Betrayal! The 1806 English Translation of Pinel’s *Traité médico-philosophique sur l’aliénation mentale ou la manie*\(^*\)

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**Summary**

The translation of important work in science and medicine into the major vernacular languages became imperative when Latin went out of fashion some two hundred years ago. Unfortunately the choice of the translators remained haphazard and without standards as to their qualifications.

The only English translation of Philippe Pinel’s masterpiece, the *Traité médico-philosophique sur l’aliénation mentale ou la manie*, is a sad example of betrayal by its translator. The *Traité* appeared in Paris in 1800 and was issued in English in 1806 by the well-known London publishers Cadell and Davies.

Why did they choose a young obstetrician from Sheffield, David Daniel Davis (1777–1841)? Fragmentary sources indicate that one Sayer Walker, M.D., who had known Pinel in Montpellier, acted as intermediary.

This article investigates the flaws of the translation and the bias of the translator, with fatal consequences for the Anglo-American literature in the history of mental illness.

We have been dependent on translations, for the past 200 years, in order to gain access to the scientific and medical literature written in foreign languages, ever since Latin went out of fashion. A quick look at the early nineteenth century reveals startling national habits: the Germans translated

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\(^*\) The following abbreviations will be used throughout: *TMP* = Philippe Pinel, *Traité médico-philosophique de l’aliénation mentale ou la manie*; *TI* = David D. Davis, *Treatise on Insanity.*

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everybody, immediately; the British were selective; and the French translated almost no one¹. Taking as an example Philippe Pinel’s Traité published in October 1800, we find a very good translation by Dr. Michael Wagner of Vienna, dated 1801; a Spanish Tratado by Dr. Luis Guarnerio y Allavena, issued in 1804 and reprinted in 1988; Italian versions of 1830, 1985 and 1987.

An English translation was published in 1806. It is the work of Dr. David Daniel Davis (1777–1841) of Sheffield, later a well-known London obstetrician who delivered Queen Victoria². His volume has remained the only text in English, of any work by Pinel, ever since³. It is to his version that Anglo-American scholars still turn when they want to read Pinel in English. The trouble is, Davies betrayed the original! Let me document this verdict.

I. Davis didn’t understand Pinel’s overall purpose

Pinel: «l’aliénation d’esprit ... me paraît réclamer le plus vivement l’attention des vrais observateurs, et c’est surtout dans les hospices des aliénés qu’on a lieu de se convaincre que la surveillance, l’ordre régulier du service, un accord harmonieux entre tous les objets de salubrité, et l’heureuse application des remèdes moraux, constituent bien plus proprement la médecine, que l’art recherché de faire des formules élégantes.» (TMP, 44)

This is an accurate statement of the famous “moral treatment”, the cornerstone of Pinel’s therapeutic approach.

Davis: “My office is highly responsible and important and involves in it various branches of knowledge which are too generally neglected in the education of a physician.” (TI, 46)


² Biographical information on Davis is scarce. The most informative piece, “Memoir of the late Professor Davis”, by his son, J. Hall Davis, M.D., Lancet 1 (1846) 599–601, provides much of the information repeated in the short biographical pieces on Davis in Munk’s Roll 4 (1878) 117, in the Dictionary of National Biography (by Norman Moore); a more modern perspective is found in Glynne R. Jones, “David Daniel Davis, M.D., F.R.C.P. (1777–1841)”, Carmarthenshire Antiquary 8 (1972) 91–100. I am grateful to Dr. John H. Appleby, F.S.A. of Norwich, England, for help with these references.


⁴ “I believe that mental alienation urgently requires the attention of serious observers. It is especially in the asylum that one reaches the conviction that supervision, regular and orderly service, a well-ordered program of cleanliness and the apt use of psychologic remedies are what medicine really requires, rather than the refinement of elegant formulas.” This and subsequent translations from the French are my own.
2. Davis deprecates the expectant method, crucial to Pinel's therapy

In a note, Davis calls it "... so flimsy an hypothesis to fetter the minds and the practice of physicians for so many years" (TI, 51 n.).

3. Davis does not understand the inductive method

*Pinel:* «... par un grand rassemblement de faits particuliers, s'élever aux vrais caractères des espèces ...» (TMP, 44) ["from a collection of many specific facts, derive the true nature of species ..."]

