



# Antoine-Marie Chambeyron (1797–1851): a forgotten disciple of Jean-Etienne Esquirol (1772–1840)

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### Abstract

Antoine-Marie Chambeyron (1797–1851) was a disciple of Jean-Etienne Esquirol (1772–1840) that history forgot, undoubtedly because he made no original contribution to psychiatric nosography. In 1827, his interest in the medical-legal status of the insane led him to translate into French and annotate the first medical-legal psychiatric treatise ever published, which was the work of the German philosopher Johann Christoph Hoffbauer (1766–1827). His translation played a role in shaping the French Law of 1838, the first piece of modern legislation aimed at protecting the rights of mental patients and limiting the State's power to confine them arbitrarily. Chambeyron is among the least-cited contributors to the prestigious work of nineteenth-century French alienists.

### Keywords

Antoine-Marie Chambeyron, France, Jean-Etienne Esquirol, Johann Hoffbauer, La Salpêtrière School, medico-legal conditions of the insane, nineteenth century

Antoine-Marie Chambeyron began his medical doctoral thesis, defended on 11 December 1826, with this thought:

If the opinions of medical authors had all been the rigorously deduced consequences of careful observations and unimpeded discussion, we would not have wandered deeper and deeper into a morass of incoherent and often contradictory systems . . . I will therefore resist the urge to say something new; that is, to build on precarious theories by adding ideas that may be even more precarious, on a given aspect of medicine.<sup>1</sup> (Chambeyron, 1826: 1)

The intellectual rigour of this philosophy reflects the thinking that constantly guided Chambeyron throughout his career as an alienist. Occupied with his exhausting daily work and devoted to mental patients, he published very little, making no original contributions to psychiatric nosology.

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Nevertheless, as much as any of the other students of Jean-Etienne Esquirol (1772–1840), he worked to make the medicine of mental illness a legitimate speciality.

## Brief biography

Antoine Chambeyron (1751–1809), a baker in Rive-de-Gier (Loire department, central France), was a widower and already the father of 16 children, many of whom died at a young age, when he married again, to Jeanne Marie Font (1754–1829) on 9 Thermidor Year II (French revolutionary calendar, 27 July 1794). Antoine-Marie, their son, was born in Lyon on 16 Vendémiaire Year VI (7 October 1797). Nothing is known of his academic studies prior to his enrolment in the Faculté de Médecine de Paris in 1819.<sup>2</sup> After passing the 1822 examination to become an *interne* (house officer) in the Paris hospitals, he entered La Salpêtrière, studying surgery under André-Marie Lallement (1750–1834) in 1823, then medicine under Léon-Louis Rostan (1790–1870) in 1825. His training oriented him toward the medicine of mental illness; he dedicated his thesis ‘to my teachers’, including in his list the names of Esquirol and Guillaume Ferrus (1784–1861), which indicates that he attended their hospital lessons, as they were not professors at the Faculté de Médecine. Chambeyron married Etiennette-Eugénie Comte (1804–76) on 19 March 1827; they had three children. Victim of ‘an apoplectic attack’, he died suddenly when he was only 52, on 22 February 1851 in Orléans (north-central France).

## His thesis

Chambeyron (1826) entitled his inaugural thesis simply *Observations sur les maladies cérébrales*, because his aim was only ‘to provide his judges with examination material and a text laying out his arguments, and to publish the data he [would] use to treat the patients placed under his care’ (p. 1). His conclusions give some idea of the common medical opinions of the time: ‘The brain is the organ of sensation and movement, of the intelligence and the affective faculties’; ‘any impairment of sensation or movement, of the intelligence or the passions, is both the result and the indication of a morbid affection of the brain’ (p. 6); ‘however, paralysis or convulsions, the excess or lack of sensitivity in a given part, may be caused by a lesion in one of the conductors between this part and the nervous centre’; ‘Cerebral affections that bring about mental alienation, delirium, paralysis or convulsions are idiopathic or symptomatic, depending on whether the determining cause acted directly on the brain, or by the intermediary of another organ’. He wrote of ‘idiocy and imbecility’, which he compared to ‘an original paralysis’, implying these conditions were incurable. His style makes use of imagery; for example, the mania and monomania recently isolated by Esquirol were described as ‘convulsions of the passions and the intelligence’ (p. 7).

