the one he had run at Bicêtre”, following the departure of Baillarger [1]. He himself left La Salpêtrière definitively on 31 December 1878, turning over his department to Henri Legrand du Saulle (1830–1886).

Bourneville, whom Delasiauve had inspired, clearly expressed Delasiauve’s progressive ideals, particularly his political engagements, which could have forced him, like many intellectual contemporaries, to leave France during the reactionary repression of the Second Empire under Napoleon III. Delasiauve’s aura of learning appears to have protected him: “Mr Delasiauve was always involved in political and social matters; he played an active role in legislative (1848–1889) and municipal (1871–1890) elections; he was able, thanks to his scientific standing and his relations, to escape the proscription of the Empire, for which he remained an irreconcilable adversary, honorably refusing its favors later on [. . .]. He is rightfully considered one of the authors who best highlighted the social importance of medicine and its practitioners” [1]. Bourneville gave another example in 1893: “As early as 1843, in his fine book on medical organization in France, he eloquently called for the creation of hospitals in small cities and rural areas: ‘The establishments we would like to see in rural areas should serve the triple function of hospitals, rest homes and dispensaries.’ That was nearly half a century ago and this system, which he described so precisely, has yet to be organized” [1]. France’s defeat by Prussia in 1871 led to the renaissance of the French Republic and the restoration of liberties abolished under the Second Empire, making it once again possible to openly express the progressive, pacifist ideals defended by Delasiauve and sustained by Bourneville. On 17 August 1872, under the new Third Republic, Delasiauve spoke during the awards ceremony for the Salpêtrière School, making his views clear: “there is talk of ‘Revenge’. I have also dreamed of battles, but on another ground than that of fratricidal immolation: on the ground of

science, industry, moral progress, beneficent institutions [. . .] that is the place for my ambitions of triumph, for the sort of conquest that has no cost in blood or tears, where the loser never hesitates to shake the winner’s hand” [16].

Having remained true all of his life to his maxim that “the medical arts are a science entirely of observation and experience”, he passed away at the age of 89 on 5 June 1893, after a brief respiratory infection.

1. ‘Traité de l’épilepsie’

“Under Pinel’s direction, the medical department for the insane was organized in a more humane, more systematic way: a specific place was created for the poor epileptics who, until that time, had only been admitted in unusual circumstances. It goes without saying that bringing together these unfortunate patients, previously treated in isolation, would facilitate and benefit the study of their disease. From that point on, it would not only be possible to monitor all phases of the seizures, noting their nature, progression and diversity; the various changes produced by the medications could also be observed, and perhaps one day, a categorical division could be made to define indications with certainty” [17]. These words were written by Delasiauve in 1851. His observations and the studies he envisioned made this Norman alienist one of the fathers of epileptology.

Delasiauve began his ‘Traité de l’épilepsie’ (Fig. 2) this way: “The human species knows no infirmity more repulsive, more mysterious in its origins, more extreme in its manifestation than the cruel disease known as epilepsy” [18]. After addressing the superstitions associated with epilepsy since antiquity, he dated the beginnings of real medical knowledge to the publication of a book with the same title as his own, that of Samuel Tissot (1728–1797) [19] in 1770, and highlighted the little-known work of Louis Doussin-Dubreuil (1762–1831), whom he considered the first author to have sought out possible etiologies starting in 1796 [20]. As with mental illnesses, Delasiauve hoped to classify the symptoms and various types of epilepsy: “We have not only established the symptoms delimiting epilepsy from other nervous diseases, but also the characteristics that distinguish the various forms of epilepsy.” To this end, he acknowledged drawing inspiration “from a long, learned thesis defended, in 1803, by a physician whom science lost too soon, Maisonneuve; his work was a step toward this important result”. Specifically, he used the distinction made by Gilles-François Maisonneuve (1776–1853), one of Pinel’s students, between “idiopathic epilepsy, in which the brain seems to be affected initially, and sympathetic epilepsy, in which the brain seems only to be affected consecutively” [21].

