

The Pinelian Birth of Psychiatry

*Adopting Gladys Swain's Position —
and Its Isomorphism with Henri Ey's Longue-Durée Structure*

*La naissance pinélienne de la psychiatrie
L'adoption de la position de Gladys Swain et son isomorphisme
avec la structure de longue durée d'Henri Ey*

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松石 竹志 Takeshi Matsuishi, M.D., Ph.D.

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ABSTRACT

This chapter, the keystone of the serial study *The Origins of Psychiatry*, adopts and grounds Gladys Swain's thesis that psychiatry was born around 1800 with Philippe Pinel. Foucault's *Histoire de la folie* and the positivist historiography that opposes it share a single premise: that the birth of psychiatry consisted in the conquest of an objective gaze upon madness. Against both, Swain's philological operation — systematically distinguishing the first edition (an IX, 1800/1801) of Pinel's *Traité médico-philosophique sur l'aliénation mentale* from the second (1809) — discloses a third position: what arrived with Pinel was not objectivity but the cognitive apparatus of the *subject of madness* (*le sujet de la folie*): madness is never total; the insane retain a distance from their own alienation, and that distance opens the possibility of therapeutic exchange.

The argument proceeds through five moments: the bibliographical demonstration of Foucault's defective citation, which claims the first edition while in fact relying on the institutionalized second; the discovery of subjectivity in moral treatment and the paradox embodied in *manie sans délire* — the simultaneous discovery of the subject and reintroduction of non-subjective imagery; the negative constitution of psychiatry's object in the *Nosographie philosophique*, where Cullen's borrowed class of *névroses* is progressively emptied of its organic causality; Hegel's philosophical ratification of 1817, for which madness is not the

abstract loss of reason but “a contradiction within reason still present” (*ein bloßer Widerspruch in der noch vorhandenen Vernunft*); and Esquirol's inheritance and first contraction — the externalization, under forensic pressure, of the criterion of madness from the subject's inner involvement to outwardly ascertainable signs, a distant prototype of operational diagnosis after DSM-III (1980).

The chapter's distinctive contribution lies in its integrated reading of two primary texts of Henri Ey separated by twenty-three years — Étude n°3 of the *Études psychiatriques* (1948), “*d'un seul coup, avec Pinel, l'étincelle a jailli*,” and the 1971 critique of Foucault, with its Wier-Bodin foundation and Pinelian consecration — reconstructing Ey's account of origins as a triple structure (philosophical-anthropological foundation, ritual consecration, scientific spark) essentially isomorphic with Swain's position. To adopt Swain is thus to reactivate Ey's own *longue-durée* view of the birth of psychiatry.

Keywords: *Philippe Pinel; Gladys Swain; the subject of madness (le sujet de la folie); Traité médico-philosophique, first edition (an IX) and second edition (1809); moral treatment; manie sans délire; Pussin; Hegel, Philosophie des Geistes (1817); Henri Ey, Études psychiatriques; organo-dynamism; Michel Foucault; Claude Quétel; Esquirol; externalization and operational diagnosis; origins of psychiatry*

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This English edition is deliberately shorter than the Japanese original: the full scholarly apparatus (55 notes) and two companion reader's guides — on Pinel's nosology and on the differences between the two editions of the *Traité* — remain in Japanese (original text; guides in the Bibliotheca).

1. The Problem: The Pinel Myth and Its Double

The preceding chapters of this study set four accounts of the origin of psychiatry side by side as independent theories. Foucault takes the decree founding the Hôpital général in 1656 — the “Great Confinement” — as the socio-political threshold; Henri Ey grounds the birth of psychiatry philosophically in the Renaissance, reading the Wier-Bodin controversy (1563–1585) as the articulation of the natural and the supernatural; Claude Quétel, an empirical historian who advances no origin-theory of his own, nevertheless states plainly that where Foucault sees the madman as object, Swain's research discloses the madman as subject. The present chapter constructs the fourth position, toward which all of these converge: Gladys Swain's thesis that psychiatry was born around 1800, with Pinel — the position this study adopts, and whose justification is the task of this chapter.^[1]