The debate among alienists began with a paper by Jean-Baptiste Delaye and Achille de Foville (1821) and continued with the thesis of Antoine-Laurent-Jessé Bayle (1822) and a book by Florentin Calmeil (1826). Chambeyron (1826: 8) stated: ‘We are still far from knowing to which part of the brain a given variety of mental alienation belongs’, but went on to note: ‘The brain in its entirety is not affected by the damage of which mental alienation is the symptom. There is some indication that this damage is often limited to the cortical substance’—that is, it does not affect the meninges; ‘Arachnitis is thus only one of numerous mediate causes of delirium and mental alienation’ (p. 9). Chambeyron did not subscribe to the theory proposed by Bayle and Delaye in which ‘arachnitis’ was the cause of general paralysis. He thus played a modest role in the debate between the Esquirol School at Hôpital La Salpêtrière, to which he belonged, and the Royer-Collard School at the Asile de Charenton, to which Bayle belonged.

Chambeyron included only eight clinical observations in his thesis, followed by autopsies. Referring to his cases of tumours and of cerebral or cerebellar haemorrhage, he explained how the clinical signs lacked specificity for determining the causes of ‘paralyses of movement or sensation’ (p. 6). He agreed with the commonly held opinion at the time that ‘the anterior part of the brain governs movements of the lower limb, while the posterior part governs movements of the upper limb’ (p. 10). For Chambeyron, ‘the location of the paralysis indicates that of the cerebral lesion and vice versa’. Regarding treatments, he said: ‘While much has been written of the efficacy of electricity and magnetism for paralysis, it has been overlooked that paralysis, like convulsions and mental alienation, is not a disease, strictly speaking, but rather a symptom common to a number of very different diseases’ (p. 15). Chambeyron related this incident from his time as a student: ‘I was instructed to apply a galvanic battery to a paralysed leg for two weeks. This treatment did not have the slightest effect; I have never wasted my time so completely, and despite such diligent effort’ (p. 15).

### ‘Legal medicine applicable to the insane’

In 1826, while still an *interne*, Chambeyron participated in the ideological work of his teacher Esquirol – who was preparing the Law of 1838 – by translating a book by the German philosopher Johann Christoph Hoffbauer (1766–1827) on legal medicine applicable to the insane and to deaf-mutes (Hoffbauer, 1808). The translation was entitled *Médecine légale relative aux aliénés et aux sourds-muets, avec des notes de MM. Esquirol et Itard* (Hoffbauer, 1827). At the time, Hoffbauer was known for his ethical approach, deemed useful in the medicine of mental illness. He was also interested in psychology, having published a book (1803) on *Untersuchungen über die Krankheiten der Seele und die verwandten Zustände*. His 1808 medico-legal psychiatric treatise was the first work of its kind. Chambeyron, in his preface, justified choosing this work for translation by pointing out that no such treatise existed in French on ‘legal medicine applicable to the insane’ (Hoffbauer, 1827: 1), and that Hoffbauer was aligned in his thinking with the Salpêtrière School. Both used the same nosology of mental illnesses, and both recognized that, while society must be protected from ‘raging madmen’, it was no longer acceptable to confuse confinement to an asylum with imprisonment. In post-revolutionary France, the State could no longer justify arbitrarily confining its opponents as madmen in the name of maintaining order, and this also held true on the other side of the Rhine. Hoffbauer’s nosography, like Pinel’s, recognized idiots, ‘reduced to below the level of a brute’; imbeciles, whose ‘faculties remain suspended in their development’; and madmen, ‘the second class of the insane’, suffering from ‘mania’ or ‘dementia’ due to ‘errors of the senses’ that caused their hallucinations and deliriums. The insane person was ‘not an unfinished man, but rather a demeaned man’ (pp. 6–7).

