

# Georges Guinon (1859–1932) and His Overlooked Contribution to the Description of Gilles de la Tourette Syndrome

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## Abstract

In January 1886, Georges Guinon, who succeeded Georges Gilles de la Tourette as a resident under Jean-Martin Charcot, expanded the initial description of chronic tic disorder by adding obsessive-compulsive symptoms to the clinical picture of the new nosographic entity. This biography aims to honor the memory and contribution of Georges Guinon, a figure forgotten by the history of neurology.

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## Introduction

Georges Gilles de la Tourette (1857–1904) published the seminal article describing the syndrome that bears his name in January 1885 in the *Archives de Neurologie* [1]. Although his mentor, Jean-Martin Charcot (1825–1893), honored him by naming the chronic tic disorder after him, Charcot soon realized that this initial description was incomplete. In particular, Gilles de la Tourette overlooked what we currently call obsessive-compulsive disorders. In 1885, Georges Guinon began

working alongside Charcot and was encouraged to expand the initial description in light of new observations. Guinon's role was therefore central to refining the description of this syndrome.

## Short Biography

Georges Guinon was born on August 8, 1859, in Paris, the son of Claude Guinon, a merchant and man of independent means, and Élisabeth Gauthey. Having begun his medical studies, he enlisted early and completed his military service in 1879–1880. He ranked 36th in the externship exam in 1881, then 33rd in the 1883 internship exam. He spent the year 1885 working with Charcot (Fig. 1). Joseph Babiński (1857–1932) was his chief resident. During this time, he met Sigmund Freud (1856–1939), who was at La Salpêtrière from October 20, 1885, to February 28, 1886. Charcot noted on his file: “a highly educated and very dedicated intern” [2]. After serving as a resident under Émile Troisier (1844–1919) in 1886 (Troisier was professor of internal medicine, known for having first described supraclavicular lymphadenopathy indicative of abdominal cancer) and then under Louis Landouzy (1845–1917) in 1887 (Professor of therapeutics and dean of the Faculty of Medicine), Guinon succeeded Georges Gilles de la Tourette (1857–1904) in 1889–1890 as chief resident and also as Charcot's fourth private secretary.



**Fig. 1.** Georges Guinon in 1885 at the age of 26 (collection of the author).

Just as he was embarking on hospital and university careers, Charcot's sudden death on August 16, 1893, turned his plans upside down: "Guinon's entire being – both his emotional and spiritual selves – had been, as it were, absorbed by that towering figure, whose esteem he regarded as the greatest honor of his life. The memory of him remained vivid in Guinon's mind, like that of a great love. A simple and upright soul, Guinon, was shaken when Charcot suddenly died; all his carefully laid plans, all the cherished hopes of his life, crumbled; he left" [3]. This profound grief set his career on an unexpected and unique course, truly unusual for a brilliant student of Charcot's.

He went on to establish himself as a family physician, first in Normandy, then in Brittany, in the port of Douarnenez, where he practiced with discretion and extreme dedication until 1919, comforting families grieving the loss of loved ones in the Great War. That year, after meeting Léon Bernard (1872–1934), who was setting up a tuberculosis clinic in Douarnenez, he decided to join him in Paris and become involved in the fight against tuberculosis. He became a medical inspector for the Public Health Office of the Seine department, an agency established by law – known as the Léon-Bourgeois Law – in every department at that time



**Fig. 2.** Georges Guinon in 1925 at the age of 66 (collection of the author).

(Fig. 2). In tribute to his dedication to this work, the sanatorium established at the Château de La Tuyolle in Taverny (now in Val-d'Oise), on the edge of the Montmorency Forest, was named after Georges Guinon in July 1933.

Georges Guinon, who had first married Louise Barrette on April 12, 1898, and had since become a widower, remarried Marie Tison on September 18, 1907. He was honored with the Légion d'Honneur on December 17, 1923. He died suddenly on March 28, 1932, at his home in Paris, of a currently unknown cause. Finally, let's remember that Guinon shares with Gilles de la Tourette the distinction of appearing in André Brouillet's painting (1857–1914), "La Leçon clinique à La Salpêtrière," which was first exhibited in Paris in 1887 [4].

