No mystery should exist in connection with Géricault’s five portraits of the insane. They were done for a specific purpose and correspond to the deepest aspirations of the patron, Étienne-Jean Georget, a former psychiatric intern at the Salpêtrière hospital and medical supervisor at a private asylum in Ivry. The so-called ‘mystery’ surrounding them arises less from ignorance of their point of origin (almost always intimated in scholarly discussion) than from the predilections of art historians primarily bent on locating the pictures somewhere appropriate in the overall production of the artist. Thus they are compared to previous depictions of the insane and singled out for their ‘historical novelty’, or are related to the painter’s consistently morbid preoccupation with themes of death and violence. The mystery quickly dissipates, however, as soon as the emphasis of study is shifted to the demands of the patron and the nascent psychiatric profession in its attempt to delineate its own separate identity within a complex of other behavioural and clinical fields.

Near the beginning of the nineteenth century a change occurred in the status of those who treated the insane. During the eighteenth century, madmen and madwomen were incarcerated in madhouses (maisons de fous); in the nineteenth century, lunatics were sent to asylums (maisons de santé). A physician who treated the mad — a mad doctor — occupied a niche slightly above a witch doctor in the public imagination, while the resident psychiatrist, or alienist, of the asylum was more closely identified with the medical practitioner. To be sure, terminology played an important role in the public perception of the psychiatrist’s profession, but the change in status also corresponded to the growing specialisation of knowledge about the insane and their supervision.

This shift took place at a time when a number of medically qualified male physicians in France claiming the highest scientific authority began specialised research on the mental processes of ordinary human beings. This constituted a major shift in social emphasis for the medical profession, which, during the ancien régime, reserved its treatment for the more privileged members of society. The French Revolution ushered in a new era in which the concept of the social body was enlarged to embrace heretofore excluded classes, and medical science responded to this general trend. But the medical profession did not thereby cease being an aristocratic body, for it now had the unprecedented opportunity of having at its disposal for research a large number of human ‘guinea pigs’ who normally would have been consigned to the dustheaps of Bicêtre, Charenton and Salpêtrière. Once the emerging science of psychiatry claimed legitimate professional status for itself it needed to valorise itself through empirical results, and the new social conditions made this possible by the extension of medical benefits to the widest spectrum of the community. While most scholars of early French psychiatry have concentrated on its incarcerative practices and/or its professional mindset, my interest here follows that of Foucault in examining the role of the patients in legitimating the nascent psychiatric enterprise.

The practical function of Georget’s commission becomes clear from studying the writings of the pioneer alienists. Georget represented the third generation of modern French psychiatry which developed into a branch of medicine at the turn of the century. Its founder, Philippe Pinel, inaugurated the diagnostic change in attitude towards the mentally ill, if not the social and political. He demonstrated deeper respect for the individual patient, established guidelines for therapy, and rationalised administration of the asylums, but he believed in strict police supervision and surveillance to be able to monitor the actions of the patients’ minds through the systematic study of their behaviour which he scrupulously monitored and recorded. He took pains to observe their dress, habits, demeanour, gestures, moods and mood swings, and their effects as expressed on their physiognomies and in their ‘body language’. Pinel’s research convinced him that reliance on the observation of the patient’s feelings, as expressed in words, gestures, moods, and attitudes toward others, offered a positive method for diagnosing mental illness.

Pinel ventured into uncharted medical territory with the aim of establishing his therapy and cure of la manie on a rigorous scientific basis. As opposed to traditional ‘cures’ for insanity such as bleedings and purgings, Pinel recommended methods that directly touched upon the intellectual and affective life of the patient. This led him to his descriptive method, based on the categories of natural history and Linnaean classification. One example also attests to his use of illustration as clinical evidence: Pinel observed that in certain cases of idiocy the cranium
was deformed, and he commissioned drawings of such heads 'which establish the theory of connection between an imperfect structure of the cranium and an imperfect operation of the intellectual faculties.' He illustrated this observation with Plate II of his *Traité médico-philosophique sur l’aliénation mentale, ou la manie*, depicting multiple views of a head and demonstrating that the practice of portraying mental patients for diagnostic purposes had long predated Georget's commission (Fig. 1).7

Pinel's emphasis on the outward signs of behaviour and passions helped shape the thought of his favourite disciple and intellectual heir, Jean-Etienne-Dominique Esquirol. Esquirol's *Des passions considérées comme causes, symptômes et moyens curatifs de l’aliénation mentale* (1805) acknowledges his mentor's fundamental contribution to the formation of his outlook. Like Pinel, Esquirol did not separate the body from the mind; the mental patient was a human being in ill health whose body and mind were simultaneously afflicted and whose somatic and psychologic symptoms interfaced. Under Pinel's influence, the more entrepreneurially directed Esquirol presided over the evolution of the descriptive label 'madman' into the category of 'medical patient'.