Esquirol, in developing the concept of monomania, advanced the hypothesis of partial insanity; that is, an impairment of will and consciousness that only an alienist could diagnose (Postel and Postel, 1991). This laid the ground for a virulent controversy in the late 1820s. Alienists denounced legal errors and argued that they should be consulted as experts, a role which judges refused to acknowledge. The year after Chambeyron’s translation, the lawyer Élias Regnault (1801–68) published a satirical book (Regnault, 1828), whose title translates as: ‘On the degree of competence of physicians in legal questions concerning mental alienation, and physiological theories on monomania’. He wrote:

It would have been easier for me to find enough truth in medical theories on monomania to be able to see the murderer as a sick man rather than a criminal. But instead of clarifying matters for me, the scientific works I consulted contained incomplete and uncertain doctrines, vague classifications, and erroneous consequences. . . . If physicians had perfect knowledge of the nature and location of insanity, all discussion

would cease; but that is precisely where the question lies, and it is because of this question that I do not hesitate to take a position against them. (p. 8)

Regnault was in complete agreement with Urbain Coste (1793–1828), who wrote:

If the law allows for consulting physicians on insanity, it is clearly out of respect for custom; nothing would be more unfounded than presuming that physicians have any special competence on the matter . . . . Unfortunately, physicians have taken this polite gesture of the courts seriously, and in examining the questions assigned to them, they too often substitute the ambitious ignorance of their school of thought for the natural clarity of reason. (Boisseau, 1828: 269)

It should be noted that in the 1810 French Criminal Code, Article 64 stipulated: ‘There can be no crime or misdemeanour if the accused was in a state of dementia when the acts occurred.’<sup>3</sup> Chambeyron defended the idea that alienists should provide the courts with an understanding of the criminal personality, and that their rigorous knowledge ensured individualized sentences (Guignard, 2010–11). The subsequent Law of 1838 recognized the idea of extenuating circumstances (Huc, 1869).

For example, in 1836, Chambeyron was called upon to assess the mental state of a farmer named Jean Péchot, who had murdered his servant. Chambeyron published his interrogation in 1837, with a summary of the trial. His deposition, in which he described the accused’s pre-existing melancholy and its development into dementia, led to the acquittal of Péchot, who was found immune from liability due to his mental alienation (Chambeyron, 1837).

In 1847, Chambeyron wrote an expert opinion in which he reported the words of the parricide Jean Grandjouan, and discussed the diagnosis of homicidal monomania after identifying Grandjouan’s emotional and interpersonal difficulties:

If a man who confidently turns away from reason is considered mad, in accordance with authors who have written about mental illnesses, Jean Grandjouan undoubtedly fits this description. If monomania involves irrational ideas and a single dominating passion, we should consider Jean Grandjouan a monomaniac. Was his monomania homicidal? No, he did not kill because of a penchant to kill, without fantastic ideas, without sensory illusion, without lesion of the intelligence. He killed because of a monomania caused by unrequited love, an erotomania that continues to dominate him and could cause him to commit the same sort of crime.<sup>4</sup>

In such cases, Hoffbauer (1827: 259) had written with perspicacity of ‘temporary insanity’ and ‘irresistible impulses’, which Chambeyron correctly identified in his expert opinions.

Hoffbauer also discussed the legal responsibilities of each individual, offences imputable to the insane person, management of his or her property, and so forth, as well as the fraud and imposture that physicians must be able to detect. There is little doubt that Chambeyron agreed with all the ideas that the treatise analysed in depth. By translating Hoffbauer’s book, Chambeyron revealed that his politics were more liberal and progressive than those of his teacher Esquirol, a royalist Catholic favoured by the Restoration government.

Chambeyron’s translation continues to have special value for historians and bibliophiles because of the added notes, written by Esquirol and Jean-Marc Gaspard Itard (1774–1838). Esquirol agreed with Hoffbauer’s assertion that ‘it is unjust to group the insane together with wrong-doers’. The insane must be treated and ‘their confinement must not be considered a punishment’, but rather a means of curing their illnesses. With regard to other parts of the treatise, Esquirol was critical; for example, he argued that Hoffbauer had confused imbecility, idiocy and dementia.<sup>5</sup>

The French translation of Hoffbauer’s book also included a 50-page chapter – ‘Note sur la monomanie-homicide’ – by Esquirol. In this clarification, he indicated that homicidal monomania

could be purely instinctive with no damage to intelligence, in contrast to what he had written eight years earlier for the *Dictionnaire des sciences médicales* (Esquirol, 1819). Itard's lengthy notes in the translation pointed out Hoffbauer's errors and supported his own stance in favour of educating deaf-mutes, to prevent their regression 'into imbecility'.

Chambeyron's translation remains his most significant work in relation to alienation. When necessary during his career, he insisted again on the need to distinguish the insane person, immune from liability, from the criminal; for example in 1840, when an insane man was incarcerated for indecent assault and his cellmates complained of his mental retardation (Chambeyron, 1840).

