

Laure Murat. *The Man Who Thought He Was Napoleon*. Chicago: University of Chicago Press, 2014. 304 pp. \$45.00, cloth, ISBN 978-0-226-02573-5.

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At a time when the mental stability of US president Donald Trump is openly debated by psychiatrists and psychologists, it is timely to remind people that this speculation by doctors on how contemporary politics is influenced by states of mind is not new.[1] Unlike the current state of affairs, however, medical speculations reviewed here focused almost entirely on the mental stability of common people and their political impact on society, rather than on the impact of the head of state's mental health.

In this book, originally published in France in 2011, Laure Murat has produced an insightful account of how politics and madness infused each other with meanings beyond pathological labels of "delusions of grandeur," a term so often bandied about regarding people who claim status as a "great" man or woman. In doing so, she relies extensively on the patient records of institutions in and around the Paris area between the outbreak of the French Revolution in 1789 and the aftermath of the violent suppression of the Paris Commune in 1871. For the years in between, Murat has uncovered a treasure trove of primary sources that speak to mad people's identification with, or fear of, the tumultuous political upheavals that crisscrossed France from the overthrow of the Ancien Régime to the rise and fall of Napoleon to the Bourbon Restoration and its sub-

sequent overthrow in 1830 with the installation of the liberal July Monarchy under Louis-Philippe. The latter was in turn deposed by the Revolution of 1848, only to be superseded by Napoleon III's 1851 coup, his subsequent two-decade dictatorship and ultimate defeat at the hands of the Prussians in 1870, followed by the short-lived proletarian revolution in Paris the following year. With this whirlwind of intense social and political turmoil overturning French society at regular intervals over an eighty-year period, it is not surprising that some people's sense of self-identity was upended to the point that they identified with some of the leading figures of the day, particularly those who were viewed as bringing prestige and glory to their country, Napoleon I being the most obvious example of all. What Laure sets out to do is to ask how politics and madness were intertwined at a time of immense upheaval and how this affected both expressions of madness and diagnostic labels: "What does madness *make* of history, and how, in turn, were nosologies contrived or discarded as a function of change in regime?" (p. 4). Related to this, Murat asks, "What does madness have to say about politics?" (p. 9). In seeking to answer these questions, she focuses on Paris and four of its nearby asylums whose archival records she spent three years scouring. The three oldest asylums, Charenton, Bicêtre, and

La Salpêtrière, operated during the Revolution and subsequent decades, except for being briefly closed during the Franco-Prussian War. Sainte-Anne, which opened just four years before the Paris Commune, was where many of its supporters ended up in 1871 when the older facilities were temporarily shut down. This period of tumult also witnessed the rise of psychiatry as a profession in France, with its subsequent increasing influence as part of the medical and state apparatus. Murat, however, is clear that she does not identify as a critic of psychiatry along the lines of Michel Foucault, whose criticism she equates with antipsychiatry. Instead, she argues that the purpose of her analysis is to understand the milieu in which mad people saw themselves as the emperor demanding respect from all around them, or as revolutionaries intent on overthrowing the existing order, and how this in turn was pathologized by psychiatrists in collusion with the state as a medical condition worthy of confinement in an insane asylum.

Murat cautions that the first-person accounts of the largely illiterate mad people in the archival records are ultimately unverifiable, given that their words were filtered through psychiatrists' brief observations; one doctor at Bicêtre estimated that the time he spent with a patient was, at most, eighteen minutes per year, indicating how he really could not have known them at all. This is a familiar methodological challenge for any historian seeking to understand the views of marginalized people whose views were recorded by observers, whether the recorders were medical, legal, state, or religious authorities, a challenge that is especially obvious when trying to understand the views of people who were not literate, such as the mass of mad people in public institutions like those recounted in this book. This challenge is not surprising, yet it underlines the importance of undertaking the sort of archival research that Murat has engaged in if historians are to try to uncover even a hint of what the most marginalized of mad

(or disabled) people thought of the world around them. These primary sources and the images they convey are, as Murat notes, "fragile, necessarily partial, and highly incomplete" (p. 21). At the same time, the records present a powerful example of what painstaking archival research can reveal about mad people's history in a way that theoretical tomes can never provide.