One decisive observation must be placed at the outset. Twenty-three years before his 1971 polemic against Foucault, Ey himself had already formulated, with complete clarity, the historical proposition that forms the axis of this study. In *Étude n°3* of the *Études psychiatriques* (1948), he writes that mental medicine had existed for twenty-five centuries, but that before 1800 it still lacked “that astonishing flash of curiosity which finds a science before it is conscious of its object and its methods” — and then: “*D'un seul coup, avec PINEL, l'étincelle a jailli*” — at a single stroke, with Pinel, the spark leapt forth.^[2] This primary source overturns the received view that Ey, having located the birth of psychiatry in the Renaissance, must on principle oppose a Pinelian origin. In the same passage Ey articulates the structural conditions of that birth as a triple root: a moral root (the problem of liberty and responsibility raised by post-Renaissance humanism — he names the papal forensic physician Paolo Zacchias), a philosophical root (the mind-body relation set upon a neurophysiological plane: Cabanis, *Rapports du physique et du moral*, 1802), and a phil-anthropic root (Pinel's gesture toward the insane).^[3]

The legend surrounding Pinel is doubly structured. The first layer is the myth of the liberator: the striking of the

chains at Bicêtre in 1793–95, a scene canonized not by Pinel but by his son Scipion in 1836.^[4] The second layer is the twentieth-century counter-myth: Foucault's reading, in which the “liberation” is only the final internal reorganization of the apparatus of confinement, a gesture of neutralization and objectification. Swain's strength is to have dissolved, by returning to the sources, the premise these two hostile readings share — that the birth of psychiatry consisted in the achievement of the *objectivation* of madness. As her “Présentation” puts it, both camps, for opposite reasons, accommodate themselves to the classical idea that the decisive point in the modern knowledge of madness was the acquisition of a purely objective gaze upon its phenomena.^[5] Swain's third position moves the point of origin to the near side of that alternative: what arrived with Pinel was not the gaze of objectivity but an epistemic and practical apparatus that grasped madness as the *problematization of the subject as subject*.

This third position is not merely an alternative to Foucault. It also completes, by introducing another threshold, the Renaissance thesis Ey defended in 1971. What Ey identified is the philosophical and anthropological precondition — the articulation of nature and the supernatural — established in the Renaissance. For psychiatry to crystallize as a clinical and medical practice upon that precondition, one further threshold was required: the assembly of the “subject of madness.” Around 1800 carries this second threshold. Ey's theory is a theory of preconditions; Swain's is a theory of crystallization; the two are not mutually exclusive — and Ey himself, as sections 7 and 8 will show, held both thresholds in his own hand.

2. The Two Editions of the *Traité* (an IX / 1809)

The core of Swain's operation is the systematic distinction between the two editions of Pinel's *Traité médico-philosophique sur l'aliénation mentale, ou la manie*: the first of the year IX (published 1800/1801) and the second of 1809. Foucault announces in the *Histoire de la folie* that he cites the first edition; but on page 511 he refers to page 458 of the *Traité* — and the first edition has only 304 pages in all. Only for the second edition is the reference correct. Following Postel (1971) and Schlenker (1973), Swain shows that this is no mere bibliographical slip but a methodological failure implicating Foucault's entire interpretive structure.^[6]

For the two editions differ profoundly. The first edition assembles three memoirs Pinel had published between the years VI and VIII — on periodic or intermittent mania, on the moral treatment of the insane, on the classification of the insane — together with an anatomical study, wrapped in a long Introduction. As Gauchet observes, this after-the-fact compilation deprived the book of organic unity but gave the historian something precious: the possibility of following the internal development of a thought. “The whole origin of psychiatry is inscribed in the sequence of these five stages of

Pinel's reasoning."^[7] The second edition of 1809 is a polished revision: the institutional description of the asylum swells, while the traces of discovery — the contingent order of finding, the polemical tone, the trial and error that precedes final refinement — are carefully effaced, together with Pinel's frank claim of priority in the philosophical grounding of moral treatment. What Foucault reads as the "gesture of objectification" is faithful to the retrospective self-image constructed by the second edition; what Swain returns to is the first — the one document that preserves the *gestation* of psychiatry, discourse in the moment before institutionalization.