Delasiauve criticized the winners of the 1825 Prix Esquirol, Camille Bouchet (1801–1854) and Jean-Baptiste Cazauvielh (1802–1849), two of Esquirol’s esteemed pupils, who examined mental alienation and epilepsy in parallel. Focusing on the high incidence of seizures in the insane, they made insightful pathological observations; namely, that mental disorders were related to gray matter, while epilepsy was due to underlying white matter. According to Delasiauve: “The exceptional importance they attributed to pathological anatomy, and their

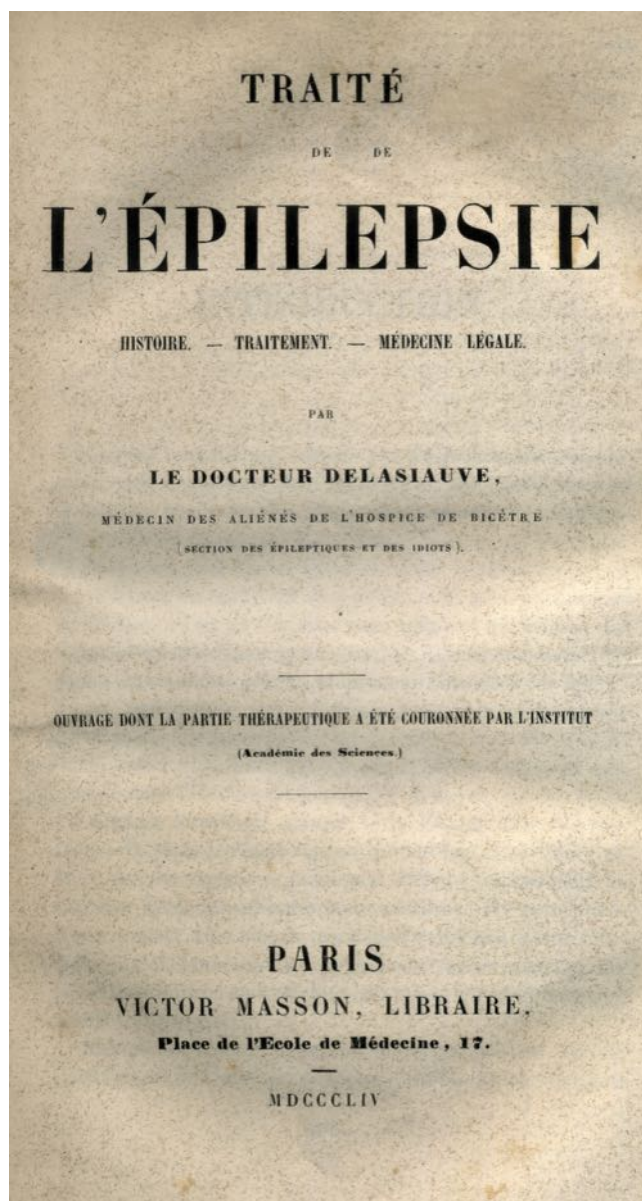


Fig. 2 – Front cover of his ‘Traité de l’épilepsie’ (private collection of the author).

hope to find the explanation for these two neuroses in the different lesions, revealed the narrowness of their horizon and the error that would cause their observations to fail” [22]. Delasiauve also considered the summary work published in 1827 by Antoine Portal (1742–1832) devoid of interest [23], recommending instead the theses of Louis-Florentin Calmeil (1824) [24], Louis-Joseph Pageaut (1825) [25] and Louis-François Bravais (1801–1843) (1827) [26]. He praised the clear-sightedness of Ferdinand Bernard de Montessus de Ballore (1817–1899), who was the first to provide the detailed history of this variety of epilepsy, which ought to be considered a symptom of lead poisoning rather than a special disease [27].