It is also important to point out that this is much more a history of psychiatric thought and practice in relation to mad people's views on the political tumult swirling about them, than it is about the historical experiences of mad people themselves. In this sense, it was the emerging profession of psychiatry, represented by Philippe Pinel (1745-1826), that first described the rise in the number of people going mad during times of upheaval. Pinel, who was present at the 1793 execution of Louis XVI (he claimed his presence was by compulsion as a citizen-soldier), was appointed later that same year as a doctor to the asylum for men at Bicêtre. This was at a time when revolutionaries were making excessive use of the guillotine, the device which ended the king's life and which came to symbolize the Terror in 1793-94. It was the debate over the use of the guillotine, named after a doctor who is inaccurately ascribed as its inventor (it should have been ascribed to another physician, Antoine Louis (1723-92), that Murat states is the foundation of French psychiatry. Physicians were central to determining the parameters of the debate for and against the guillotine as either a humanitarian way to kill people or as utterly barbaric. It was a debate that raised issues dealing with metaphysical conditions of whether a person remained conscious when their head was severed. This in turn helped to increase the prestige of the medical profession in their efficacy of addressing matters of the mind, a not insignificant historical coincidence. While all of this was going on, Pinel was unshackling mad people from their chains at Bicêtre (another case of a wrongly ascribed idea, as French historians have shown it was Pinel's ward supervisor, Jean-Bap-

tiste Pussin (1746-1811), who first advocated unshackling and passed the practice on to his superior). The connection between losing one's head and losing one's mind, as Murat notes, relates to the "integrity of self and consciousness" (p. 34).

Yet for all of his widely touted benevolence, Pinel also advocated treating mad people with "a formidable show of terror," a choice of words from late 1794 which would have had an unpleasant resonance in France so soon after the fall of Maximilien Robespierre (1758-94) only five months before (p. 45). Murat points out that this indicates a deeply ingrained historical contradiction in psychiatric treatment methods from its inception, which promoted both talk and terror. Indeed, the year before, in 1793, Pinel recorded that one of four prime factors in producing madness was "revolutionary events," so that he was well aware of the wider implications of this term (p. 51). Yet, Murat also makes clear that it was not only revolutionary violence that was ascribed as a cause of insanity: Pinel wrote about a soldier who was in the vanguard of the 1789 attack on the Bastille who later became distraught at not having been recognized or rewarded for his revolutionary heroism; he was subsequently confined for two years in Bicêtre. However, it was the reality and prospect of violence, especially decapitation by guillotine, that led to the idea that people were driven mad by the French Revolution. This anxiety was so great for some mad people during the Revolution that fear could do what the executioner had not yet done: two Austrian prisoners of war were so taken with fright at the thought of being guillotined that they ended up "wasting away" (p. 58). This terror of the Terror represented by the guillotine persisted in asylum records for years after the end of the French Revolution. This occurred among both men and women, the last reference found by Murat being from 1857. These later references, Murat notes, showed the way in which the bloody events of the early 1790s continued to live on in the popular imagination, even if they were often distorted and mythologized over the decades.

It needs also to be said that Pinel was not equating revolutionary fervor as being akin to madness, as some opponents of the French Revolution have done. After all, this previously provincial doctor directly benefited from the Revolution and was no friend of the old order under which his career had stagnated only to see his prospects take off during the Terror in the midst of which he was appointed to Bicêtre. Instead, Murat makes clear that Pinel was "cautious about establishing any *direct* correlation between insurrection and mental disorder" due to "scientific circumspection" and "political opportunism" (p. 39). Pinel had been a fervent supporter of the Revolution himself, even if his enthusiasm waned as events unfolded. It would have been rather awkward, to say the least, for him to claim that insurrection was a sign of insanity given his own history of support for the revolutionary cause.