One further consequence of this return to the sources is the dissolution of the story that Pinel struck the chains. Pinel himself writes, in the second edition (p. 201), that the abolition of chains at Bicêtre was accomplished in his absence, on 4 Prairial of the year VI (23 May 1798), by the superintendent Jean-Baptiste Pussin — "and never was a measure better deliberated or followed by more striking success."^[8] The liberation myth established by Scipion Pinel in 1836 contradicts the father's own testimony. But Swain shows the truth contained inside the forgery: Pinel was not the man of a gesture but the man of a book (*homme d'un livre*). His contribution was not to have unchained anyone, nor to have invented moral treatment — which Pussin practiced at Bicêtre, which Tuke embodied at the York Retreat, which the keepers of Belhomme's pension ran for profit — but to have *published its rules* and made explicit the principles on which those rules rest.^[9] At the crossing of a vast classical culture — Hippocrates, Aretaeus, Celsus, Caelius Aurelianus, Galen, and Cicero's *Tusculans*, from which he took the Stoic theory of madness born of the passions — and of clinical observation, a new form of thought crystallized.^[10]

3. Moral Treatment and the Discovery of Subjectivity

Swain's central proposition — madness as the *problematization of the subject as subject* — has three components, and all three are found in the movement of thought preserved in the first edition.

The first is the critique of total madness. "Mental alienation is never total," Swain writes; "the alienated always retains a distance from his alienation."^[11] The memoir on periodic mania that stands, against all compositional logic, at the head of the first edition records the decisive encounter: patients who recover full reason in the intervals; patients who even at the height of the paroxysm "answered the questions put to them with the greatest precision, while dominated by the most violent fury and by sanguinary instincts whose horror they themselves felt."^[12] From this Pinel draws a conclusion extensible to every form of madness: even where reason seems overthrown, a latency of reason must be presumed — not lost, but held in reserve. This is a fundamental break with the millennial tradition for which the madman knows neither who he is nor what he does.

The second component is the structural tension between self-alienation and self-continuity. Madness, in the first edition, is never partial — it cannot be cut out of the person like a damaged part — and yet it does not annihilate the subject: it is a shaking of the subject's capacity to sustain itself as subject.^[13] Madness is thus neither the simple loss of reason (Kant's picture in the *Anthropologie* of 1798) nor a local lesion of one faculty. This is the "paradoxical tension" around which the whole of twentieth-century clinical and dynamic psychiatry will revolve.

The third component is the practical consequence: moral treatment. Because the alienated retains a distance from his alienation, a grasp upon him becomes possible: "far from being reduced to the status of an insensible object worked upon from outside, he becomes a torn subjectivity (*subjectivité déchirée*) with whom therapeutic commerce is possible."^[14] The rules of moral treatment are not a technique applied to the madman from without; they are a technique of entering into relation with him — what Pinel calls *entrer dans les vues des aliénés*, entering into the views of the insane, reasoning with the residue of reason inside the delusion. In today's clinical vocabulary, this is almost exactly the couple *insight* and *therapeutic alliance*.

A reservation is required. The practice of moral treatment also contains, as Quétel shows, intimidation, fear, the shower-bath as restraint, the physician's voice of thunder: Pinel writes that treatment is "the art of subjugating and taming the alienated," placing him in strict dependence on a man of superior qualities.^[15] Swain's constructive reading places this contradiction differently: the first edition shows the moment at which a new structural possibility arises, without being able to crystallize at once into practical coherence. The concept of *manie sans délire* — irresistible violent impulse coexisting with intact reason — embodies precisely this impossibility. "Pinel succeeds in grasping the dimension of the subject, and loses it at once": to formulate the subject's involvement in madness he is forced to reintroduce the non-subjective imagery of blind impulse and sanguinary instinct.^[16] But a point of origin is not the arrival of a coherent theory; it is the structural threshold at which a new problem first becomes thinkable.