*Davis:* "... make a great number of observations, experiments and comparisons" (TI, 46)

4. Where Pinel records his indebtedness to "Plato, Plutarch, Seneca, Tacitus, and Cicero’s Tusculan Orations" (TMP, 36), Davis contents himself with "Plato, Seneca and other philosophers of antiquity" (TI, 38); elsewhere he omits Pinel’s admiring reference to "our modern Psychologists [sic] Locke, Harris, Condillac, Smith, Stewart, etc" (TMP, 136), or again, where Pinel dismisses Thomas Arnold's *Observations*, Davis praises this "inestimable work" (TI, 50).

5. Davis makes cuts that a translator should not permit himself

He omits nineteen pages from the Introduction where Pinel praises Alexander Crichton's *Inquiry into the Nature and Origins of Mental Derangement*. Pinel here informed the French of these new, detailed descriptions of the behavioral manifestations of the passions. Pinel also learned from Crichton that plentiful research on mental illness was then being pursued in Germany, and he transmitted this new information to his countrymen. Davis dismisses Crichton in one curt sentence.

6. Davis' translations are often careless – or wrong

*Pinel:* «un homme voisin d’un état de démence» (TMP, 139, n. 2) ["a man approaching insanity"]

*Davis:* “a neighboring gentleman” (TI, 139)


6 "The psychological work of Dr. Crichton exhibit [sic] some curious facts illustrative of the morbid influence of the passions upon the functions of the intellectual faculties." (TI, Introduction, 50).
Pinel: "mettre en lambeaux" (TMP, 20) ["tear to pieces"]
Davis: "commit to the flames" (TI, 21) ["flambeaux"]

Pinel: "la prudence" (TMP, 282)
Davis: "medical jurisprudence" (TI, 271)

Pinel: "des migraines violentes" (TMP, 54)
Davis: "depression of spirits" (TI, 56)

Pinel: "idées dominantes" (TMP, 70)
Davis: "hallucinations" (TI, 73)

Pinel: "médecine d’observation" (TMP, 103)
Davis: "experimental medicine" (TI, 107)

Pinel: "the Bibliothèque britannique" (TMP, 99)
Davis: "the Encyclopedia Britannica" (TI, 109)

8. And often, Davis is pompous where Pinel’s style is simple and direct:

Pinel: "empirics" (TMP, 4)
Davis: "those base-born children of the profession" (TI, 4)

Pinel: (about two patients): "J’ai eu longtemps sous mes yeux ces deux frères infortunés ..." (TMP, 169) ["I have watched these two unfortunate brothers for a long time ..."]
Davis: “My sympathetic feelings have been frequently arrested by the sad wreck of humanity presented in the appearance of these degraded beings.” (TI, 167)

9. Had Davis understood the title, Traité médico-philosophique de l’aliénation mentale, he would have realized that “philosophical” meant Hippocratic. Pinel saw his patient as a whole person whose mind and body suffered, and who must be understood within his individual context, familial, regional, biographic and medical. Had Davis pondered the term “mental alienation”, he would have known that the “aliéné” – “alienus” – was to Pinel a person who had lost his or her way, and whom the therapist must try to bring back to familiar terrain. He would have pondered the work of the Scottish school of “faculty psychology” and have realized that Pinel was debating how the human mind might be partially impaired – losing its faculty to remember, imagine, think logically ... without the patient “going out of his mind” or “losing his mind”. He would then have published a Medico-Philosophical Treatise on Mental Alienation and not a Treatise on Insanity7 that has led to the permanent misrepresentation of Pinel in the Anglo-American literature.

7 Parenthetically: the Spaniards and Italians had it easy; “aliénation mentale” translates effortlessly into “enagenación mental” or “alienazione mentale”; the Germans got it right, with either “Geistesverrrüng” or “Geistesverwirrung”; and so did Alexander Crichton when he used “mental derangement” for the title of his book.
The choice of this obstetrician as translator is truly puzzling. It might have originated with a little known, but intriguing English doctor, Sayer Walker (1748–1826), Pinel’s exact contemporary and in many ways his double8. Walker and the translator, Davis, both became prominent obstetricians in London in the early 1800s. Walker on the staff of the City Dispensary and Lying-in Hospital, Davis as chairman of midwifery and obstetrics at University College hospital. We can only speculate about an earlier connection between the two men that may have brought Davis the translating assignment.

