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Lost (and Found) in Translation: The Reception of Pinel's and Esquirol's Psychiatric Theories and the Conformation of Melancholy, Hypochondria, Mania and Hysteria in Spain, 1800–1855[1]

Abstract: *In the history of psychiatry in Spain, the first half of the nineteenth century has been considered a period of uncritical reception of the theories of Philippe Pinel and Jean Étienne Esquirol. In this article I strive to problematise the diffusionist assumptions of this thesis, studying the participation of local agents in the circulation and reception of medical knowledge. Through a comparative analysis of the paratexts and the modifications made to the translations of the works of these authors, I intend to expose how the theories of Pinel and Esquirol were unified in the Spanish case. Through a concrete analysis of the modification of the diagnoses of melancholy, hypochondria, mania and hysteria, I intend to expose the variations that were applied to medical knowledge in its reception in Spain in order to adapt it to the frameworks of local medicine. Lastly, I intend to expose the methodological advantages offered by conceiving the translations of works and books as cultural products whose meaning is constructed in its place of reception, and not in the place of original publication.*

Key words: *History of Psychiatry – Circulation of Knowledge – 19th Century – Spain – Hysteria*

One of the most widely accepted theses in the history of medicine in Spain is the idea that the discipline of medicine suffered a major regression during the first half of the nineteenth century. In contrast with the strides that scientific knowledge made during the eighteenth century, these vicissitudes had their origin in the French occupation and the consequent war of independence (1808–1814) in the early nineteenth century, as well as the reinstatement of the absolutist monarchy by Ferdinand VII (1814–1820/1823–1833). The difficulties of establishing a constitutional monarchy in Spain, including a full-blown civil war (1833–1839), gave rise to a process of institutional disarticulation and lack of government support that affected all fields of knowledge

1 This article is the product of research carried out within the framework of TRANSCAP; The Transnational Construction of Capitalism during the long 19th Century (PGC2018–097023–B-100) of the Spanish National Research+Development+Innovation Plan, directed by Juan Pan-Montojo and Darina Martykánová. I would like to thank Darina Martykánová, Violeta Ruiz, Víctor Núñez and Carmen Gándara for their comments and suggestions.

production. Thus, during the first half of the nineteenth century, medicine – like the other scientific disciplines – supposedly suffered a paralysis, even regression, which some authors have come to classify as a "period of catastrophe" or of "scientific isolation" when referring to the first thirty years of the century, and as a period of "dependence on foreign theories" when referring to the middle decades of the century.[2] This interpretation has highlighted the backwardness of scientific production in Spain and its dependence on the reception of foreign theories and scientific texts, which at first glance appears evident when comparing the scientific development of Spain to France, Great Britain or the German states. However, this narrative has hindered a historical analysis of the cultural and social realities that influenced this processes of reception of knowledge, applying the studies carried out around the works of Pinel and Esquirol as if they had not undergone modifications in the Spanish case. Moreover, it also assumes an unidirectional and linear notion of modernity, which has come under scrutiny in recent years.[3]

Despite the enormous body of historical research on hysteria and other nervous disorders of the nineteenth century such as melancholy, hypochondria or neurasthenia in France and Britain, in Spanish historiography these subjects have remained largely unexplored. The debate concerning the backwardness of Spanish science has caused existing studies to focus mainly on reconstructing those national scientific schools that advanced original scientific ideas. This methodological nationalism, centred on the search for the nuclei of original scientific production, has privileged the historiographical analysis of those psychiatric schools that emerged in the 1870s as autonomous realms of scientific production.[4] As such, the common historiographical narrative suggests that psychological medicine in Spain did not emerge as an autonomous and differentiated discipline until the end of the nineteenth century, when these schools began to produce their own nosographical tables, analyse

2 The work of José María López Piñero is fundamental in the creation of this historiographical narrative, centered around the backwardness of Spanish science and its dependence on foreign production, which has been profusely repeated. See more in José María LÓPEZ PIÑERO, *Las ciencias médicas en la España del siglo XIX*, Ayer, 1992, vol. 7, pp. 183–240; José Luis BARONA VILAR, *La Doctrina y el laboratorio: fisiología y experimentación en la sociedad española del siglo XIX*, Madrid 1992.