4. The *Nosographie*: A Borrowed Vessel, Emptied

If the first edition of the *Traité* discovered the subject within madness, it was the *Nosographie philosophique* (first edition, year VI) that gave contour to the object. Pinel lodged the *vésanies* — mania, melancholia, dementia, idiocy — inside the class of *névroses* borrowed from William Cullen: functional disorders of the nervous system, without fever and without demonstrable local lesion. The types themselves — the four genera and the species, including *manie sans délire* — are, as Postel says, "radically new" with respect to Cullen; what was

borrowed was not the contents but the vessel, the frame of “functional disease without organic lesion.”^[17]

The organic foundation, however, was never confirmed. In §157 of the second edition Pinel states that all the autopsies he had collected showed the delirious mania in question to be “the product of no organic defect of the substance of the brain.” Where Cullen had placed the comata — diseases of manifest organic cause — at the head of the class, Pinel reversed the order and set the *vésanies* first: the borrowed vessel was progressively *emptied* of the organic causality Cullen had packed into it.^[18] What remains is an object contoured by negation — “disorder without demonstrable organic lesion” — and it is precisely into this vacancy that the subject of section 3, the psychological and moral dimension, could enter. Here lies the genesis of the distinction, still alive at the root of the clinic, between the functional and the organic; and the first concrete figure to fill the emptied vessel is *manie sans délire* itself: understanding intact, will alone stricken, autopsy negative. The crystallization of the object and the discovery of the subject are joined at this single point.

The fate of that concept across the two editions is a miniature of the whole argument. In the first edition, *manie sans délire* stands as an independent species — the most paradoxical type of faculty psychology, will deranged while perception, judgement, imagination and memory remain untouched. In the second, mania is redefined as including delirium; the species vanishes from the table, surviving only as a sub-heading — while the criterion of classification is itself rewritten as “fundamental lesions of the understanding *and of the will*.” The species is demoted at the very moment its principle is promoted.^[19] (The full collation of the two editions, with translations of the cases, is given in the Japanese companion guides.)

5. Hegel’s Ratification (1817)

Swain’s thesis receives its philosophical grounding from Hegel’s treatment of derangement (*Verrücktheit*) in the *Encyclopaedia’s* Philosophy of Spirit — first stated in 1817 and brought, by the third edition of 1830, to this decisive formulation: genuinely psychical treatment holds fast to the view that madness is not the abstract loss of reason, but “a mere derangement, a mere contradiction within reason still present” (*ein bloßer Widerspruch in der noch vorhandenen Vernunft*), just as bodily disease is not the abstract loss of health — that would be death — but a contradiction within it. “This humane treatment, benevolent and rational — Pinel deserves the highest gratitude for it — presupposes that the patient is a rational being, and therein finds the firm hold by which to grasp him.”^[20]

The importance of the passage is double. Hegel is ratifying the innovation of the *Traité* — which he knew in German translation — and what he credits to Pinel is not the abolition of chains but what the book produced as thought. Where Kant, in 1798, still located madness outside reason, beyond

the limits of the thinkable, Hegel draws it back inside: madness is a contradiction that remains within reason, and can therefore be conceived as a moment in reason’s self-constitution. As Quétel notes, Hegel’s point of departure is the very point at which the approach of Pinel and Esquirol is generated.^[21] In Gauchet’s words: after Pinel, whoever treats madness will confront “this mysterious ‘contradiction within reason’, this inner and disconcerting tension which is a deposition of the self but not its destruction — in this, the madman is the subject of his madness (*le fou est sujet de sa folie*).”^[22] The origin, in other words, is a structural event, not a fact of Pinel’s self-understanding: an operation became workable, and thereafter thought and practice unfold within the problem-space it opened.