## Some of His Publications

Guinon defended his dissertation on February 20, 1889, titled “The Causes of Hysteria,” before a committee chaired by Charcot [5]. In it, Guinon clearly states that Charcot viewed hysteria as a form of resistance to an external cause inflicted upon the patient. He reviewed various potential triggers: “nervous shock” (trauma, earthquakes, lightning), severe infectious diseases, overwork, chronic intoxication (alcohol, lead, mercury), or another organic disease (tabes, multiple sclerosis). He did not fail to mention the existence of male hysteria, as described by Charcot. He cited a statistic estimating that 244 of the 3,168 consultations at La Salpêtrière in 1886 resulted in a diagnosis of hysteria. It was Guinon to whom Charcot confided, “My conception of hysteria is outdated, and the description of nervous pathology must be revised” [6], shortly before his death. In July 1886, Guinon, together with Pierre Marie (1853–1940), published a paper in the *Revue de Médecine* titled “On the Loss of the Patellar Reflex in Diabetes Mellitus,” in which they described diabetic neuropathy and explained how to make a differential diagnosis with tabes (currently recognized as spinal syphilis but not yet acknowledged by Charcot as having this only one cause) [7].

In his role as Charcot’s secretary, he contributed to the writing of “*Lectures on Diseases of the Nervous System Delivered at La Salpêtrière*.” He served as editorial secretary for the *Archives de Neurologie* from 1890 to 1893. Guinon also authored several chapters of the *Traité de Médecine* by Charcot, Bouchard, and Brissaud, published in 1891: diseases of the annular protuberance, the cerebral peduncles, and the medulla oblongata; extrinsic diseases of the spinal cord; and diseases of the meninges. He was also an editor of the *Nouvelle Iconographie de La Salpêtrière* from 1889 to 1891. In that publication, Guinon co-authored with Gilles de la Tourette and Ernest Huet (1858–1917) a “contribution to the study of hysterical yawning,” inspired by Charcot’s Tuesday Lecture of October 23, 1888. They described a young woman who was amenorrheic, prone to epileptic seizures, and suffered from a bitemporal visual field defect, and who yawned 480 times per hour, from waking until falling asleep. Unfortunately for her, this clinical picture does not suggest hysteria. Still, we can now hypothesize that she was suffering from intracranial hypertension, likely due to a large pituitary adenoma compressing the optic chiasm [8].

## Guinon and the Gilles de La Tourette syndrome

In January 1886, exactly 1 year after the publication of Gilles de la Tourette’s article, Guinon presented four new observations in *La Revue de Médecine* [9]. This discussion highlights the fundamental role of Charcot, who was committed to refining the description of this new entity and precisely classifying it within nosography. Guinon begins as follows: “We would like to take this opportunity to thank Mr. Charcot, who inspired this work and assisted us with his kind advice.” Two cases were seen by Charcot during consultations in 1885 and were reported the following year in Italy by Giulio Melotti (1857–?), an Italian pupil of Charcot [10]. Guinon challenges the title given to his article by Gilles de la Tourette, particularly the terms “motor incoordination,” by demonstrating that tics are involuntary but perfectly coordinated movements. He adds: “Mr. Charcot has drawn our attention to the existence in our patients of a series of psychological phenomena that we have not found in other observations of this kind and which, if we refer to the few cases we have been able to study, must be of some frequency in the somewhat severe forms of tic disorder. These are fixed ideas.” He goes on to cite “the madness of ‘why’,” “the madness of do bt with delusions of touch,” arithmomania (a compulsion to calculate), and onomatomania (an agonizing search for the right word) – all recently described by Charcot and Valentin Magnan (1835–1916), a future psychiatrist [11]. Guinon thus adds to the picture of motor tics “the tic of ideas” or more precisely what we currently call obsessive-compulsive disorders that Gilles de la Tourette did not initially mention. Guinon also adds a specific criterion: the patient’s ability to temporarily inhibit the outward expression of motor tics.