3 Postcolonial studies have been the main promoters of this critique of a linear and unidirectional notion of modernity (in this case of scientific modernity), which has recently produced a rereading of the historiographic assumptions on which the history of medicine and science was based in Spain, the theoretical implications of which are explored in Juan PIMENTEL – José PARDO TOMÁS, *And yet we were modern. The Paradoxes of Iberian Sciences after the Grand Narratives*, History of Science 55, 2017, vol. 2, pp. 133–147.

4 I am referring to the psychiatry schools of Juan Giné i Partagás (1836–1903) in Barcelona and José María Esquerdo (1842–1912) in Madrid, as known fathers of the discipline in Spain. More in Rafael HUERTAS, *Organizar y Persuadir. Estrategias profesionales y retóricas de legitimación de la medicina mental española (1875–1936)*, Madrid 2002; Luis MONTIEL, *La corona de las ciencias naturales: La medicina en el tránsito entre los siglos XVIII y XIX*, Madrid 1993.

the development and aetiology of diseases, and acquire enough institutional strength to become an important site of the production of scientific knowledge. According to this view, the period prior to the foundation of these phrenopathic schools in 1875 was marked by a process of scientific dependency rather than original production. Consequently, studies of this period have limited themselves to confirming that the French nosographical tables were uncritically accepted and served as the absolute frame of reference among early nineteenth century alienists and physicians when trying to study and define any kind of mental disorder.[5]

Indeed, the first original nosographical treatise in the field of psychological medicine to be published in Spain did not appear until the beginning of the 1860s.[6] Until then, the main treatises used were the *Nosographie philosophique ou Traité doctor-philosophique sur l'alination mental ou la manie* (Philosophical Nosography, or the method of analysis applied to medicine, 1801) by Philippe Pinel; and the *Traité des maladies mentales considerées sous le rapport medical, hygienique et medicolegal* (Mental Maladies; a treatise on insanity, 1838) by Jean Étienne Dominique Esquirol. The existing historiography has concluded as a result of this that the first part of the century in Spain was defined by "an uncritical acceptance of the Pinel model first, and later of Esquirol's".[7] However, the dissemination of these nosographical models does not imply that their reading and appropriation in the Spanish case was devoid of nuances and changes. This historiographical presumption has left the long period that preceded the emergence of the phrenic schools of 1870 devoid of any in-depth studies analysing the evolution of psychological medicine in the period between 1800 and 1860. Similarly, it has led to the assumption that the debates that surrounded these different models in their countries of origin were more or less the same in Spain.

Both in the translations of Pinel's *Nosographie philosophique* produced in 1803, 1829 and 1842, and in Esquirol's *Traité des maladies mentales* in 1847 and 1856, we find a great number of paratextual elements such as introductions, footnotes, engravings or additions to the text that were made by their translators, and which are absent in the original versions. According to Gerard Genette, a paratext is every element that surrounds and extends the

5 José Javier PLUMED DOMINGO, *La clasificación de la locura en la Psiquiatría Española del siglo XIX*, Asclepio 57, 2005, vol. 2, pp. 223–253; Rafael HUERTAS, *Nosografía y Antinosografía en la Psiquiatría del siglo XIX: en torno a la psicosis única*, Revista de la Asociación Española de Neuropsiquiatría, 1999, vol. 69, pp. 63–76.; José MARTÍNEZ PÉREZ, *Catalogando la diversidad del comportamiento humano: la nosología francesa decimonónica ante las conductas delictivas (1800–1855)*, Asclepio 47, 1996, vol. 2, pp. 87–114.; Antonio DIÉGUEZ GÓMEZ, *El problema de la nosografía en la obra psiquiátrica de J. Giné y Partagás*, Asclepio 50, 1998, vol. 1, pp. 199–221.