Esquirol, moreover, became far more specialised than Pinel, encouraging a tight circle of adepts and striving for public recognition. One category of his investigation in particular claimed attention as evidence of the success of the new enterprise built on 'mental alienation' — the disease entity known as monomania.8 Akin to Pinel's concept of *folie raisonnante*, the category was isolated and identified by Esquirol in the first decade of the nineteenth century. The term 'monomania' soon filtered down to the nonmedical French intelligentsia and entered the literary mainstream by the late 1820s. It acquired the status of a general cultural category and was bandied about by pundits and cartoonists during the Restoration and July Monarchy akin to the use of such kneejerk terms as 'compulsive' and 'obsessional' in the modern epoch. Monomania could assume this status because the prestigious Esquirol and his disciples staked their all on it as the cornerstone of their theoretical investigations.

Esquirol distinguished monomania from general insanity in its special or partial character. Monomaniacs were sick persons whose mental behaviour appeared perfectly healthy in all outward respects but one, a single flaw neatly localised. At unpredictable intervals, they showed an unreasonable predisposition to theft, envy, ambitious schemes, messianic fantasies, and even homicide.9 But all their other acts and thoughts were seen as strictly correct. This monomaniacal behaviour corresponded to one extreme psychic state in the entire spectrum of impulses, one false projection in the series of self-representations, but of such intensity as totally to occlude rational restraint. Ambition, starting from normal, ballooned into a monomania of grandiosity when it assumed such proportions that all other cerebral functions were paralysed by it.

For Esquirol and his disciples, monomaniacs were confirmed by clinical observation and regarded as corollary to the basic findings of psychology. Human intelligence was supposed to consist of distinct faculties and separate capacities which generally functioned cooperatively but could act separately. Hence it seemed natural that they might be attacked separately by illness. The same theory led to the conclusion that a lesion may exclusively affect a single impulse, an action, or an isolated idea. Almost all alienists of the period agreed on these theoretical propositions without reservation.

Later investigation, however, ruled out the existence of monomaniacs as a diseased state operating in pure isolation. While clinical observation revealed symptomatic disorders of a circumscribed nature, e.g. phobic syndromes in otherwise healthy individuals, these were nevertheless understood in the context of the patient’s general psychic life and

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**Fig. 1.** Plate II of P. Pinel, *Traité médico-philosophique sur l’aliénation mentale, ou la manie* (1801).
steps could be taken to wall off the sources and occasions of phobic encounter. Conscious activity came to be seen as a series of interdependent functions which were mutually affected by what appeared as a localised flaw. The apparently local disturbances always derived from a more extensive short circuiting of the nervous system, and seen as particular and secondary manifestations of a more general pathological state. Even empirical observation among religious monomanics in Esquirol’s time indicated a larger constellation of aberrant mental behaviour. Although such patients seemed to function normally except during their episodes of ‘divine’ inspiration, closer questioning would reveal a number of other personality facets tending to contextualise messianic convictions as a subspecies of megalomania.

Finally, apart from the special manifestations of the clinical syndrome, there was observed to exist in those afflicted with this disorder a general state of the whole mental life which was fundamental to the disease and of which the obsessional ideas were only the outer and momentary expression. Monomaniacal behaviour expressed itself in excessive exaltation or deep depression or general perversion. It was also marked by a lack of concentration and coordination in both thought and action. Thus alienists were technically incorrect to state that monomaniacal insanity constituted only a restricted part of the patient’s mental life.

But as late as 1838, when Esquirol published his collected writings, he steadfastly clung to the clinical classification and even rebuked those critics who expressed reservations about its validity. Its evident appeal to the public and its declared usefulness as a diagnostical tool which endowed the clinician with expertise proved too essential to Esquirol’s sense of professionalism for him to question the concept. It was he after all who coined the term and had retained the biggest investment in the monomaniacal enterprise.

One conspicuous channel of publicity for the alienists’s cherished concept was their strategic use of visual representations to aid in the delineation of psychopathological classification and therapeutic modalities. They set out strategically to appeal to the popular imagination through images of clinical case studies. As we have seen in the case of Pinel, medical experts of the period regarded physiognomy as a critical diagnostic indicator of mental aberration; but Esquirol went much further in commissioning painters and sculptors to make illustrations and plaster casts of the faces of insane persons which he planned to publish in a major work.

Esquirol’s collected papers, published in 1838 under the title Des maladies mentales, were illustrated with twenty-seven engraved portrait drawings of individual patients. He mentions in one text — a reprinting of an article originally published in 1818 — that he ordered more than two-hundred drawings of lunatics. But in the collected papers the images bear only the signature of the engraver Ambroise Tardieu, and consist mainly of either profile busts or unposed full-length studies, showing patients in straitjackets and restraining chairs, occasionally against the background of an asylum interior. Since only one of these engravings comes close to Géricault’s pictures — an anonymous portrait of a victim of demonomania — the main writers on the subject have tended to dismiss the possible connection between Esquirol’s practice of commissioning portraits and that of his disciple Georget (Fig. 2). They assume that this selection of studies is a representative sampling of Esquirol’s project and feel no need to pursue the matter further. But my investigations of the original articles, mainly for the Dictionnaire des sciences médicales, tell a different story; they show examples of the drawings commissioned by Esquirol which bear a remarkably close resemblance to those that Géricault executed for Georget.