## Homage paid to Jean-Louis Brachet

Jean-Louis Brachet (1789–1858) (Walusinski, 2015) was a physician from Lyon who published innovative studies, although now forgotten, on the autonomic nervous system, the different forms of epilepsy in children, and various other subjects to which he applied a scientific rigour shown by few other early nineteenth-century physicians. During the long and turbulent debates on hysteria in the nineteenth century, he was recognized for having defended the idea that hysteria was purely cerebral in origin (Brachet, 1832). In 1829, the Société royale de médecine de Bordeaux awarded Brachet its prize for his *Mémoire sur l'asthénie* (Brachet, 1829), a dissertation in which he answered the question, 'Is there a primitive asthenic state? If so, indicate its characteristics and examine it relative to the various organs'. Chambeyron praised Brachet highly in the report he wrote for the *Revue encyclopédique* (Chambeyron, 1830–31), but noted that his opinion was not medically detailed since the journal had a general readership and was not exclusively for physicians. Chambeyron clearly stated his desire to avoid controversy: 'Questions of doctrine must be debated in camera, and only by men who have specifically studied the matter under examination.' He was won over by Brachet's reasoning: 'We must not ponder the numerous theories and fascinating dreams of the most distinguished men, we must forget them; if possible, we must even forget what we learned in medical school' (Brachet, 1829: 8). At the same time, Brachet called for the collection of a variety of clinical observations in order to draw verifiable and reproducible conclusions. In this scientific approach to medicine, Chambeyron recognized his own principles. One of the concepts Brachet developed in his dissertation was homeostasis, 'equilibrium of the animal economy', after having conducted experiments on the 'ganglionic nervous system', that is, the autonomic nervous system. If 'equilibrium is lost, one or more functions cease being freely performed, health is compromised and illness sets in' (p. 189). Brachet cited as examples asphyxia (reversible by clean air), scurvy (curable by a 'fresh' and varied diet) and chlorosis (reversible by stopping the bleeding), and he had the foresight to advise: 'examine the patient's blood' – having grasped the significance of the developing fields of haematology and biology. Chambeyron (1830–31), having reviewed a number of theories, acknowledged Xavier Bichat (1771–1802) for a few contributions, but stated: 'While Pinel dared too little, Broussais dared too much. For him, there was only one sick organ, the stomach; one illness, inflammation; and one remedy, bleeding' (p. 690). After revealing what little esteem he had for François Broussais (1772–1838), Chambeyron clearly acknowledged Brachet's conclusions as more solidly founded: 'One can but applaud the accuracy of his reasoning, and his wise choice of facts and direct experiments on which to base his doctrine. It is unfortunate that all medical works do not follow his examples' (1830–31: 691).

## Hospital career

In 1831 Chambeyron was assigned to Hôpital de Dourdan, where he was confronted with cholera from May to July 1832, during the first of six cholera epidemics that ravaged France in the

nineteenth century (Rollet and Fine, 1974). Archival documents contain the questions he and his contemporaries posed: namely, why certain places were affected more than others; at that time, the causal agent was not yet known.<sup>6</sup>

Chambeyron himself admitted that 'in 1835, Esquirol had me appointed chief physician at the insane asylum in Rennes',<sup>7</sup> clearly stating that his teacher had used his influence with those in power. Chambeyron's arrival in this way was criticized locally, and he had difficulty settling into his position at the Saint-Méen asylum, in Brittany. This historic asylum had served as a refuge for all Brittany's social outcasts, including scabies sufferers and lepers, since its creation in 1627 (currently the Centre Hospitalier Spécialisé Guillaume-Régnier). In the eighteenth century, it gradually became an asylum for the insane, run by nuns of the order of Saint-Thomas de Villeneuve, who enforced oppressive rules and had very little medical knowledge. By the early nineteenth century, all the hospitals in western France were in an appalling state (Léonard, 1978), lacking heat and running water; there was little to eat, and disciplinary measures were extremely harsh. The elderly were crammed together and never let out; orphans were ravaged by tuberculosis. Surgery was performed in the middle of the wards, without any hygienic measures; the screaming during operations must have been deeply disturbing for the other patients. The archives indicate that the first iron chains for restraining agitated patients were purchased in 1730. 'The upheaval of the Revolution, along with the penury of funds, caused the establishment to decline to the point of insolvency' (Le Menant des Chesnais, 1864).