6 José QUINTANA, *Discurso pronunciado sobre la «pasión y la locura» en la Real Academia de Medicina de Madrid*, El Siglo Médico 10, 1863, pp. 341–344, 357–359, 373–375, 390–392.

7 José Javier PLUMED DOMINGO, *La clasificación de la locura en la psiquiatría española del siglo XIX*, p. 227.

text, either to present it or to frame its content.[8] The works of Pinel and Esquirol were the books of reference in medical matters during the period between 1803 and 1868 for the classification of mental illnesses. However, in their reception it is easy to appreciate the cultural and scientific mediation performed by their translators, who framed a certain reading of these works, by including passages, footnotes, and even complete sections and major modifications of the original structure. In the cases of minor modifications, the translators admitted the introduction of changes in the body of the text; in the most extreme interventions, they stated that "neither Pinel nor Esquirol produced a good classification of mental illnesses", defending their modifications on the grounds that "rather than mutilating Esquirol's work, they leave it more rounded".[9] The translators mediated between the original text and its recipients through paratextual modifications that were not always explicit. This endowed the reception of Pinel's Philosophical Nosography and Esquirol's Treatise on Mental Damages with an unstable character, in which the construction of the meaning of the work does not correspond so much with the original as with the changes introduced by the paratextual mediations that framed the works, modifying its content.[10] Compared to studies that have sought to analyse the original postulations of French alienists in order to understand their application within a different cultural and institutional context, my intention is to focus mainly on the contexts of the reception and modification of the work, taking them as the main elements that shaped their meaning.

In this article I attempt to problematise the prevailing interpretation of the Spanish psychological medicine of the 1800s–1860s as a mere receptacle of the great scientific theories of French, British or German(ic) origin. As the Science and Technology in the European Periphery (STEP) group has highlighted, from a diffusionist perspective, a common trend in the history of science has been to conceive peripheries as passive agents that import knowledge from the centres of knowledge creation.[11] Notions such as "transfer", "spread" or "transmission" have been used to understand these processes, based on the assumption that the scientific knowledge formulated and validated in the place of production was transmitted to the rest of the world thanks to an active effort on the part of the scientific communities of emission to passive receivers on the periphery, and assuming

8 Gerard GENETTE, *Paratexts: the holds of Interpretation*, Cambridge 1997.

9 Jean Étienne ESQUIROL, *Tratado completo de las enajenaciones mentales*, Madrid 1856 [Translation by Pedro MATA, 1856].

10 Donald McKENZIE, *Bibliography and sociology of texts*, Nueva York 1999. According to this author, the fact that in the edition of a text there are intermediate agents between the author and the reader, such as editors or typographers, has an impact on the autonomy of a text, and thus that the analysis of reading must prioritise these forms of textual instability, leaving the idea of the primacy of the author and its original intentions of reception in its reading.

11 Kostas GAVROGLU et al., *Science and Technology in the European Periphery: some historiographical reflections*, History of Science 46, 2008, vol. 2, pp. 153–175.

a stable and fixed character of which countries are considered the centre and which ones are thought of as the periphery. In line with the STEP proposal that criticises this view, I intend to explore how local actors adapted what was imported. They were also active agents who modified the content of the knowledge that they sought, introducing their own scientific, political, ideological and cultural logics. I intend to shift the analytical point of view from transmission to reception, and from the perspective of the centre to that of the periphery, in order to emphasise the role of local Spanish agents who incorporated French medical knowledge, as well as the practices of appropriation they engaged in.

