First Comprehensive Description of Hallucinations in Medical Literature by Jean Etienne Dominique Esquirol

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In 1838, Esquirol, Pinel's favourite and illustrious pupil collected his articles and papers which had appeared in Panckoucke's *Dictionairedes des sciences medicales* 1812-1822 and in 'other medical works', some of which had also been separately published and reissued them "subjected to various modifications, and drawn out into more detail" under the title *Des maladies mentales considerees sous !es rapports medical, hygienique et medico-legal, 1838*. "I trust that the result of all my labors, which I have reviewed with the greatest care, and now publish for the first time", he wrote in the preface, "may contribute to overcome prejudices, to dissipate errors, to throw light upon obscure points connected with mental diseases, and to make known truths, of useful application in the treatment and regimen, of that unfortunate class, to whom I have devoted my life". They were the fruits of "forty years of study and observation" of patients "at the Salperriere, at the Hospital at Charenton, and in . . . private practice" and presented the first survey of the whole field of psychiatry in the spirit of unprejudiced observation and detailed description based on an unprecedented number of patients. Two of the papers were translated into English the year after their appearance by William Liddell, MR CS, a London practitioner, as 'Observations on the illusions of the insane, and on the medico-legal question of their confinement, 1833'. But it was left for E. K. Hunt, MD, of Hartford, Connecticut, to publish in 1845 a translation of the whole work with the exception of the sections on "the statistics and hygiene of establishments for the insane, together with the medico-legal relations of the subject."

The extracts given here are placed under 1817, the year of the appearance of the first article on 'Hallucinations', since to have relegated them to 1845, the year of the translation when Esquirol had been dead five years, would have obscured his merit of pioneering scientific psychiatry which is best appreciated in its chronological setting. This is also justified by the fact that his writings were widely read in original French and frequently quoted (as by Burrows 1828, and Prichard 1835) and that there developed in his life much personal contact and interchange between English and French psychiatrists. Sir Alexander Morison for instance recorded in his diary visits to Esquirol at the Salpetriere and at his private asylum in 1818 and Esquirol himself visited Bethlem and St Luke's the following year. The year 1817 has the added significance that Esquirol inaugurated the first formal course of clinical instruction in psychiatry in France and perhaps in the world (Battie in England had pioneered clinical instruction though informal in 1753).

Nothing exemplifies better that improvements and liberalization of the conditions of the insane in asylums with reduction of empirical treatments and frank restraints was the stepping stone to advances in psychiatry, than Esquirol's clinical investigations which were made possible by Pinel's humanitarian reforms. Indeed it is true that psychiatry, as it is known today, started with the work of these two men: the master prepared the soil and was the inspiration, the pupil tilled it and became in turn the founder of the great French school of psychiatrists and neurologists of the nineteenth century. There was hardly an aspect of the subject which Esquirol did not consider, amplify and clarify: descriptive, classificatory, pathological, hereditary, administrative, medico-legal statistical; from 'Suicide' to 'Idiocy', from "Mental alienation of those recently confined" to 'Epilepsy', from "The French establishments for lunatics and how they may be improved" to "A memoir on the question whether there has been an increase in the number of the insane". A list of his pupils reads like the catalog of a neuro-psychiatric library: Falret, Voisin, Georget, Trelat, Leuret, Calmeil, Moreau, and Baillarger to mention only a few household names in the history of nervous diseases.

In light of the rapid growth of clinical and pathological observation, timehonored theories had outlived their usefulness and Esquirol saw the need to reassess and redefine old terms and create new names for new concepts and distinctions of diseases not made before. So began the road to the modern classification of mental illness, no longer by armchair theorizing or etiological speculation but by. what Esquirol's translator Hunt called "systematic observation" and abundant stores of

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practical knowledge. Here perhaps Esquirol exerted his widest enduring influence because enlarged and precise terminology was the *sine qua non* of the method of exact clinical observation and description that he introduced into psychiatry.