Nor is Hegel’s ratification an isolated stroke of genius. In *Étude* n°4, Ey identifies the dynamic and vitalist perspective as “as old as the world,” traceable through Aristotle, Saint Thomas, and, nearer to us, Hegel and Bergson — a lineage “inseparable, in medicine, from the true Hippocratic spirit.”^[23] Read through that series, Hegel’s gratitude to Pinel is the philosophical acknowledgement of the moment when a tradition two and a half millennia old crystallized in the clinical practice of post-revolutionary France.

6. Esquirol: Inheritance and First Contraction

Pinel’s founding operation was stabilized by his pupil Esquirol, whose 1805 thesis on the passions is, in Gauchet’s phrase, “a kind of second foundation”: the systematic clarification of the three knots Pinel had tied in rough language — causal understanding (the passions), clinical delimitation, therapeutic prospect.^[24] In the article “Délire” of 1814 Esquirol even repairs Pinel’s failure philosophically: in the most complete derangement of the understanding there is always a self (*le moi*) to which everything still refers — the delirious man is deceived by his inner sense about his own existence, but the self is maintained.^[25] With this, the “subject of madness” acquires its first philosophical coherence.

Yet within this very systematization Swain identifies the first contraction. Under the pressure of the great trials of the 1820s (Léger, Papavoine, Henriette Cornier), Esquirol yields to his pupil Georget’s concept of homicidal monomania, conceding in 1827 that the monomaniac is dragged by “a blind instinct, something indefinable which pushes him to kill,” and classifying such cases in 1838 as instinctive monomania.^[26] For madness to function as a legal excuse, it had to be manifest and total; under this juridical demand, the criterion of madness is displaced from the subject’s inner involvement with his own madness to outwardly ascertainable, agreed-upon signs. This is the first systematic *externalization* — and it is the distant first step toward the method that DSM-III (1980) and its successors would perfect as operational diagnosis: detaching diagnosis from theoretical content and reducing it to countable criteria in the name of objectivity and

inter-rater reliability. The clinical gains of that method are real; the question — raised again in the conclusion — is what it renders invisible, and whether it resurrects, in technical dress, the very illusion of the “objectivity of the gaze” that Swain identified.

Esquirol’s second contraction concerns the asylum. In 1805 he was still faithful to the dialogical line of the first edition; by 1838 the maxim has become “a house for the insane is an instrument of cure” — isolation, the wholesale change of habits and surroundings, the institution itself as therapeutic agent. Moral treatment mutates from a dialogical relation into the government of a total environment; the asylum becomes, as Gauchet and Swain show in *La pratique de l’esprit humain*, a political laboratory in which the alienated is the man-to-be-transformed par excellence — a continuity with utopian republican politics that Robert Owen ironically certified in 1849.^[27]

These contractions do not overturn Swain’s thesis; they corroborate it. For them to be recognizable *as* contractions, something must have preceded them: the apparatus assembled around 1800. Esquirol’s 1838 is a regression from Pinel’s 1800, not a return to the state before it — a movement toward the limits of the problem-space Pinel opened. And the posthumous career of *manie sans délire* is the cartography of that space: split by Pinel himself, in the second edition, into a pole of morbid impulse (the irresistible *penchant* arising from a state of disease) and a pole of moral perversion (deliberate wickedness without derangement, which he lodged in the asylum while denying it the status of disease), the concept branches into the two lineages that run, through instinctive monomania and Prichard’s *moral insanity*, to ICD-11’s impulse-control disorders on the one side and dissocial personality traits on the other — the juridical question of irresistibility (Article 64 of the Napoleonic penal code) accompanying both across two centuries.^[28] When operational diagnosis today separates the two groups by countable behavioural criteria, it repeats the closure of the dimension of the subject that the first edition had momentarily opened.