Between the consolidation of Napoleon's power in 1799 and the 1848 Revolution, however, the idea of insurrection being considered a sign of madness was explicit, with the state apparatus supporting an increasing medical pathology of radical politics. Murat notes that by the early nineteenth century, a number of legislative developments had transformed private "nursing homes" or "mental homes" into political prisons where dissidents were confined. Plots against Napoleon, such as that led by Général Claude-François de Malet in 1812, were associated with madness since the lead plotter had himself escaped from a "mental home" that was also a prison for opponents of the regime--though this did not exempt Malet and his fellow plotters from the firing squad. The confining of political dissidents in mental homes continued under the restored Bourbon monarchy (1814-30) of Louis XVIII and then Charles X, and continued under the Orleanist king, Louis-Philippe (1773-1850) from 1830 to 1848. Murat describes how this was undertaken in a way that confused the function of medical facilities.

ties and prisons, madness and political dissidents, and doctors who went along with government policies while also protecting some of those who were confined within institutions from more drastic punishments, including death. This confusion extended to the police, who opposed sending political opponents to asylums as mad and instead wanted to punish them in the penal system--which raises the question of which was worse during this time: an asylum or prison. Undoubtedly the most well-known person confined under this "confused" system was the Marquis de Sade (1740-1814). His two doctors in Charenton, where he spent the last part of his life from 1803 until his death in 1814, both recognized that de Sade was not mad, even if otherwise they had contrasting views about him. One physician, François Simonet de Coulmier (1741-1818), granted him liberties including directing plays with other inmates, while his successor, Antoine-Athanase Royer-Collard (1768-1825), viewed de Sade with disgust and restricted his previously granted "privileges." That de Sade was confined in an insane asylum even though he was not considered mad by his doctors, Murat argues, underlines the point that psychiatry was becoming a moralizing judge of certain kinds of behavior deemed immoral, behavior that had nothing to do with madness yet which doctors had the authority to censure and punish through confinement. Instead of allowing patients being allowed to have some enjoyment, as de Sade did directing fellow inmates in plays, a greater emphasis came to be placed on getting inmates to work as a way to enforce routine and discipline.

In the chapter that gives the book its title, Murat writes about delusions of grandeur and how people were committed to asylums believing they were Napoleon or other leading figures. Napoleonic madness happened over a long period, with peaks at times occurring when feelings about the "little emperor" were at a high, as happened after the 1840 return of his remains from

St. Helena to Paris. Around this time over a dozen Napoleons were admitted to Bicêtre alone. Outside of such dramatic episodes as this, Murat notes that the nostalgia for the romanticized glories of Napoleon, his self-made rather than inherited fame, and his forceful character and actions were also a reaction against the comparatively dreary French leadership during the next several decades after his final defeat in 1815. Murat notes that mad people may have wanted to be a monarch, but most did not want to be such an uninspiring figure as King Louis-Philippe; when his name comes up in asylum records, he is usually identified as being *another* inmate or head of the asylum--no mad person wanted to be like him. It was this unwillingness to be identified as a boring monarch, while instead taking on the trappings and imperious behavior of an illustrious conqueror that led psychiatrists to come up with the label of monomania regarding mad would-be monarchs. Ironically, this label fell out of favor by the late 1800s in France given its cultural commonality and hence meaninglessness. Napoleon was a monarch that a mad person could identify with for another reason as well: during the last six years of his life on St. Helena, he, like "the madman in the asylum was exiled, imprisoned, 'alienated'" (p. 124). While, not surprisingly, it was primarily men who thought they were the deposed emperor, there were also women who had Napoleonic madness, with some believing they were his wife--a rival to his two actual wives, Josephine and Marie-Louise, rather than one or the other. Murat found in the records one lone woman who in 1852 thought she was him though the author also notes it is not clear if the seventy-two-year-old woman was referring to Napoleon I or Napoleon III, who had recently come to power. Other famous figures were also represented in asylums, such as mad people who thought they were Louis XVI or his son and heir (who died at ten years of age in 1795), but they did not have the same staying power with mad people: "Whereas Louis XVI had vanished from the