Already in his article ‘Démonomanie’, for volume VIII of the Dictionnaire des sciences médicales (1814), Esquirol provided analogous illustrations of his patients as a diagnostic instrument (Figs. 3, 4).
Until now only the drawings for these illustrations were known; for the first time we can glimpse the purpose of these head studies buried in the articles by Esquirol for the Dictionnaire. They furnish the key to unlock the ‘mystery’ of the commission Géricault carried out for Georget. They show the head and bust of the subject as in the Géricaults, with the first appearing deeply absorbed in thought akin to the painter’s portrait of a thief-monomania, while the second resembles his portrait of the envy-monomania. These illustrations were done by G.-F.-M. Gabriel, who was one of the artists Esquirol sent around to Paris asylums beginning in 1813 to record the physiognomies of the inmates. At the Salon of 1814 Gabriel exhibited a series of drawings ‘taken from a collection intended for a work on mental alienation by Dr E...’ Since Géricault also exhibited at this Salon he undoubtedly saw these works there for the first time, and we can assume that through Georget’s intercession he had a better opportunity to study them at leisure in the home of Esquirol. These drawings served as the basis for the illustrations in the Dictionnaire.

Plate I for the article on demonomania was described by Esquirol: ‘The physiognomy expresses physical pain, the fixity of ideas, and repressed desperation.’ His commentary on Plate IV begins by comparing the personalities of the two patients, and then describes the second: ‘The expression is troubled; a sardonic smile plays on the lips; the forehead is high and broad; the angle of the face is noble; wrinkles groove the face in every direction giving the features a decrepit look, although the woman is only fifty-two-years-old.’ Esquirol considered these visual documents indispensable to his clinical records, providing generic examples of the different forms of mental illness (‘alienations’). He alerted the reader to expect more such examples accompanying his other articles in future volumes, drawn from ‘a considerable collection I have commissioned from life of “aliénés”.’ In this crucial article on the illustrations Esquirol outlined one of their practical applications:

Along with the profile, I commissioned the sketch of the facial features of each [patient] during their illness; and after their cure a sketch of the face, in order to determine the variations that the different alienations give to the physiognomy; if the individual succumbs, a drawing is made of the entire head after the plaster cast of the death mask; finally, a fourth provides the dimensions of the skulls. From this series of drawings taken from life, from the death mask and the skull of the mental patients,
compared with the history of the delirium, together with
the causes of their death and the autopsy of the body, we
will deduce corollary evidence on the causes, the
symptoms, the diagnosis, and the treatment of diverse
types of insanities. But this immense and costly labour,
undertaken several years ago, still requires time and new
sacrifices to achieve the goal I have set for myself. I will be
content if it may be of some interest and add something to
the knowledge of moral and intellectual man.  

Esquirol here seems to be appealing to non-
specialists, desiring credit from the broadest possible
audience for his ‘immense and costly labour’. At the
same time he did use the drawings to make
generalisations about the special category of
demonomania: ‘The demonomaniacs are lean, their
flesh colour is yellow, weather-beaten, the physi-
ognomy troubled, the look suspicious, the features of
the face shrivelled.’ These traits correspond to
clinical observations revealing their poor sleep
habits, starvation diets, and constipation. Hence
Esquirol — who always projects the ability to
identify lunatics instantly on the basis of their
physical features (including hair colouring) and
bodily gestures — made use of his visual records as
an evidentiary instrument of diagnostic research.

Esquirol’s Dictionnaire article on ‘Manie’, the one
which he cited in Des maladies mentales for the
reference to his collection, contains the most
interesting application of the drawings as well as a
portrait that bears an unmistakable affinity with the
Géricauls. Esquirol did a ‘before and after’
number on one of the female patients at Salpêtrière,
a victim of mania, or ‘general delirium’ and disorder
of both the intellectual and affective faculties. He
ordered a sketch made of her physiognomy during
the state of her insanity, and again just a few days
before she was released from the asylum as totally
cured (Figs. 5, 6). The first shows a totally
disordered and contorted set of facial features, with
the eyeballs rolling wildly in their sockets, while
the second shows an intelligent and intense face gazing
straight past the spectator. Except for the lack of
identifying costume details and the concentration on
the head, the portrait matches the series of canvases
Géricault painted for Georget with their sensitively
recorded faces betraying tension in the knitted
brows and pursed lips.