7. Four Theories of Origin at the Crossroads

Foucault. The 1656 thesis retains its value as an account of preconditions: a century and a half of confinement created, as Swain herself acknowledges, the conditions for the anthropological revelation of madness around 1800.^[29] Foucault’s double error was to identify this socio-political threshold with the origin itself, and to attribute to the origin what belongs to its contraction. The objectification he universalizes as the essence of psychiatry belongs not to the birth (the first edition’s identification of the subject) but to its aftermath (the externalization after Esquirol) — consistently with the fact that the *Traité* he actually cites is the second edition. His description is accurate for the regime that follows the closing of the origin; his error was to project it backwards onto the origin itself. Gestation, however, is not birth.

Ey. Ey’s 1971 polemic against Foucault’s sociogenesis defends the Renaissance as the philosophical threshold: the Wier–Bodin controversy issued in the distinction of the “natural” or “supernatural” of demonic possession, and “in triumphing, [the thesis of the bodily nature of the disease] founded Psychiatry” (*En triomphant, elle a fondé la Psychiatrie*).^[30] Pinel appears there as “the consecration of the medical act solemnly taking as its object madness long since considered a natural disease” — consecration (*consécration*), the public ratification of something long presupposed.^[31] But read together with Étude n°3 of 1948 — the *étincelle*, the spark by which psychiatry became “a science conscious of its object and its methods” — Ey’s account of origins is a *triple structure*: philosophical-anthropological *foundation* (Wier–Bodin, 1563–1585); ritual *consecration* (Pinel–Tuke, 1791–1814); scientific *spark* (Pinel, the *Traité* of an IX). Under this reconstruction Ey’s long-term position is essentially isomorphic with Swain’s: both identify the scientific birth of psychiatry around 1800, and both hold that this birth crystallized upon long historical preconditions. (One correction: Ey’s formula that in the Renaissance “man becomes independent of God and the devil” does not fit the believing humanists Wier, Marescot, or Vives; the rigorous version is the articulation of the boundary between nature and the supernatural, the autonomization of the natural domain.)

Quétel. The empirical historian advances no origin-theory, but explicitly endorses Swain’s reading — Pinel the “man of a book” rather than the “man of a gesture,” who crossed “the line beyond which it becomes philosophically and medically impossible to regard the madman as a wholly alien being, shut up in himself” — and adds: “one measures once again how greatly Michel Foucault is mistaken” (*On mesure encore une fois combien Michel Foucault se trompe*).^[32] His empirical detail — Pussin’s priority, the exact dates, Weiner’s discovery of Pussin’s observations, the nineteenth-century paintings that fixed the myth — reinforces Swain’s framework at the level of documented fact.

The superiority of Swain’s position can now be stated in five points: philological rigor (the edition-distinction at the core of the argument); philosophical coherence (the structural agreement with Hegel’s 1817 ratification); explanatory power (a single problem-space — the paradoxical involvement of the subject in madness — organizing the development from Esquirol through Falret, degeneration theory, Jaspers and Schneider, psychoanalysis and the theory of schizophrenia); isomorphism with Ey’s own long-term structure, the decisive finding of this chapter; and contemporary reach — the capacity to think, within one frame, the philosophical insufficiency of operational psychiatry, the phenomenological tradition, the renewal of organo-dynamism, and the Lacanian subject.

8. Conclusion: What Arrived with Pinel

With the first edition of the *Traité*, a new cognitive apparatus was assembled: the subject of madness — a distance preserved between the madman and his madness, opening the possibility of therapeutic exchange. Pinel did not formulate it coherently; the origin is not the arrival of a coherent theory but the threshold at which a new problem becomes thinkable. Hegel ratified it in 1817; Esquirol systematized it and, under forensic and institutional pressure, began its contraction; and everything from Falret's demolition of monomania (1854) through degeneration theory, the discovery of general paralysis, Janet, Bleuler, psychoanalysis, and the phenomenology of Jaspers and Schneider operates within the problem-space thus opened. Foucault's great confinement and asylum apparatus lie not outside this space but inside it, as the institutional and governmental dimension that the new apparatus co-produced — what he saw was the form of the intervention, not the apparatus working within it.