records by mid-century, the great Napoleon was still striding up and down the hallways of insane asylums long after the Paris Commune came and went in [1871]" (p. 130). Although they had plenty of reminders of him on wards, Murat notes that French nineteenth-century doctors were not too interested in retrospectively labeling Napoleon as mad, though one made a brief reference to him as having had "caesaritis" (p. 141). French historians from this same period, however, thought Napoleon was power mad beginning with the disastrous 1812 Russian campaign, and wrote histories of Napoleon as descending into megalomania. It was power of a different kind, however, that was pathologized as being a particular threat to the social order during the nineteenth century.

While Murat is anxious to show she is not antipsychiatry and therefore is not directly attacking doctors' writing, but is instead placing their ideas in historical context, it is difficult not to critique the way in which political dissent was pathologized at a time when the psychiatric profession was both consolidating its power and simultaneously a force for reaction. This is especially so when considering such diagnostic terms as "political monomania," "democratic disease," and "revolutionary neurosis"--the last two of which were dressed up in Latin, presumably to try to make them sound more serious (p. 148). One of Pinel's most famous students, Jean-Étienne Dominique Esquirol (1772-1840), was an early psychiatric practitioner of diagnosing political madness, most infamously in his 1820 publication about Anne-Josèphe, a feminist and militant supporter of the French Revolution, *Théroigne de Méricourt (1762-1817)*. She was declared mad in 1794, perhaps to spare her from being executed after she was accused of becoming too moderate by more radical women activists, who publicly humiliated her the year before, prompting de Méricourt to withdraw from society. She remained confined until her death in 1817. Murat notes that Esquirol, who treated her at La Salpêtrière for the last decade of her life,

was himself from a monarchist family which was torn asunder during the 1790s. Thus, de Méricourt's doctor was not sympathetic in the least to her revolutionary past and indeed Murat shows how Esquirol plagiarized and unfavorably distorted de Méricourt's previously published biography in his own publication. He further embellished the record with his own lurid, unreliable account of her behavior whose madness, he claimed, was a direct result of her political activism, leading her to have "revolutionary melancholia."

In the ensuing years, the link between political turmoil--particularly that organized on the Left aimed at changing or overturning the existing order--was commonly regarded by psychiatrists from the 1820s on as a sign of madness. The basic argument, as Murat notes, was that "history does not cause the symptoms of madness, but latent madness emerges as a function of the vagaries of history" (p. 159). Madness due to politics did not happen as events unfolded, but instead surfaced later when conditions that gave rise to it settled down, so medical theorists like Esquirol claimed, as people who were believed to be prone to mental disturbance broke down in the wake of chaos. Of course, he could only make such claims by selectively choosing parts of mad people's biographies, since his "textbook case," Théroigne de Méricourt, was declared mad while the Terror was still ongoing. Madness as a disease of "civilization" was also part of this theorem, with all the racist implications this raises. Yet Murat also cautions that "eccentrics and firebrands" were the main proponents among doctors who claimed revolution caused madness in the 1830s (p. 164). Thus, while the idea was in the air, it was not always reflected to a significant extent in asylum records after a period of upheaval, as with the July 1830 revolt that removed the Bourbons and enthroned the Orleans monarchy. Murat notes that, as a liberal, Esquirol favored the new monarchy, so he was not opposed to the changing of the guard in every case. In contrast, the 1848 political revolutions that overtook France and much of Eu-

rope were much more tumultuous, so that psychiatrists became more alarmed at what all of this meant for the mental stability of the masses and the political stability of the state. There was even a theory expressed by two doctors that babies conceived during revolutionary turmoil would grow into mad people, though other doctors dismissed such ideas. Nevertheless, Murat's archival research found that, unlike the events of 1830, the 1848 Revolution saw far more people confined in asylums with their madness linked to political upheaval, with male physicians being particularly contemptuous of women activists. Men were also subject to a political "diagnosis"--as in the case of a man confined in the aftermath of the 1848 Revolution due to having insanity "characterized by ideas of social reform" (p. 175).