In 1850, the Académie des Sciences honoured Delasiauve for a report on epilepsy that laid the groundwork for his 1854 treatise. He shared the prize with Théodore Herpin (1799–1865), but thought that Herpin’s book, which was published in

1852 two years before his own treatise, did little more than describe “a medication used only by the author, in which the principal ingredients are high doses of zinc oxide and copper sulphate” [28]. The description “of absence seizures or petit mal seizures” by Herpin would not be published until later, in a posthumous work compiled by Auguste Voisin (1794–1872) in 1867 [29].

After demonstrating the inanity of dozens of possible explanations for epilepsy, Delasiauve admitted in his treatise: “Nothing would have been more honorable than to simply recognize our ignorance of the immediate cause. Many authors, rather than ceding to anatomical exaggeration, agree that the secrets of epilepsy are almost impenetrable, and even in cases where a lesion seems to have a marked influence, they prudently assert the necessity of a *sui generis* nervous diathesis”. Delasiauve’s decisive contribution can be considered his rational classification of the different forms of epilepsy, laying the ground for contemporary epileptology as established by Hughlings Jackson (1835–1911) starting in 1870 [30]. Delasiauve distinguished three classes: “(1) essential or idiopathic epilepsy, which involves only functional deviations without lesions, resulting in simple nervous disturbances and thus constituting a veritable neurosis; (2) symptomatic epilepsy, resulting from a more or less appreciable cerebral lesion and for which convulsive spasms are only a symptom; and (3) sympathetic epilepsy, produced by the irradiation of abnormal impressions originating in any part of the body, except the brain and its dependencies”. In contemporary terms, these classes correspond to epilepsy without demonstrable lesions, epilepsy due to cerebral lesions, and convulsions due to extracerebral causes such as fever, hypoxia, hypoglycemia or other metabolic disturbances. As he himself indicated, his proposition exempted him, at least initially, “from discussing causes and differential diagnoses”.

His chapter on symptoms was based on 519 observations he had himself gathered, but seems lacking in originality. He discusses at length the precursor signs that predicted seizure onset. He distinguished ‘absence seizures’ (petit mal, “perfectly described by Mr. Calmeil”); tonic-clonic convulsions or falling sickness with amnesia (‘grand mal’ or generalized seizures); ‘vertigos’ involving loss of ‘lucidity’; and, lastly, ‘partial seizures [focal seizures]’. His final category, which he referred to as “stertorous breathing”, resembles the postictal phase after a tonic-clonic seizure more than an individualized type of seizure. He took little interest in initial exclamations or production of “bloody foam”, but did focus on the length of the seizure and the “deep sleep” that followed it. On witnessing attacks, he observed: “The mind and the eye can perceive partial seizures without turning away, but the heart tightens and the imagination leaps in terror before the convulsive form, which produces contractions with tetanic stiffness or shaking with considerable agitation”.

Delasiauve, like his contemporaries, carefully studied the recurrence of seizures, their frequency, and a variety of factors such as gender, age, the effect of menstruation, occupation, lifestyle and habits; seasons and climates were also accorded an important role, but the effect of sleep was never mentioned. “One will easily concede that by force of repetition, commotion in the brain eventually produces a disturbance of the functions of this organ”. The prognosis carried the risk of

“apoplexy, mania, stupidity and paralytic dementia”. In cases of fatal outcomes as well as recovery or improvement, the disease remained a complete mystery for Delasiauve, “eluding every effort of the medical arts”. “Post-mortem examinations have shed little light on the origins of epilepsy”, he noted with bitterness, also pointing out that “in the idiopathic form, the brain maintains its apparent integrity”. His vast catalogue of causes provided no new information compared with the work of his predecessors or contemporaries. Employing no real demonstration of imputability, it reflected the lack of understanding of the disease’s etiology. Baths were a gentle therapy for these patients, who were often subjected to bloodletting, emetics, purgative agents, vesicants and so forth. “In nearly every case, epilepsy resists the efforts of nature and medicine, and when improvement or recovery occurs, it is often difficult to ascribe a cause to these fortunate changes”. The list of remedies was long: “Would to God this indicated wealth rather than poverty, but too often this is not the case in medicine”; Delasiauve remained very critical of all the remedies proposed, with the exception perhaps of valerian. Used since antiquity and vaunted by Samuel Tissot (1728–1797), whom Delasiauve cited, this plant has sedative effects as an infusion, decoction or alcoholic tincture. Delasiauve claimed that, while valerian did not cure epilepsy, it attenuated or shortened the seizures in certain cases; he did not, however, provide details. The mode of preparation seems to have been more important to him than the type of seizure.