During a lecture in 1899, the last time in his life he had discussed “his” disease, Gilles de la Tourette provided a comprehensive description of the syndrome that bears his name. He referred to this condition using the term coined by Guinon, “convulsive tics disorder” [12]. He then acknowledged Guinon’s contribution: “A year later, Mr. Georges Guinon expanded on this symptomatology by noting that tic sufferers almost always exhibited a state of mental imbalance characterized by countless phobias, arithmomania, and agoraphobia – all hallmarks of what is today called mental degeneration. It was at this time that Mr. Charcot outlined the symptomatology of the new condition in his Tuesday Lectures and definitively established the existence of the clinical entity known as convulsive tics disorder.” As for the patient whom Gilles de la Tourette presented to his students in

1899, “she suffers from anxiety and countless obsessions; she cannot go to bed without repeatedly checking to make sure no one is hiding under her bed; she has irrational fears and unfounded anxieties – all phenomena that clearly place her in the category of the mentally unstable or, if you prefer, the degenerate, to use a modern term.” Thus, Gilles de la Tourette pays tribute to Guinon for having supplemented his own description while taking care to retain the notion of uncoordinated movements – a notion rightly contested by Guinon.

In 1887, Guinon authored the chapter “Tics” in the *Dictionnaire Encyclopédique des Sciences Médicales*, edited by Amédée Dechambre (1812–1886). Building on his earlier observations, he provides a more detailed account than Gilles de la Tourette of the differential diagnoses, particularly dyskinesias, dystonias, and choreas. He describes the course of the disease, noting its fluctuating nature and the possibility of periods of remission with few symptoms. However, and in contrast to Charcot, Guinon believed that “convulsive tic disorder” was a form of hysteria. It is worth noting that he suggested retaining the term “convulsive tic disorder.” In contrast, Charcot had coined the eponymous “Gilles de la Tourette’s disease” to mask the vagueness of the original title – but perhaps also for the phonetic elegance of the name [13]. Was this a veiled dig on Guinon’s part? Yet, when Gilles de la Tourette was shot in 1893 by the mentally ill Rose Kamper-Lecoq (1864–1955), it was Guinon who was the first to come to the aid of “his friend,” as he recounts in warm terms in the article in *Le Progrès médical* devoted to this episode a few days later [14].

### Treating and Preventing Tuberculosis

Guinon’s publications after he left La Salpêtrière are few in number and deal exclusively with tuberculosis control policies. For example, in 1919, he outlined the role a dispensary should play in protecting children from infection. He emphasized the importance of screening, which should not be limited to examining children alone but, rather, must always include all members of a family and their immediate environment. To this end, the records maintained by the dispensary must be both individual and family based. The visiting nurse plays an essential role: conducting home visits for clinic patients. The physician must be able to perform radiological and bacteriological tests, initiate treatments, and monitor patient compliance. Removing children to the countryside or the mountains remains the primary course of

action. Guinon insists that physicians accept the social and health-care role of health clinics for the benefit of the community – a likely indication that physicians felt a sense of competition as they saw families turning away from private practices and favoring health clinics, at a time when no social security existed for the majority of the working classes.

### Conclusion

Like Gilles de la Tourette, Guinon did not appreciate the significance of his contribution to clinical practice and neurological nosography during his lifetime. Nor did he ever subsequently publish any work on this neuropsychiatric syndrome, perhaps because he viewed it as just another form of hysteria. Although the current prevalence of functional Gilles de la Tourette’s-like syndromes cannot be interpreted as a form of hysteria similar to that described by the Salpêtrière School, it nevertheless warrants consideration of a potential parallel with Guinon’s observations [15].

Guinon’s contribution to the description of Gilles de la Tourette syndrome remains little known today, even though it includes a key element of the disease’s clinical picture. By referring to obsessive-compulsive disorder as “tics of the mind,” Guinon seems to have conceived of a common related pathophysiology between these mental disorders and motor and vocal tics. Current research continues to explore the connections and differences in the activated brain structures and raises questions similar to those posed by Guinon in 1886 [16]. It therefore seems appropriate to honor the memory of this little-known student of Charcot, who worked in the shadow of more famous predecessors, such as Pierre Marie and Joseph Babiński.

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### Statement of Ethics

This work required no approval from an Institutional Review Board and was prepared in accordance with the journal’s ethical guidelines.

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## Data Availability Statement

All the data presented in this article are historical, are more than 70 years old, and are in the public domain. All data analyzed during this historical study are included in this article. Further inquiries (data and photos) can be directed to the corresponding author.

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