In a poignant passage, Murat lays bare the hypocrisy of who was labeled mad and why: "Whether pilloried or tacitly praised, why is the violence of insurrection always associated with madness, whereas the violence of repression never is? Blanqui was a madman who should be 'put away', whereas Louis-Eugène Cavaignac [1802-57], who turned the events of June 1848 into a bloodbath, was hailed as the savior of the nation. It is singularly crazy to castigate popular uprisings but reward massacres; this weird rule systematically relegates revolution to insanity but attributes to reaction all the virtues of common sense" (p. 181). Murat's use of terms like "crazy" and "madness" as being equal to badness also raises issues of how we conceive of mad people in history as automatically being on the negative side of the ledger, something which the author could have expanded upon in her critique by pointing out that rational, reasonable people are more often capable of acts of great violence and suffering than mad people, past and present. Her analysis of the post-1848 interpretations of madness reflect the highly politicized nature of psychiatric diagnosis, as with discussion of "democratic disease" and "communist monomaniacs" (pp. 184, 185). Such labels refused to take into account the

wretched conditions which gave rise to revolts and led as well to confinement in what Murat calls "asylums for the wretched" populated by starving, abused, and abandoned urban working-class people (p. 188). Murat notes that people who petitioned Napoleon III for some kind of support or recognition were routinely arrested every month and sent to Bicêtre as mad. As she notes, these petitions and other presumed expressions of madness reflected efforts to address poverty and politics in the daily lives of those who were confined, as with the person who was arrested for removing a sign that forbade begging. Prisons and asylums remained confused under Napoleon III as socioeconomic conditions deteriorated further, leading to a final, convulsive uprising linked to madness in nineteenth-century France--the Paris Commune of 1871.

Murat describes how, during the Franco-Prussian War of 1870, both mad men and mad women in Parisian asylums promoted plans on how to win the war. After France was quickly defeated, some patients became anorexic amidst despair at their country's plight. It was, however, during and after the Paris Commune of March to May 1871 that records show the greatest impact on asylum inmates of political turmoil making its way into the institution. As the older asylums were evacuated during the 1870-71 turmoil, Murat notes that Sainte-Anne contains the most extensive records of mad people during the Paris Commune. Most of the men and women confined during this period were working class and elderly poor women who were no longer able to work. At Ste.-Anne 24 percent of women and 25 percent of men who were admitted were recorded to have gone mad as a direct result of the events of 1871 (compared to only just over 2 percent admitted to Charenton after the 1830 uprising). Images of violence such as guns firing, children screaming, and buildings burning were expressed by women patients, and both women and men mentioned animals, a reflection of the starving population's need to eat

whatever was at hand to survive, as one woman's comments indicate: "apparitions of ghosts, cats, rats, spiders, and all kinds of animals ... she can taste cat in her mouth" (p. 208).

After the violent destruction of the Paris Commune, Murat notes, admissions which mentioned political events as a causative factor declined to 12 percent, likely due to the deaths, mass arrests, expulsion, and fleeing of a quarter of the Parisian working class. Yet the events of 1871 continued to be recorded long afterward, with a notable focus on women arsonists being supposed madwomen. Murat describes how misogyny and madness were combined in rightist propagation of the myth that female rebels in the Commune were busy burning down buildings. This baseless rumor led to the murder of hundreds of Commune women in its last days, after which women's comments upon being confined in Ste.-Anne reveal the "powerful effect of political repression on the discourse of madness" (p. 212). Female arsonists "were compared with 'madwomen'; then 'madwomen,' assuming their role of scapegoat, began accusing themselves of being [arsonists]" (p. 212). Radical women were therefore mad because they were revolutionaries. In the process, and building upon previous decades' developments, psychiatry as a profession became increasingly powerful as doctors of the mind were sought after by the state and media to explain what was going on. The Paris Commune, one of a series of convulsive events that upended France during the preceding eighty years, led some psychiatric theorists inside and outside the country to claim that French society was chronically mentally disturbed given its revolutionary history, an argument first advanced after the 1848 Revolution. Yet there was also a division between French psychiatrists, one group viewing the Communards as "criminals" who knew what they were doing and thus deserved imprisonment, exile, or death, while another group argued that the rebels were mad and should be locked up in asylums. Most doctors supported the mad hypothesis with the