2. Acute mental confusion

What the terms ‘acute confusional state’ (loss of orientation, memory loss and delirium, sometimes accompanied by disordered consciousness) and ‘dementia’ (change in a person’s usual mental functioning, with a gradual decrease in thinking ability) currently refer to was not delineated by early 19th-century physicians. Delasiauve’s contribution to clinical differentiation remains relevant, but was not recognized as such at the time. Summarizing the historical context will show how perspicacious he indeed was. In 1838, Esquirol isolated “acute mental confusion” as a form of temporary dementia: “This variety follows temporary changes in diet, fever, hemorrhage, metastasis, cessation of habitual elimination, and debilitating treatment of mania”. Resulting in curable “loss of judgment”, it was distinct from chronic dementia, considered incurable. For Etienne Georget (1795–1828), this state was an independent pathology which, in 1820, he named “stupidity” – that is, “the accidental absence of manifest thought; the patient either has no ideas or cannot express them” [31].

In his thesis, defended in 1833 and inspired by Etienne Pariset (1770–1847) at Bicêtre, Gustave-François Etoc-Demazy (1806–1893) (Fig. 3) [32] gave this description: “Stupidity, resulting only in suspension or confusion of thought, cannot be considered a particular type of insanity”. Etoc-Demazy attributed the condition to temporary cerebral edema.

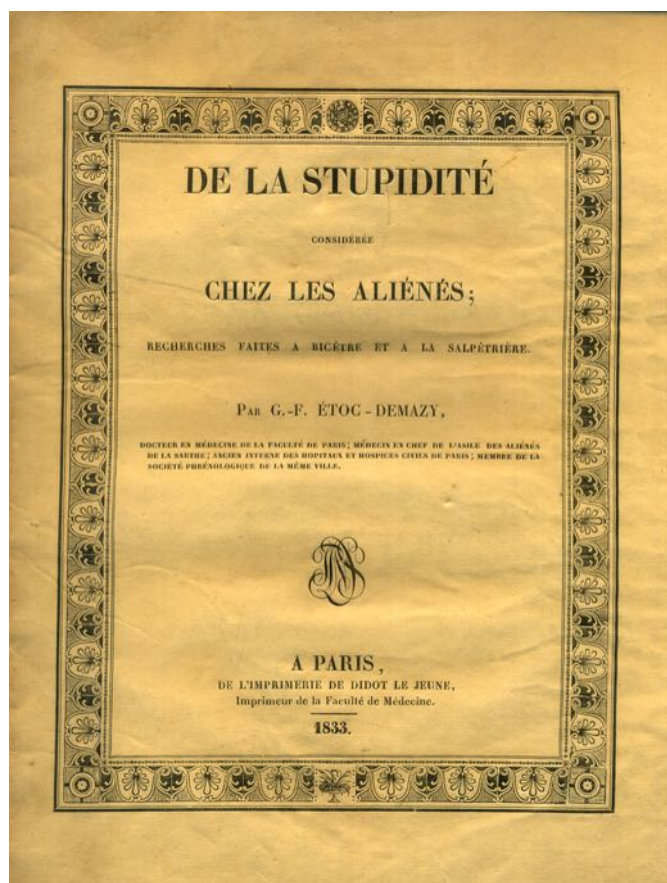


Fig. 3 – Front cover of G.-F. Etoc-Demazy’s 1833 thesis (private collection of the author).