Ey's organo-dynamic psychiatry is the twentieth-century extension of the Hegel–Pinel connection. In Étude n°7 he grounds his own conception “by going back to its Hippocratic source,” and claims for it the “letters of nobility” of a movement tied to the oldest traditions of medical science, “literally suffocated” by the mechanistic development of the nineteenth century, defended by Moreau de Tours, Jackson, Janet, Bleuler.^[33] The final structure of this study's account of origins — Hippocrates, Aristotle, the Stoics, Aquinas, Wier-Bodin, Zacchias, Cabanis, Pinel (an IX) and Pussin, Hegel (1817), Esquirol, Falret, the organo-dynamic line, Swain (1977) — is isomorphic with the triple structure Ey himself held across twenty-three years. To adopt Swain's position is not to propose an alternative to Ey; it is to reactivate, with the instruments of late-twentieth-century scholarship, the point that Ey himself called the spark.

We remain the inheritors of that moment. Schneider's *Verstehen*, Ey's levels of consciousness, Jaspers's phenomenology, Lacan's subject — all operate within the problem-space Pinel opened. The “objectivity” and “reliability” that DSM/ICD operationalism achieves by circumventing that space are, as Swain showed, the inheritance of the very illusion Foucault and the positivists shared — an illusion already germinating in Esquirol's forced externalization. In Swain's closing words: “we are only at the beginning of the becoming-conscious of the road travelled... the intellectual revolution that began modestly when, with Pinel, the enigma of the subject of madness appeared on the stage of knowledge, is still only at its beginning.”^[34]