The abundance of his material made it difficult to convey in extracts a fair picture of how he shaped psychiatry. The choice fell on his definitions of hallucinations - which "among a hundred insane persons, eighty at least have" - and illusions, because he gave these terms the sense in which they are used today; and his division of melancholy, the partial insanity of old, into lypemania or affective disorder and monomania - a term of his coining - or partial insanity proper with its varieties of 'intellectual', 'affective' and 'instinctive' which approximate to modern concepts respectively of paranoid psychosis, hypomania, and psychopathy. Esquirol too first made the fundamental distinction between 'dementia' and 'amentia', that is between loss of mental faculties consequent on disease and 'Idiocy' which is "not a disease, but a condition in which the intellectual faculties are never manifested; or have never been developed sufficiently to enable the idiot to acquire such an amount of knowledge, as persons of his own age, and placed in similar circumstances with himself, are capable of receiving". His very words may still be read in current textbooks: "A man in a state of dementia is deprived of advantages which he formerly enjoyed; he was a rich man, who has become poor. The idiot, on the contrary, has always been in a state of want and misery."

Hallucinations [1]

"A person is said to labor under a hallucination, or to be a visionary, who has a thorough conviction of the perception of a sensation, when no external object, suited to excite this sensation, has impressed the senses. Sauvages has given the name of hallucination to those errors which result from a lesion of one of the senses; and when the sensations fail to produce that effect upon the mind, which they were accustomed to do before this lesion took place. Double vision, imperfect sights, and ringing in the ears are ranked by this nosologist in the first order of his division of the insane... Sagar denominates hallucinations, and false perceptions, which form the first order of the Vesaniae, of his Nosology. Linnaeus places them in the order of diseases of the imagination. Cullen ranks them among local Drawin, and after him, the English physicians, have given the name of hallucination to the partial delirium which affects but a single sense; yet they employ it indifferently, as a synonym with delirium.

This symptom of delirium has been confounded by all authors with local lesions of the senses, with the vicious association of ideas, and in fine, with the influence of the imagination. It has been studied only when it related to ideas, which seemed to belong to the sense of sight; never, when it reproduced those appertaining to other senses. Nevertheless, considered in all its varieties, and to whatever sense it may relate, this symptom is very frequent. It is one of the elements of insanity and may be met with in all the forms of this malady. The austere writings of every people, the history of magic and sorcery in every age, together with the annals of mental medicine, furnish numerous facts in relation to the subject of hallucinations...

From these facts, and from all that we can gather from the annals of the infirmities and diseases of the human mind, we may conclude that there exists a certain form of delirium in which individuals believe that they perceive, sometimes by one sense, sometimes by another, and sometimes by several at once, while no external object is present to excite any sensation whatever... In general, these individuals believe that both persons and things are present with them, which can have no real existence, except in their own imaginations; at least, so far as they are concerned. The evidence of the senses passes for nothing in this form of delirium... Such is the hallucination. The phenomena of hallucination are not like those which result from delirium. In the latter, sensations become modified and changed, so that the perceptions of the patient are no longer what they were before his illness, nor like those of other men. Notions relative to the qualities and properties of things, and of persons, are imperfectly perceived, and the judgment with respect to them is consequently incorrect. The insane man mistakes a windmill for a man; a hole for a precipice; and clouds for a body of cavalry. In the last case the perceptions are incomplete; hence an error... In fact, hallucination is a cerebral or mental phenomenon, which is produced independently of the senses. It persists, although delirium may have ceased, and reciprocally. The history of many celebrated men confirms this view, and proves that a man may be subject to hallucinations without delirium... The conviction of the hallucinated is so entire and sincere, that they reason, judge, and decide with reference to their hallucinations... Hence results in the most singular language and actions; for hallucinations, like actual sensations, produce among the insane either pleasure or pain, love or hatred. Thus, one rejoices, laughs aloud, and finds himself the happiest of men... Another grieves, laments, and is in a state of complete despair."

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Reference

1. Esquirol E. Hallucinations in Mental Maladies: A Treatise on Insanity. 1945;105-07.