Baillarger, however, muddled this nascent semiology of dementia states by reclassifying stupidity with “lypemia” in 1843, using Esquirol’s neologism to replace melancholia, which had lost its meaning through non-medical use [33]. For Delasiauve, this meant associating “forms of mental impairment that had always been considered separate”. In 1851, Delasiauve presented stupidity as an independent clinical state (Fig. 4), characterized by “intellectual torpor, lack of mental activity to a greater or lesser degree, such that thought is lost or hindered [...]. The explanation lies in the nature of the causes; for the most part, they are physical in the case of stupidity and moral in the case of lypemia. This is supported by the state of the brain itself, which is materially damaged in the first case, while only functionally impaired in the second”. Delasiauve was the first to distinguish between physical, organic causes and moral, psychological causes. “An undetermined moral state resulting from confused thinking must be distinguished from an exaggeration of fixed, permanent feelings that exerts absolute control over language and action while leaving the intellect intact in matters unrelated to the

affection”. Delasiauve insisted on the word “confusion” in his concluding remarks: “Their heads are full of confusion” [16]. His ideas found a proponent in Alfred Sauze (1828–1884) who, in his 1852 thesis the following year, compiled several clinical observations demonstrating Delasiauve’s insightfulness [34]. Baillarger’s fame and authority, however, would overshadow Delasiauve’s semiological proposition for three decades. In France, it was not until the 1892 conference of alienists that Philippe Chaslin (1857–1923) renamed stupidity “la confusion mentale aiguë” (acute confusional state), by which it continues to be known today, with no link to dementia or melancholia. In 1895, Chaslin wrote a book on the condition [35] that definitively explained the concept, although not the etiologies or the treatments [36].

3. Classification of mental diseases

“In mental pathology, the types of morbidity are poorly characterized. Every author has his own classification; or, to put it more accurately, most authors have no clear, decisive opinions on the matter. [...] Particularly aware of these problems, I have concerned myself, almost from the start of my career, with overcoming them. The comparative study of certain types – their similarities and differences – seems to me a way to obtain satisfactory data for developing an acceptable nomenclature” [17] (Fig. 5). Of Delasiauve’s many areas of study, this one was particularly important to him. He began with a report published in Evreux, near his native city, in 1844 [7]. Published in 1861, the first article in the first issue of his *Journal de Médecine Mentale* presented his nosographical conception of mental diseases. He tirelessly reiterated his arguments in 1877 [37], then in 1889 when he addressed the *Société médico-psychologique*. During those 30 years, he persisted in the same error he had denounced in his predecessors, as Jules Christian noted, a little cruelly, in 1893: “He alone did not change. He alone seemed surprised to