Walker studied theology (like Pinel), became a Presbyterian minister and most probably then spent time at Montpellier, a city that maintained close links with British Presbyterian establishments. He may well be that student we have been searching for, who taught Pinel English and who walked with him from Montpellier to Paris in 17789. Walker shortly thereafter gave up the ministry, studied medicine and, in 1796, published a fine book on the theory and treatment of nervous disorders10. If he and Pinel remained friends, it would be logical for him to recommend an English translation of the *Traité* and attempt to find a translator – possibly among his acquaintances.

For Davis, the political situation in 1806 may have made a critical attitude toward a French author advisable. The British had by then been at war with France – with one short interruption – for thirteen years. Nelson had just sunk the French fleet near Trafalgar, but Napoleon had beaten Britain’s Austrian and Russian allies at Austerlitz. The emperor’s power was growing. A climate hostile to France prevailed.

Davis had surely read the one serious review of the *Traité* in the British literature, in the *Edinburgh Review or Critical Journal* of 1803 – or, as one biographer suggests, he may have written this review11. The British had long known about moral treatment, the anonymous critic states, Pinel was catching up, his book being neither new nor profound (p. 161). This critic dismisses Pinel’s nosological classifications (p. 168) and finds the French-

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9 Pinel scholars (notably Pierre Chabbert) have been looking for a medical student, whereas Sayer Walker studied theology.

10 Sayer Walker, A Treatise on Nervous Diseases ... and ... of the Symptoms and Causes of these Diseases as may lead to a Rational and Successful Method of Cure (London: Phillips, 1796).

man’s judgment no better than that of “any ancient female” (p. 171). But he vows to make “indulgent allowance for the imperfect execution” of a difficult book (p. 172), particularly if it came from France, called here “a vast Bicêtre” (167, n.).

Davis’ Introduction is an undifferentiated mixture of about one part Pinel to 3 parts Davis. The Dictionary of National Biography dismisses it as “compiled from standard authors”12. In his own words, Davis here tries to shape his readers’ judgment of the Traité. He writes, for example:

“The inestimable importance of moral management is the great key note sounded by the present author almost in every subdivision of his treatise. This part of the subject is examined in all its bearings ...” (TI, Introduction, 55)

Davis thus played into his countrymen’s considerable familiarity with the problem of what they called madness and with mad-doctors who ran mad-houses. All Britons knew of King George III’s bouts of mental illness, the eventuality of a regency was openly debated in Parliament and the depositions of the king’s doctors were there for all to read. Thus, for the British, Pinel’s Treatise on Insanity lacked novelty.

This was particularly true because numerous English mad-doctors had recorded their experience in books during the previous half-century. These ranged from the pioneer, William Battie (1758) to Thomas Arnold, William Falconer and Andrew Harper in the 1780s, William Pargiter, John Ferriar, William Perfect, Alexander Crichton and John Haslam in the 1790s. Davis unknowingly prepared his readers for Samuel Tuke’s Retreat at York to be published in 1813, the book that analyzes the Quakers’ asylum, extolling their humane approach to the mentally ill.

Now things fell into place for the English-speaking reader: Pinel turned into the French Tuke!

English readers would immediately understand and the numerous admirers of the Tukes’ Retreat at York instantly empathized with the French doctor’s enterprise. Never mind that they were comparing a kind-hearted, wealthy Quaker tea-merchant to a learned physician and naturalist, member of the Académie des sciences, professor of internal medicine at the Paris Medical Faculty and physician-in-chief of the largest public hospital in the world, the Salpêtrière in Paris!

The sentimental interpretation was no doubt reinforced by the fact that, in France, Pinel was the subject of a myth that publicized “le geste de Pinel”, his presumed heroic gesture of freeing the insane from their chains, at Bicêtre,

at the height of the Terror\(^\text{13}\). Admiration for Tuke and Pinel coalesced around their humane treatment of the mental patient.

Yet the contrasts are striking, not only between the kindhearted Quaker and the professor, but also between the Retreat at York and the two public hospices where Pinel treated the mentally ill of the Paris region: Bicêtre, for men, and the Salpêtrière, for women. The medical context is played down in Tuke’s asylum where, as far as we can tell, Dr. Thomas Fowler regularly came to visit, from York. Pinel, on the other hand, lived, practiced, experimented, taught and wrote at the Salpêtrière for thirty years. Size presents another contrast: when Pinel first came to the Salpêtrière in 1795 he counted 7,523 inmates. He helped reduce their numbers to about 5,000\(^\text{14}\) – most of them cachectic indigent and aged women, with some 400 among them declared insane. The Retreat, Samuel Tuke tells us, had an average of 62 patients. Pinel’s dramatic problem of devising rules of management for large numbers of mentally ill patients thus did not arise for Tuke. Another fundamental difference was the French inmates’ destitution compared to the comfortable financial circumstances of Tuke’s patients most of whom paid a fee, however reasonable.