None of Géricault’s sitters directly regard the
spectator, a basic characteristic of the monomaniac
according to Esquirol:

In the monomaniac the attention is so narrowly focused
that it no longer rests on nearby objects of connected
ideas; these types of madmen feel and do not think; while
among those who are in dementia the organs are too
crippled to sustain concentration — their are no longer
sensations or understanding.

In the portrait of the female gambling addict we see
the depiction of a mental state in which concentra-
tion no longer seems possible, while the other sitters

fix on a point outside the picture beyond their
immediate space and unrelated to the space of the
recorder (although he must have observed them
from a hidden vantage point).

I wish to propose that it was this ‘before and after’
application of the sketches which influenced the
practice of Esquirol’s disciple Georget, who com-
missioned the painter Géricault to make a series of
studies of mentally ill patients. Clément, who wrote
the catalogue raisonné of the painter’s works, stated
that he knew of ten portraits of the mentally ill, but
could account for only five of them. The neat split of
the series suggests a pairing, and it is likely that the
lost set represented a different phase of the mental
state of the same patients in the extant canvases. The
before-and-after approach seems to have been a
common practice of Esquirol’s, and there are several
instances of this pairing in his published work. In
other cases, he compared portraits of patients
afflicted with an extreme form of one of his
categories with those showing a milder form to reveal the ‘nuances’. It is this comparative method that I believe he bequeathed to his disciple.

The canvases of this series which survive, executed between the years 1821 and 1824, reflect Georget’s preoccupation with the physiognomies of monomaniacs. There is the Napoleonic veteran suffering from the delusion of military authority (Monomanie du commandement militaire), a compulsive kidnapper (Monomanie du vol des enfants), a kleptomaniac (Monomanie du vol), a female compulsive gambler (Monomanie du jeu), and a woman suffering fits of neurotic jealousy (Monomanie de l’envie) (Figs. 7–11). As Jan Goldstein has noted, Esquirol and his circle began to form an ‘archive of the iconography of nervous illness’ which influenced later practitioners such as Charcot who substituted the new technology of photography for the manual designs of his predecessors. Their projected archive would provide a kind of lunatic’s gallery of clinically classifiable types

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Fig. 6. Georges-François-Gabriel: A Maniac Cured, reproduced in Dictionnaire des sciences médicales, XXX, Plate 2.

Fig. 7. Théodore Géricault: Military Command-Monomaniac, early 1820s. Sammlung Oskar Reinhart, Winterthur.

Fig. 8. Théodore Géricault: Kidnapper-Monomaniac, early 1820s. Museum of Fine Arts, Springfield, Massachusetts.
whose individuality could be readily distinguished from all the rest.

As already suggested, the medical sense of the term denoted a particular fixation, a single pathological deviation in an otherwise 'normal' personal-

ity. Although one could jokingly use it to describe a temporary obsession, in its technical use it designated a full-fledged insanity. Esquirol's taxonomic identification of monomania evolved as part of his general overhaul of the classification of mental illness, which slowly underwent modification in the work of his teacher Pinel. Pinel still depended on the old categories of eighteenth-century psychology such as mania and melancholy, though he spoke of dementia and idiotism in preference to the traditional terms frenzy and imbecility. Esquirol, however, was much more aware of the role of specialised vocabulary in establishing scientific authority, as much concerned for the name as the context of the classification. He changed the name of the category of melancholy, for example — which since ancient times had been linked to a humoral imbalance and fluid excess — to 'lypemania' to more accurately correspond to the recent research which located mental life in the nervous system. In the same way, he developed the concept of monomania, which he codified in his article for the Dictionnaire des sciences médicales in 1819. Here he underlined the need to define an entirely new and distinct disease entity to clarify the chaotic formulations relating to monomania in the current literature. In his definition: 'Monomania is the type intermediate between mania and lypemania; it shares with lypemania the fixity and concentration of ideas and with mania the exalation of ideas and the physical and mental activity.' Monomania was a
more circumscribed, partial version of mania, an 
embrace ‘disorder of the understanding’. As he 
explained in his article on mania, the maniac 
‘presents the very picture of chaos, whose moving 
elements collide with and contradict one another 
incessantly . . .’. But in monomania the mind 
functioned soundly in some aspects while diseased 
in others. The diseased component comprised those 
obessional ideas ‘on which the delirium turns,’ 
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Esquirol's interest in monomania was never 
strictly nosological, that is, confined to the accurate 
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that would give the alienist official clout. This is seen 
in his unusual introduction to his article on ‘Folie’, a 
generic category for madness and synonymous with 
mental alienation. Esquirol takes off on an un 
scientific and almost allegorical description of the 
madhouse:

Each insane asylum had its gods, its priests, its adepts, its 
benchmen; it has its emperors, its kings, its ministers, its 
courtiers, its plutocrats, its generals, its soldiers and a 
lovely people. This one believes himself inspired by God 
and in direct communication with the Holy Ghost; he is 
charged with the mission of converting the earth, while 
those one, possessed by demons, suffers all the torments 
of hell, groans, despair, curses heaven, the earth and his 
very existence. This one, audacious and reckless, com- 
mands the universe and declares war on the four corners 
of the world; the other, proud of the title he has assumed, 
disdains his less fortunate companions, lives alone and 
aloof, and preserves a gravity as sad as he is vain . . . How 
many imaginary terrors consume the days and nights of 
the melancholics! Let us quickly get out of the way of 
this raging maniac; he believes himself betrayed and 
dishonored; he accuses everyone, including his parents 
and friends; in his uncontrolled vengeance he spares no 
one. This one, the butt of his own imagination which 
drives him crazy, is in a habitual state of rage; he cries, 
threatens, injures, strikes, kills. The one that you see 
confused is a fanatic who, in order to make converts, 
wishes to purify them by a baptism of blood; he has 
already sacrificed two of his children.

Esquirol continues his lurid description of the 
madhouse by summing up its internal social 
relations:

In an insane asylum social relations are disrupted, friend- 
ship ceases, trust is destroyed, habits are transformed; 
one acts without benevolence; one obeys out of fear, one 
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selfishness isolates everything. The same asylum is not 
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Is Esquirol truly describing a madhouse for his 
professional colleagues or trying to gain the ear of his 
lay audience by pandering to their worst fantasies 
about madness? Or is this paradigmatic ‘maison de 
fous’ a microcosm of the outside world which itself 
threatens to erupt into violence at any moment?

Moments later Esquirol answers these questions 
by asking one of his own: ‘What can a physician 
hope for when he is always judged wrong if he fails, 
who is rarely deemed right even when he succeeds, 
and who is pursued by prejudice even in the good 
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scenario of a horror movie *avant la lettre* was meant to 
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with the vast problems and risks involved in treating 
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of the alienist’s functions, then stressing the 
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his reassurance that the alienists are in control.

This is the hardsell approach of a snake-oil 
salesman, and points to the psychiatric profession in 
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in the aftermath of the Crusades and the 'super-
stitious monomania' stimulated by the religious
controversies of the sixteenth century. In the modern era, the breakdown of traditional structures of political order and authority, and the installation of new dynasties and the success of usurpation, gave rise to the burgeoning form of monomania in which individuals ‘believe themselves emperors or kings, empresses or queens.’ Esquirol thus shrewdly calculated his appeal for the ears of the Restoration government anxious to have a handle on ambitious dissenters aiming at its overthrow. He provided a medical pretext for exercising state control over the experience of his fellow citizens. Nor surprisingly, one of Esquirol’s most detailed case histories in his pioneering article was that of a veteran of Napoleon’s army who became wholly preoccupied with the idea of uniting all the peoples of the world—a utopian projection related to Bonapartist liberalism and informed by Saint-Simonist radicalism. In addition, the facile use of monomania as a clinical instrument is shown in the fact that it became the single most frequent diagnosis of the insane population in the years 1826 to 1828, when Esquirol began gathering statistical evidence. Although his dream of a national asylum system and an official psychiatric cadre never materialised, the administration regarded him highly enough to award him the coveted post of inspector of the university in 1823.

Later in the decade, however, as the politics of the Restoration grew increasingly reactionary under Charles X, the proponents of monomania became associated with liberal democracy. But they continued to seek official channels to authenticate their activity, substituting for the monarchical and aristocratic world view a vision of a social order based on bourgeois scientific ideals.

Esquirol’s vision of the extra-medical applications of monomania was picked up by his disciples, most notably Georget. Georget had worked under Esquirol at Salpêtrière and later served as medical supervisor at his mentor’s private maison de santé at Ivry. A measure of their intimacy is the fact that the disciple lived in the house of the master. Naturally, oedipal feelings were activated in these circumstances, but if Georget attempted to assert his own original position to the problems he also took over many of the basic concepts of Esquirol and made them his own.

Georget dedicated his De la folie of 1820 to both Pinel and Esquirol, but was quick to try to distinguish his approach from theirs; according to him, they were more preoccupied with describing the phenomena, while he sought the root causes of mental illness. Georget is quieter, more polemical than his mentors, anxious to establish his originality on the narrowest of grounds. He acknowledges Esquirol’s contribution to his thought, but claims uniqueness in wishing to get to the origin of madness through investigation of the nervous system and the physiological processes of the brain itself.