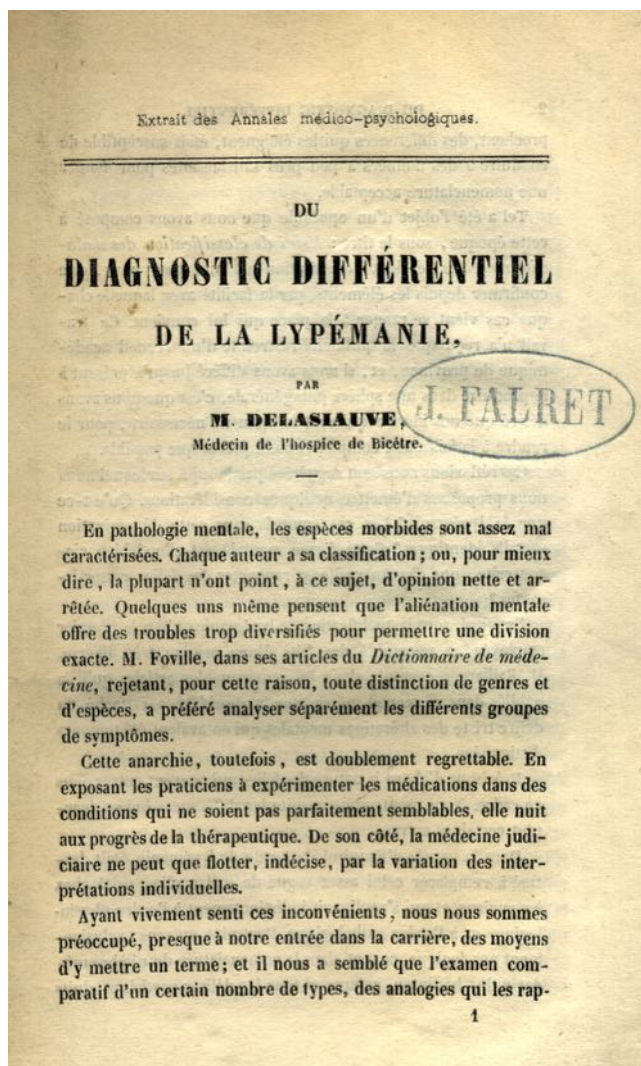


Fig. 4 – Front cover of the article published by Delasiauve in 1851 [17] (private collection of the author).

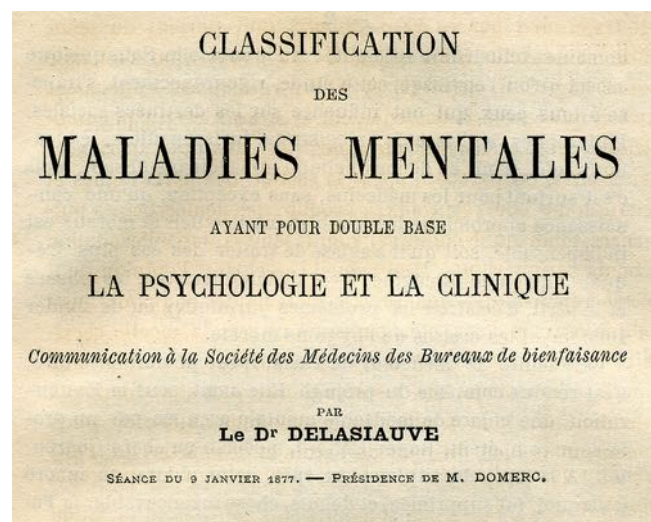


Fig. 5 – Front cover of the speech Delasiauve delivered to the *Société des médecins des bureaux de bienfaisance*, 9 January 1877 [37] (private collection of the author).

speak a language that his audience no longer understood” [38].

Delasiauve divided mental alienation into two types, based on whether there was “derangement of intellectual faculties” or not. In the first type, involving “a deficiency of reason”, he classified “stupidity, mania and dementia” with subtypes, depending on the “sthenic or asthenic state” – in other words, “absence or presence of depression”. In the second type, “The affection does not originate in the intelligence, which remains intact, continuing to perform its operations, to judge, compare and associate, but doing so in abnormal, morbid conditions. Here the impairment of secondary faculties is the cause of the disease” [7]. Into this grouping he classified delusions and hallucinations. Because he remained essentially aligned with Esquirol and Georget, his classification offered no real innovation and did not generate the response he had hoped for. Perhaps the most relevant point in his lengthy discussions is his clearer distinction, in Esquirol’s lypemania, between depression or “tristimania” (a neologism linking ‘madness’ [triste] and ‘mania’), and “stupidity” or “mental confusion”. His undeniable error, however, was omitting to consider how mental diseases change over time [39].

4. Education of ‘idiot’ children

“Idiocy is reserved for halted intellectual development, and Esquirol distinguishes this term from dementia with this apt antithesis: the idiot is a poor man who has never owned wealth, while the demented man, once wealthy, maintains the debris of his former opulence” [37]. It was with this now famous comparison that Delasiauve introduced idiocy in his classification. What had led him to this point?