But I believe that the most profound difference stemmed from Pinel’s lifelong involvement with the concept and the psychology of mental illness, seen as an important aspect of medical care and treatment, with the classification of its varieties. We must not forget that Pinel treated the whole patient, that he integrated mental illness into general medicine.

Despite the contrasts between them, the Tuke-Pinel pair effortlessly entered the English-language literature of the nascent psychiatric specialty, particularly in the United States where new asylums had to be built everywhere. Pinel turned into a kindly asylum-keeper and the pairing of «Tuke-Pinel» with the vague and inclusive term «moral treatment» buried the French alienist under a philanthropic blanket.

If one scans the speeches and writings of the early superintendents of state hospitals or of early reformers, one finds «Tuke-and-Pinel» everywhere.

The superintendent of Butler State Hospital in Providence, R.I., Isaac Ray (1807–1881), for example, mentioned the Tuke-Pinel duo in his Observations after a tour of European hospitals in 1845\(^\text{15}\). It is noteworthy in the context of this paper that, when Ray quoted several of Pinel’s case histories in his


\(^{14}\) Weiner, Comprendre et soigner (above n. 3), 203.

celebrated Treatise on the Medical Jurisprudence of Insanity (1838), he usually provided his own translations, evidently finding Davis' unsatisfactory.16

Thomas S. Kirkbride (1809–1883), the superintendent of the Pennsylvania Hospital for the Insane for forty years, brackets Pinel and the York Retreat in a published “Account” of 184217.

Pliny Earle (1809–1892), for a time superintendent of Bloomingdale Asylum in New York and an indefatigable visitor of European institutions for the insane, speaks of “the distinguished modern pioneers, Pinel and Tuke”, in his “Institutions for the Insane in Prussia, Austria and Germany”18.

The list could be lengthened at will.

Let me close with the apotheosis of Pinel in America – the celebration of the 101st anniversary of his birthday at the State Lunatic Asylum at Utica, New York. The Utica Daily Gazette asserts that the commemoration was the patients’ idea, approved by the superintendent, Amariah Brigham (1798–1849) an admirer of Pinel19.

The festivities began with a hymn written by Judge Bacon of Utica:

“Long, long had ceased the heart of man
To feel a brother’s woes,
When in the holy work of love
The God-like Pinel rose ...”

“The chapel was tastefully and appropriately decorated”, the Utica Gazette continues, “with flags, bearing the stripes and stars of the United States, and the tri-colored emblems of the French nation ...”

There followed an ode “feelingly recited by ladies, patients and inmates” that read in part:

“So, thy name shall never die,
And beneath this western sky
In the country of the free
Grateful hearts remember thee ...”20


18 American Journal of Insanity 10 (1853) 13.


20 All the superintendents had been invited; several sent their regrets. One of them, Thomas Kirkbride, wrote a note that illustrates once again what I have been trying to document in this paper: that owing to Davis’ translation and the coupling of Pinel with Tuke, the English-speaking world received a distorted picture – a caricature – of Philippe Pinel. Kirkbride expresses his regrets and writes:

“I can assure you that no one more fully appreciates the labors of the distinguished man to whom you refer, and whose name will ever be known to France, nor those of the less noted founders of the York Retreat in England, all of whom ... were ... engaged in ... giving to the world a code of principles for the moral treatment of Insanity ...” (ibid., p. 85).
This sentimental drivel is unworthy of a great doctor and fine scientist. Could an attractive and fair-minded translation that accurately conveyed Pinel’s thought have made a difference? Not with everyone. But it would at least have offered the superintendents and the other physicians who cared for the mentally ill new ideas about observation, diagnosis and treatment.

Translators owe their authors a faithful adherence to the text. A bad translation can do lasting damage. “Traduttore, traditore”21, says the proverb. Davis betrayed Pinel.

21 Words of wisdom about translation and a rich bibliography can be found in George Steiner, After Babel: Aspects of Language and Translation (New York: Oxford University Press, 1992).