This flip-flopping also reveals itself in his comments on the physiognomic identification of the insane; at one point he seems to mock the fascination of Pinel and Esquirol for the ‘expression, the intellectual physiognomy of the mentally ill’ which he describes as ‘useless for treatment’. But then he proceeds to debunk the common misconception of the insane as ‘furious beasts without ideas’. In fact, he claims, most of them are quite capable of reasoning—as any visit to Salpêtrière would demonstrate. In a long section in which he takes up the subject of monomania, he attests to a deep involvement with the physiognomy of the insane:

It is difficult to describe the physiognomy of the mentally ill; it is necessary to observe them to preserve an image of them. Persons are unrecognizable at times; the features of the face have altered their alignment, their general arrangement is wholly distorted. Physiognomies are as varied as there are individuals; they differ according to the passions, the diverse ideas which occupy or agitate them, the nature of the delirium, the period of the illness, etc. Generally, the face of idiots is silly and insignificant; that of maniacs, as agitated as their mind, is sometimes twitching and convulsed; the features of stupid people are downcast and expressionless; the cast of melancholics, contracted bears the imprint of pain or extreme absorption; the monomaniacal king has a proud and haughty air; the devout, humble or praying while fixed on heaven or the earth; the coward flees while looking off to the side, etc.

Georget openly proclaimed his opposition to religious opinion that cowed his colleagues from pursuing their researches into the physiological causes of mental illness. Although later he would recant, in the period he commissioned Géricault to paint the series of portraits he condemned theologians who knew nothing of the laws of nature and skewed the understanding of human intelligence. He emphasised the material basis of life and intelligence, and for his candour he was systematically hounded by extreme conservatives.

Georget devoted the last years of his life to the medico-legal problem of monomaniacal homicide, which he felt should not be classified as a crime but as a medical problem. The afflicted should not be punished with execution, but confined to an asylum and placed under medical supervision. Georget pioneered in clarifying the criminal laws touching on insanity and acquittal. Both civil and medical authorities, however, challenged his assumptions, warning that his approach easily absolved the criminal of the crime and made an absurdity of the legal system. If the culpable were governed by mental illness—in fact, had no control over the situation at all—and could not be subject to criminal law, then punishment had no meaning. Above all, Georget’s propositions substituted the authority of the alienists for the administrators of the Civil Code.

As Géricault’s paintings demonstrate, Georget exploited the monomania category to enhance his position in the profession by associating it with state
functions. Indeed, Georget turned the concept into a cause célèbre by proposing that, whenever relevant, monomania be made the juridical basis for an insanity defense in criminal cases, thus giving the psychiatrist a key role in courtroom proceedings. Therefore alienists were summoned as consultants and ‘experts’ to aid in the determination of insanity cases, but the understanding of insanity was limited to straightforward interpretation as an irrational response to, and judgement of, the relations of things about which all ‘normal’ people accepted as self-evident. Hence laypersons, especially neighbours or co-workers of the accused, could be used to provide adequate evidentiary material on his or her mental behaviour. Indeed the opinions of medical experts would not be granted any more authoritative weight than other witnesses who had known the accused for a long time. It was this state of affairs that Georget addressed, calling for the founding of forensic psychiatry and the institutionalisation incorporation of the psychiatric expert into the legal system.

Georget first set out to demonstrate the vast number of judicial errors committed by judges in recent courtroom cases which attested to an ignorance of the monomaniacal syndrome. Consistent with the growing awareness of the bourgeois laity, Georget published two pamphlets in 1825 and 1826 which reviewed several notable recent trials and appealed not only to his medical colleagues but also to members of the legal profession and the wider community. He condemned several of the court rulings showing that the indications of insanity were abundant enough to warrant the accused to be hospitalised for extended clinical testing. He concluded that the magistrates had acted out of ignorance for fear of looking stupid by releasing real criminals able to feign the symptoms of mania. Georget thundered against such procedure, and warned that judges must henceforth rely on the knowledge of experts, especially in doubtful cases. Here Georget highlighted cases of monomania for special discussion, with particular emphasis on the variety known as *monomane homocide* and its related offshoots which drove its victims to murder and theft. He pointedly showed that not all homicidal maniacs could be readily identified as abnormal, and that they could be recognised only by those with clinical expertise. One year after the publication of Georget’s 1825 brochure a prominent physician made the first use of this diagnostic category in a sensational criminal case. Georget’s bald insistence upon the presence of a psychiatrist in court for questions turning on an insanity plea rested on his insight into the public appeal of monomania.

Georget’s commission of the portraits of the monomaniacs was inspired by the precedent of Esquirol but had a more specialised function in their relation to the criminal type. They go beyond the drawn and engraved examples ordered by the mentor, conveying images in vibrant colour and chiaroscuro with attention to details of physiognomy and clothing inaccessible to the simplified renderings of Gabriel. They get as close to ‘reality’ as possible in the age just preceding the advent of photography and the mug shots of police records. Géricault scrupulously rendered their odd assortment of clothes — resembling the costumes of the street people he had observed in London — peculiar grimaces, facial and body language without bombast or condescension. The eyes and the mouths of the patients have been given special emphasis, probably as part of the clinical assignment. Perhaps the two women are the most unique of the series, less dignified than the males, but somehow more alive even in their senility. Something of the conventional still hangs over the representation of the males, but the slumped and round-shouldered women, the ill-fitting mobcaps and loose strands of hair refusing to stay in place, connote a certain rebelliousness, a refusal to be pinned down in humiliating fashion by the hired artist of the alienists. In any case, the portraits are free from the sensationalism of earlier portrayals of the insane because the painter’s charge was to depict them as straightforward as possible.