The attempt by Jean-Marc Gaspard Itard (1774–1838) to educate “The wild boy of Aveyron” [40] is considered the starting point of pediatric psychiatry, especially in the field of education: “The savage and the idiot disappeared behind what was most human in his condition, and it was because of his humanity that he received what was then known as moral treatment, and what today would be considered a long psychotherapy” [41]. In the homage he paid Itard before the Académie de Médecine in 1839, Jean-Baptiste Bousquet (1794–1872) identified what set him apart: “Rather than a savage or a wild boy, Pinel saw a being who had lost the most noble attributes of his species, could not be socialized, and was thus a true idiot. Itard dared to take a different view” [42]. Despite his hopes and nearly five years of effort, Itard’s attempt at education clearly failed. But the work of Jacques-Etienne Belhomme (1800–1880) should not be forgotten. With his 1824 thesis ‘Essai sur l’idiotie’, Belhomme was also one of the conceptual founders of education for children with intellectual disabilities [43] and inspired Jean-Pierre Falret (1794–1870). When Falret was chosen to direct the ‘idiots’ department at La Salpêtrière in 1831, he founded a school with the ideals that had guided Itard and Belhomme [44]. He collaborated in these efforts with a fellow student of Esquirol, Félix Voisin (1894–1872), who would later work with physician and educator Edouard Séguin (1812–1880) to establish “the orthophrenic school” in 1834. Ferrus, another of Esquirol’s students and also Delasiauve’s teacher at Bicêtre, followed the same

approach. With special pedagogy and “moral treatment” he hoped to “awaken the minds” [45] of his young boarders, whom he grouped according to those with malformations or traumatic after-effects as opposed to those simply lacking education or stimulation and who might benefit from his school [46]. Ferrus’s acceptance of phrenological theories is evident in his teachings: “To characterize this state of feeble-mindedness, understand all of the finer points and arrive at imbecility by degrees, there is no end to the examples one could provide and the useful parallels one could make [...]. Any physician is free to palpate their skulls, monitor their movements, test their functions and study them in detail, in the same way that all possible means of exploration are used to diagnose other diseases” [45].

As Sémelaigne recalled in his homage to Delasiauve at the 25 May 1925 session of the Société médico-psychologique: “During the time Delasiauve was practising in the provinces, he came across pariahs of intelligence who were wandering aimlessly. His interest in idiocy was thus longstanding, and when he entered Bicêtre, he was given the opportunity to extend his investigations” [4]. Drawing more on the thesis of Belhomme [43] than on the example of Falret, Voisin or Ferrus, Delasiauve renewed the treatment of ‘idiots’, largely abandoning etiological research in favor of better pedagogic results through stimulation (“develop what exists”, after accurate assessment of residual intellectual capacities. “The idiot is comparable to a disfigured man. Helping him use whatever discernment or morality he may possess is the sole mission of charity and science. Treatment and education are synonymous with regard to him”. Delasiauve’s empathy for the children he treated is evident in his writings and in this extract of a speech given on 17 August 1872 at the Salpêtrière School awards ceremony: “Along with the attention that any distribution of prizes attracts, this is also a time for compassion in response to misfortune. One cannot determine what is most deplorable: intelligence damaged from the beginning, arrested in its development, or reduced by a cruel affection” [16]. There is also much to admire in Delasiauve’s language and style: “Each subject must be studied relative to his own dispositions; that is, his evident propensities, his hidden principles and his radical weaknesses. This investigation, it must be said, is not always free from difficulties. Many findings may remain useless until unforeseen possibilities emerge, seemingly in a fortuitous way. This is because mental obscurity makes fundamental ideas difficult to bring to light, but once the knowledge is established, other ideas follow more or less immediately” [47].