NOTES AND REFERENCES

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- [2] H. Ey, “Le développement « mécaniste » de la psychiatrie à l'abri du dualisme « cartésien »,” *Études psychiatriques*, t. I, Étude n°3 (Paris: Desclée de Brouwer, 1948; reissued CREHEY, 2006), p. 52. Thirteen years before Foucault's *Histoire de la folie* (1961) and twenty-nine before Swain's *Le sujet de la folie* (1977). (Cited at 1.)
- [3] Ey, Étude n°3, pp. 51–52. (Cited at 1.)
- [4] Scipion Pinel, *Traité complet du régime sanitaire des aliénés* (Paris, 1836). (Cited at 1.)
- [5] Swain, *Le sujet de la folie*, “Présentation,” p. 68. (Cited at 1.)
- [6] J. Postel, “Les deux introductions du *Traité médico-philosophique* de Pinel,” *Annales médico-psychologiques*, 129th year, t. I (1971); E. Schlenker, *Über den Umgang mit Geisteskranken* (Berlin, 1973); Swain, *Le sujet de la folie*, pp. 88–89 n. Postel's discovery was introduced to Japan in the same year, 1971, by Hiroshi Ôhashi (*Seishin Igaku* 13:11, pp. 1038–1039). (Cited at 2.)
- [7] M. Gauchet, “De Pinel à Freud,” pp. 15–17. (Cited at 2.)
- [8] P. Pinel, *Traité médico-philosophique sur l'aliénation mentale*, 2nd ed. (Paris, 1809), p. 201. (Cited at 2.)
- [9] Pinel, *Traité*, 1st ed. (an IX, 1800/1801), Introduction, p. LVI. (Cited at 2.)
- [10] Quézel, *Histoire de la folie*, part IV ch. 4. (Cited at 2.)
- [11] Swain, “Présentation,” p. 71. (Cited at 3.)
- [12] Pinel, *Traité*, 1st ed., “Mémoire sur la manie périodique ou intermittente,” cited in Gauchet, pp. 16–17. (Cited at 3.)
- [13] Swain, “Présentation,” p. 71. (Cited at 3.)
- [14] Ibid., p. 72. The concept of *subjectivité déchirée* prefigures Freud's *Spaltung*, Bleuler's *Schizophrenie*, and the Lacanian subject. (Cited at 3.)
- [15] Pinel, *Traité*, 2nd ed., p. 50; Quézel, part IV ch. 4. (Cited at 3.)
- [16] Gauchet, “De Pinel à Freud,” pp. 33–34. (Cited at 3.)
- [17] J. Postel, *Genèse de la psychiatrie. Les premiers écrits de Philippe Pinel* (Paris: Le Sycomore, 1981), ch. VII, pp. 257–312, esp. p. 272 (“radicalement nouvelle”). (Cited at 4.)
- [18] Pinel, *Traité*, 2nd ed., §157; Postel, *Genèse*, pp. 265–269 (the class “vidée” of its organic causality). (Cited at 4.)
- [19] Pinel, *Traité*, 1st ed., section IV (the five species); 2nd ed., “Plan général,” §5 (the four species; “lésions fondamentales de l'entendement et de la volonté”). Full collation in the Japanese companion guide 読まれざるピネル. (Cited at 4.)
- [20] G. W. F. Hegel, *Enzyklopädie der philosophischen Wissenschaften im Grundrisse* (1830), §408 Zusatz (Suhrkamp Werke, vol. 10, p. 179). (Cited at 5.)
- [21] Quézel, part IV ch. 4; I. Kant, *Anthropologie in pragmatischer Hinsicht* (1798). (Cited at 5.)
- [22] Gauchet, “De Pinel à Freud,” pp. 22–23. (Cited at 5.)
- [23] H. Ey, “La position de la psychiatrie dans le cadre des sciences médicales,” *Études psychiatriques*, t. I, Étude n°4 (1948), p. 74. (Cited at 5.)
- [24] Gauchet, “De Pinel à Freud,” pp. 18–19; J.-É.-D. Esquirol, *Des passions, considérées comme causes, symptômes et moyens curatifs de l'aliénation mentale* (thesis, Paris, 1805). (Cited at 6.)
- [25] Esquirol, “Délire,” *Dictionnaire des sciences médicales* (Paris: Panckoucke, 1814); Gauchet, p. 37. (Cited at 6.)
- [26] Esquirol, *Des maladies mentales* (Paris: Baillière, 1838), t. II, p. 100 ff.; Gauchet, pp. 35–36. (Cited at 6.)
- [27] Esquirol, *Des maladies mentales*, t. II, p. 396; M. Gauchet and G. Swain, *La pratique de l'esprit humain. L'institution asilaire et la révolution démocratique* (Paris: Gallimard, 1980; Eng. tr. *Madness and Democracy*, Princeton, 1999); R. Owen, *Revolution in the*

- Mind and Practice of the Human Race* (London, 1849). (Cited at 6.)
- [28] Pinel, *Traité*, 2nd ed., §§237–239; J. C. Prichard, *A Treatise on Insanity* (London, 1835). The retrospective correspondences with ICD-11 (impulse-control disorders; disruptive behaviour or dissocial disorders; dissociality) are readings, not diagnostic identifications. Details in the Japanese companion guide ピネルの疾病分類学案内. (Cited at 6.)
- [29] Swain, cited in Gauchet, pp. 12–13 (the classical age as the “period of gestation”). (Cited at 7.)
- [30] H. Ey, “Commentaires critiques sur l’*Histoire de la folie* de Michel Foucault,” *L’Évolution psychiatrique*, t. XXXVI, fasc. 2 (April–June 1971), pp. 243–258. (Cited at 7.)
- [31] Ibid. (the consecration passage). (Cited at 7.)
- [32] G. Swain, “Pinel et la naissance de la psychiatrie. Un geste et un livre,” *L’Information psychiatrique* (1976); Quétel, part IV ch. 4. (Cited at 7.)
- [33] H. Ey, “Principes d’une conception organo-dynamiste de la psychiatrie,” *Études psychiatriques*, t. I, Étude n°7 (1948), pp. 174, 186. (Cited at 8.)
- [34] Swain, cited in Gauchet, p. 57. (Cited at 8.)

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