The madman was easily identified by the layman, but the monomaniac could appear ‘normal’ most of the time and thus deceive the nonspecialist. Géricault’s portraits were designed to exemplify the concealable traits of the monomaniacal type, and at the same time pinpoint those elusive physiognomic signs that betrayed their mental state to the trained specialist. As the portraits still demonstrate, monomania could not be recognised by the unsuspecting observer or lay scholar but required the intervention of the clinical expert. Géricault was called in to rationalise the ‘expertise’ of the newly emergent professional psychiatrist, and in particular, to help Georget in establishing his own personal niche in courtroom procedure. The series of portraits, then, may be understood as a ‘test case’ of Georget’s special clinical experience.

Georget aimed to carve out a niche for the psychiatrist in a territory traditionally monopolised by the older and more established profession of the law. He essentially tried to gain respectability and legitimacy for the alienists by moving into a rival position with an entrenched discipline. The time was propitious for such a manoeuvre, because at that moment the urban French public had become conscious as never before of the criminal population in its midst. The heightened preoccupation with crime in the cities was related to the government’s highly visible efforts to confound criminal activities with political subversion. Thus Georget could count on a broad receptive audience to his proposals to clarify the nature of certain types of criminal behaviour, itself the outcome of the same political and social environment in which this audience lived. The fascination with the monomaniac — half-mad, half-sane — was inseparable from the public knowledge of the closeness of monomania to everyday experience and its attendant fears and suspicions. Indeed,
it may be said that the early beginnings of the organisation of psychiatry between 1817 and 1825 benefitted from the conservative political fallout of the post-Napoleonic period and the need to control a potentially unruly society.

Georget’s order to Géricault for ten studies of monomaniacs is finally clarified. He called in a painter sensitively attuned to the popular mind to execute a series that would address outsiders with the legitimacy of Georget’s professional claims. Géricault’s studies do not show outwardly deranged types at first glance but are visually coded as if their cognitive processes functioned normally. While the seedy and motley clothing gives the sitters a shabby appearance, nothing in the painter’s portraits betrays obvious signs of madness. Georget, however, the medical expert with long clinical experience knew what signs to look for and used this series for demonstration purposes. Since he channelled all of his evidence of monomania for forensic purposes, I believe that this elaborate series was painted as further self-legalizing evidence of the efficacy of his diagnostic skills. Eventually, his tactical manoeuvring fell on the Restoration’s growing repressiveness and its association of the monomaniacal doctrine with a liberal attempt to subvert the legal process by rationalising criminal behaviour. As Goldstein has written:

The monomaniacal doctrine qualifies as a professional ‘utopian’ ideology, an aggressively hyperbolic claim made for the emergent specialty of psychiatry by its practitioners and addressed primarily to the outside world. As such, it belonged to a particular moment in the development of the psychiatric profession, a moment at which it was beginning to have some confidence in itself but was not yet fully secure; and a moment at which a setback in the plans for a national asylum system made an alternative mode of recognition — in this case, in the forensic sphere — appear especially urgent.34

The Georget-Géricault partnership consolidated itself in the conservative aftermath of the assassination of the Duc de Berry and the ascendance of Charles X. The narrowed options of the liberals revealed themselves in the cautious schemes of the alienists, while at the same time we may see their activity as an assertion of the bourgeois sense of social order and control over and against the aristocratic which finally actualises itself in the Revolution of 1830.

One clue to this is the obliviousness the subjects seem to display to the spectator’s presence, suggesting the artist’s concealment. This superior vantage point calls to mind Foucault’s discussion of the ‘Panopticon’, the imaginary prison designed by Jeremy Bentham, in which all the prisoner’s cells were to be open to the gaze of the centrally located prison guard. ‘Each individual is seen, but does not see; he is the object of information, never a subject in communication.’ Thus the prisoner is subject to total control by this omnipresent and omniscient surveillance.35

Institutionalised mental patients were kept under close police surveillance, and from the First Empire through the Restoration these included a good number of political dissidents. Restoration conservatives like La Rochefoucauld felt that: ‘those who group criminals in the class of lunatics or idiots are not far off the mark. The latter, like the former, must be watched to save them from themselves.’36 Foucault’s Discipline and Punish has compared the regimentation of the mental patient with other institutions that imposed uniform behaviour on large groups during the industrial revolution, such as the factory, the prison, and the modern hospital. Since the foundation of the madhouse there were innumerable cases of arbitrary confinement and imprisonment under the pretext of insanity. Foucault described it as a ‘third order of repression’ between the police and the courts. Madness in this sense was not exclusively related to the irrational, but rather to the attempt to maintain the fiction of rationality in the face of social contradiction and injustice.