cause either being hereditary in nature, or a form of "moral insanity" for supporting socialism. The socioeconomic and political reasons behind the revolt were dismissed by psychiatrists and put down to madness. Psychiatrists were thus firmly on the side of reaction and the established order. Mad people, on the other hand, were often far more enlightened about social conditions and need for radical change in their country than were those who labeled and confined them.

Yet for all of the well-documented criticisms that she presents in her study of how psychiatry developed to support a repressive French state, Murat makes it clear she does not see her work as contributing to an overarching criticism of the psychiatric profession itself, past or present. In her conclusion, Murat briefly notes the decline in treatment of mad people by the early 2000s; however, she does not help her argument by making a general statement that the "antipsychiatry movement" is responsible, along with free marketeers symbolized by 1981-89 US President "Regan" [sic] for the discarding of mental patients through the closure of old asylums without extensive support systems in the community (pp. 226-227). While she references French mental health professionals' top-down efforts to counter recent repressive measures under President Nicolas Sarkozy, there is no reference to the efforts of any groups of mad people in France working for change amongst the people most affected. Earlier in her book, Murat refers to "mindless generalizations" of what she describes as "antipsychiatry," but then goes on to make a generalization of her own: "True, psychiatrists participated in a system of government surveillance and control, shaped by the authoritarian morality of their century. But no, they were not sadistic jailers of every delinquent on earth" (p. 82). There is no reference to who has made such a claim that psychiatrists were "sadistic jailers of every delinquent on earth" since, as far as this reviewer is aware, no critic of psychiatry has ever made such a claim. More important is the use of the term "antipsychiatry," since its very vague-

ness can be used to dismiss and marginalize critics of psychiatry, some of whom do identify in this way, while others do not. It is also absurd to blame “antipsychiatry”—that is, critics of the psychiatric profession—as being responsible for the lack of state support for mad people since the late twentieth century. That is like blaming Rousseau and Voltaire for the excesses of the French Revolution. After all, where are the antipsychiatry cabinet ministers and advisors in Western governments since the 1960s? While Foucault made trenchant and insightful criticisms of the historical development of psychiatric power to control people deemed mad, neither he nor other such critics can be seriously blamed for homeless ex-psychiatric patients on the streets or in run-down boarding homes in the deinstitutionalization era. This massive contemporary topic cannot be dealt with adequately in Murat’s book, nor in this review, but it behooves historians to be careful when using terms like “antipsychiatry” to explain exactly what this term means and who it applies to, with full documentation to back up such statements. Otherwise, it is an empty rhetorical device used to paint all critics of psychiatry with the same sloppy brush while lessening the responsibility of capitalist policymakers for unloading austerity measures on those who could least afford it.

Hopefully Murat’s otherwise well-documented and insightful book is read by people today who make claims of political madness in high places, such as in regard to the Trump White House, or anywhere else for that matter. History like this shows that if more people confined as mad during the period discussed by Murat had been listened to, their world would have been a better place. Obviously, the same cannot be said of the current president of the United States, who is hardly known for listening to alternative points of view. Indeed, it would be a great advance on the current situation if President Trump showed some of the insights about the need to challenge social inequities as did many of the common mad people discussed in Murat’s study. Somehow, I

doubt that two hundred years from now there will be a history book entitled *The Man Who Thought He Was Trump*.

Note

[1]. Lance Dodes, Joseph Schachter, and thirty-one additional co-signers, “Mental Health Professionals Warn about Trump,” Letter to the Editor, *New York Times*, February 13, 2017; Allen Frances, “An Eminent Psychiatrist Demurs on Trump’s Mental State,” Letter to the Editor, *New York Times*, February 14, 2017.

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