As a theorist of pedagogy, Delasiauve always extended his discussions to the necessary qualities for supervision, the requirements in terms of facilities and the importance of hygiene: “A single teacher is insufficient for a large number of students, as any disciplinary action must be immediate, sustained and, to some degree, individualized. A large facility with separate rooms and a range of equipment is also necessary for training groups according to the extreme variety of aptitudes and exercises” [47]. Of course, at Bicêtre, he fought to obtain the necessary means, but they would only be granted later at La Salpêtrière. In 1859 [47], Delasiauve was gratified to see that Séguin [48] and Hippolyte-Tranquille Vallée (1816–1885) [49] were following in his footsteps [50]. In closing, here

are a few of the results made possible by his warmth and affection for the children in his care: “This child easily learned to read and write; this child remembers the names of people, places and things; many are able to imitate their teachers. Among the most afflicted, some stand out for their surprising docility, their signs of recognition, their attachment, their caution and so forth. A few of them are cunning, defiant or mischievous; many are gifted with a sense of harmony and delight in listening to music, and some can even sing or play music” [47].

While working with children, Delasiauve was confronted with a case of testicular torsion and arranged for surgery for what he believed to be a strangulated hernia [51]. For urologists, Delasiauve is thus known for presenting the first case, in 1840, of surgically treated testicular torsion [52].

5. The reformer

Delasiauve’s interest in pedagogy, which continued throughout his career, was not limited to primary education [53]. “A proponent of the liberalism of the old days, he was drawn to politics” [3]; his ideas for reforming medical studies, and for orienting hospitals towards teaching and research as well as treatment, are covered in several articles and books [54]. On 13 June 1876, he presented these reforms to the Société des médecins des bureaux de bienfaisance (Society of physicians working in charity centers): “Removal of health officers; democratic organization of communal medicine; in the provinces, for each district of 3000–4000 inhabitants, creation of an establishment serving the triple function of rest home, hospital and dispensary, and provided with all means necessary for good medical and surgical service in the remotest areas; in Paris, rather than increasing the number of hospitals and rest homes, they should be improved and crowding reduced, first by increasing the number of isolation rooms, by moving a maximum number of convalescent and disabled patients into a circle of vast annexes, set up ad hoc in the surrounding areas, and by expanding facilities and means for charity centers and dispensaries to allow treatment of large numbers of patients” [55]. These recommendations, and those Delasiauve made for medical schools [56], reveal that the debates have changed little in the last 150 years: “Despite the daily advance of progress, and the incessant triumphs of the arts, sciences and industry, society is prey to a state of crisis and disease manifest at all levels by an explosion of symptoms” [54]. To improve the quality of care, Delasiauve recommended that all medical students become hospital interns. This important reform did not come into effect until 2004 [57].

Bourneville has provided the best portrait of Delasiauve, the activist he himself identified with these words: “By his devotion to the unfortunate, by his incessant efforts to improve the organization of the hospital system not only in Paris but throughout the country, through radical reforms to end abuses and to provide prompt, efficient care to those dependent on society due to disease or poverty; by his unrelenting fervor in calling for the expansion of primary education, in aligning medical schools with the needs of students and the advances of science; by his participation in

all political battles for freedom, our venerable teacher deserves the respect and recognition of all who love the Homeland and the Republic” [1].

6. Conclusion

With his profound understanding of human beings and of the world, Delasiauve knew how to listen, reflect and make recommendations not only to establish a nosology, but also to advance public health [58] and social reform [59]. “Given his moral fiber, and the training he underwent, the giddiness of ambition and the baubles of vanity had little effect on him [. . .]. The miscarriage of the hopeful plans of 1848, the Empire’s transgressions, and the resulting disasters were a painful offence to his patriotic instincts” [60]. Delasiauve wrote these words in 1876 to honor Vincent Duval (1795–1876), an orthopedist and clubfoot specialist, also from Normandy. His homage is not only fitting for Duval, but could very well apply to Delasiauve himself.

Funding

None.

Disclosure of interest

The author declares that he has no competing interest.

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