On his arrival at Saint-Méen, Chambeyron was motivated by his plan 'to transform what, in fact, was merely a warehouse for the insane, into a real asylum'.<sup>8</sup> He freed the patients from their chains, established detailed record-keeping for admission and treatment, created refectories for the patients, and tried to set up activities for them (gardening, carpentry), in addition to applying the precepts of 'moral treatment' that he had learned at La Salpêtrière. But the Parisian's therapeutic idealism very quickly met with staunch resistance from administrative and religious authorities, who refused to consider changing the long-standing coercive practices. For the nuns in charge of the establishment, 'mental problems' were moral rather than medical, thereby justifying severe sermons and corporal punishment. They also directed unspoken hostility at the interns, whose youthful exuberance they found intolerable. Aware of the constant suspicion he aroused, Chambeyron wrote a report in which he described how, 'with curious stubbornness', the Mother Superior followed him, especially when he visited the women's quarters. She seemed to speculate, even insinuate, that he had reprehensible motives: 'Either she feared my inspection, or she doubted the morality of my intentions and was preparing to accuse me with the same sort of evidence she had gathered . . . against the interns.'<sup>9</sup> Chambeyron called upon the prison inspector, Guillaume Ferrus, who inspected the asylum on 13 November 1838. Chambeyron was subsequently made the director of the establishment, in addition to its chief physician. Sizaret (1906: 190) reported:

Mr. Chambeyron was both a reformer and a remarkable initiator of progress. His correspondence, which we were able to locate, reveals a man with an enlightened and firm mind, dedicated to his philanthropic mission. He introduced a certain number of institutions, an intern, a head nurse, night watchmen, and a reasonable increase in the nursing personnel.

Of course, the nuns contested all these changes, which limited their prerogatives, and they left the establishment on 30 September 1842. Undoubtedly the victim of a conspiracy, Chambeyron was accused in March 1845 'of having misappropriated consumable and other items for his own profit' (Sizaret, 1906: 188) and was dismissed, despite the many petitions sent to Paris on his behalf. As a result of the harassment he suffered over a decade, openly tolerated by a weak administration,

Chambeyron accepted his transfer to the position of physician-director of the Orléans asylum, where it seems he was able to pursue his career with less interference.<sup>10</sup>

## Conclusion

Other Esquirol disciples were sent to the provinces to apply the precepts of ‘moral treatment’ developed in Paris, such as Jean-Baptiste Delaye (1789–1878) in Toulouse, and André-Pamphile Rech (1793–1853) in Montpellier. Like them, Chambeyron was committed to improving the living conditions and treatment of the insane in Brittany. Although his efforts to change practices met with the constant resistance and hostility of the religious authorities and local politicians in Rennes, he nevertheless managed to achieve his goal. His translation of Hoffbauer’s book, the first medico-legal psychiatric treatise, helped to bring about the acceptance, by physicians and then by the legal profession, of immunity from liability for insane persons who commit crimes. This alone is sufficient justification to remember and honour Antoine-Marie Chambeyron.

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## Notes

1. All translations are by the present author.
2. Archives nationales. Registre d’inscriptions des étudiants en médecine pour 1819 et 1820. Registre contenant les déclarations des répondants des élèves conformément à l’article 6 de l’ordonnance du Roi du 5 juillet 1820. Cote AJ/16/6428.
3. Code pénal de l’Empire français, Paris, 1810: Article 64.
4. Chambeyron AM (1847) Rapport d’expertise, Grandjouan. Archives départementales d’Ille et Vilaine, cote 2U4774.
5. Footnotes by Esquirol in Hoffbauer, 1827: 149, 148, 189.
6. Chambeyron AM (1832) Essai sur la topographie médicale de Dourdan et sur l’épidémie de choléra qui a régné en cette ville en avril, mai, juin, juillet 1832. Archives de la ville de Versailles Cote 7M50.
7. Chambeyron AM (1840–61) Lettre datée du 18 mai 1848. Archives nationales. Personnel des asiles: demandes de places. Cote F/15/3915.
8. Archives départementales d’Ille et Vilaine. Fond Saint-Méen, dossier 29 et correspondances préfectorales. Cote X359.
9. See note 8.
10. His successor, Dr Pierre-Hippolyte Belloc (1804–80), would be faced with the same hostility.

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