The events surrounding Géricault’s commission relate to the tension between contending bourgeois factions over the best way to control criminal activity. They did not disagree on the end, but the means to achieve it. In addition to carving out a niche for themselves in the medical profession, the classification of monomanias and their illustration in Géricault’s series constitutes part of the new system of control desired by the alienists, refining the means of surveillance established by Pinel. Just as the Restoration devised controlled environments for monitoring criminal offenders, so the pioneers of psychiatry now set up their discipline on a scientific basis which rationalises the arbitrary seizure of unruly citizens. If they saved them from gallows and guillotine, they nevertheless placed them under the watchful eye of specialists who needed them to further maintain their social position. Géricault’s portrait of the monomaniac suffering from the delusion of military command wears the familiar bonnet de police sported by Napoleonic veterans forced to resign on half-pay. Did Napoleonic militarism spawn monomaniacal militarism, or was it the Restoration, in its attempt to suppress the memories of Bonapartist liberalism by purging its most conspicuous representatives? The anger in Géricault’s subject is unmistakable, but in painting him the artist still serves the state and justifies its persecution.

Pinel, Esquirol and Georget observed a relationship between social upheaval and the rate of insanity, especially during revolutionary epochs. Georget concluded from his evidence that there was less insanity in despotic régimes than in relatively democratic societies where factionalisation and complexity in social and political life gave rise to mental conflict. In this way they could justify
I wish to express gratitude to my colleagues Professors Debora Silverman and Dora B. Weiner of UCLA, and to Dr. Jerry Wiener, staff psychiatrist of George Washington University, for their decisive contributions to the formulation of this paper.

Notes


5. Pinel, Traité médico-philosophique (1801), pp. 6, 52, 95 ff., 177–220.


9. The subcategory of ‘monomanie-homocide’ was refined by Esquirol’s disciple Georget whose conclusions were assimilated by the mentor: see the essay ‘Monomanie homocide,’ Des maladies mentales, op. cit., II, pp. 790–843.


12. Ibid., III, Plate 6. The original was reproduced in Esquirol’s article ‘Démonomanie,’ published in the Dictionnaire des sciences médicales, 60 vols. (Paris, 1812–1820), VIII (1814), Plate 4, between pp. 316–17. The artist was Gabrielle and the engraver E. Lingère. (I am grateful to Dora B. Weiner for bringing this work to my attention.) Miller accepts the resemblance of this example to Géricault’s portraits, while Eitner, the foremost contemporary scholar of the painter, does not. Gilman (op. cit., p. 76, plate 92), published the example entitled ‘Manie,’ from Dictionnaire des sciences médicales, XXX, Plate 1.

13. Ibid., Plates 4 and 1, between pp. 316–17.

14. ‘Explication des ouvrages de peinture, sculpture, architecture et gravure, des artistes vivant, exposés au Musée Royal des Arts le 1er Novembre 1814 (Paris, 1815), No. 1403.


16. Ibid., p. 309.


19. Ibid., pp. 456–7, Plates 1, 2 between pp. 470–1.


21. Ibid., III, Plates 8 and 9.


25. Quoted in Goldstein, op. cit., p. 158.

26. Ibid., p. 159.


29. Goldstein, op. cit., pp. 166–9. Esquirol also claimed that there were distinct visual cues that enabled the alienist to ‘distinguish the
monomaniacs from the criminals, at least in the majority of cases.' Des maladies mentales, op. cit., II, 842.

30. See also Esquirol, Des maladies mentales, op. cit., II, 843.


32. For an examination of the later development see A. Sekula, 'The Body and the Archive', October 36, winter 1986, pp. 3–64.

33. One late nineteenth-century critic was profoundly disturbed by the 'terrifying realism' of the two women: 'the one wild and askew, the other ugly to the point of horror, her eyes reddened and the lips stretched out like the head of a frog. Every intelligent sign has disappeared; these are pathological cases in which human nature has fallen to a state of bestiality.' See M. Hamel, 'Exposition de tableaux de maîtres anciens au profit des inondés du Midi,' Gazette des Beaux-Arts, 2e. pér., vol. 35, 1887, p. 256. Here it may be appropriate to refer to Showalter's work which concludes that madness historically has been defined 'as the essential feminine nature unfolding itself before scientific male rationality.' The male-dominated psychiatric profession constructed a fundamental alliance between 'women' and 'madness' that culminated with the madwoman as emblematic of insanity. Gérald's madwomen extend this tradition of embedding madness in the realm of the feminine, but also catch the rebellious streak that intimates resistance to the rigidities of patriarchal domination. See E. Showalter, The Female Malady: Women, Madness, and English Culture 1830–1980 (New York, 1985), pp. 2–5, 14–15, 73.

34. Goldstein, op. cit., p. 296.