My main source will be those paratexts included in the translations of Pinel's *Nosographie philosophique, ou la méthode de l'analyse appliquée à la médecine* (Philosophical Nosography, or the method of analysis applied to medicine) in the translations of 1803, 1827 and 1842, and the *Des maladies mentales considerées sous les rapports médical, hygiénique et médico-legal* (Mental Maladies; a treatise on insanity) by Esquirol in the translations of 1847 and 1856. First, I will explain how Pinel and Esquirol's original ideas underwent a process of unification during their appropriation in Spain. Secondly, I will show how the existing academic framework and institutions in Spain determined the selection of which foreign treatises were introduced, and the reasons why there was a certain selection and modification of Pinel and Esquirol's works. Lastly, I will present the contributions and modifications that the local agents introduced in their reception of the treatises on psychological medicine. Overall, I demonstrate that the point defended by the STEP group stands true: scientific knowledge should not be understood as an object that is implanted from a centre to a periphery in a static way, but rather that it undergoes processes of modification in line with prevalent local ideas and agents. In this article, I focus on the point of view of local recipients, as active agents with strategies of appropriation of ideas around mental illness. Among their appropriation practices, the translation of medical treatises was a way of presenting their own articulations as those of international authorities, as well as a means of rendering them consistent with the prevailing local medical values. As I will show, all these processes resulted in an articulation of the diseases of melancholy, hypochondria, mania and hysteria that have their specific character in Spain, and cannot be considered identical to the catalogues of the French authors.

The reception and unification of Pinel's *unitary psychosis* and Esquirol's *multiple psychosis*

During the first half of the nineteenth century there was an open debate in France and beyond between the defenders of a unitary conception of madness known as *unitary psychosis*, and those who perceived it as a multiplicity of isolated and independent

manifestations, referred to as *multiple psychosis*. The concept of unitary psychosis promoted the view that the different forms of madness were different manifestations of what was, in fact, a single phenomenon. The main advocates of this first conception were Philippe Pinel (1745–1826) and Vincenzo Chiaruggi (1759–1820), directors of the asylums of Bicêtrè in the French capital Paris and San Bonifacio in the Italian city of Florence, respectively. According to them, madness was a unitary and progressive disorder. Chiarugi, in his *Della pazzia in genere e in specie. Tratatto medico-analitico con una centuria di osservacioni* (1793–1794), was the first author to present a unitary conception of madness, designated by the term *pazzia*. With this notion, he was referring to "a kind of chronic and permanent delirium, unrelated to fever or sleep",[12] within which there were three fundamental pictures: melancholy, mania and amenity. These categories were in succession and were arrived at through a progressive evolution through each state. In dialogue with this formulation, Philippe Pinel created the concept of *species*, a fundamental taxonomic category in his conception of mental illness.[13] Thus, in his *Nosographie philosophique ou La méthode de l´analyse appliquée à la médecine* (1801), he presented a widely-disseminated nosographical outline that emulated Chiarugi's conception, establishing four diagnoses. Each disease was an isolated species, understood as a phase within a unitary form of madness of a progressive nature. The eighteenth-century conceptions of madness were based on a Lockean vision, according to which madness was an absolute deviation from reason. The novelty of Pinel's approach was that, by conceiving mental alienation as an affective injury isolated from intellectual processes, it was possible to postulate the existence of different specific and differentiated *alienations* within a broader conception of madness. Its first manifestation was *melancholy*, conceived as a sad affection in which the subject retains his or her ability to reason. Within this picture, there were a multiplicity of forms of *madness without delirium*, characterised by sentimental defects that did not affect reason. The second manifestation

12 Vicenzo CHIARUGI (1793–1794), *Della pazzia in genere e in spcie. Trattato medico-analitico con una centuria di osservazioni*, Roma 1991. Quoted in Rafael HUERTAS, *Nosografía y antinosografía en la Psiquiatría del siglo XIX: en torno a la psicosis única*, Revista de la Asociación Española de Neuropsiquiatría 19, 1999, vol. 69, pp. 63–76; more in Henri GRIVOS (ed.), *Psycose naissante, psychose unique*, París 1991; German BERRIOS – Dominique BEER, *The Notion of Unitary Psychosis: a conceptual history*, History of Psychiatry 5, 1995, pp. 13–26.

13 Philippe Pinel is widely recognised as the father of modern alienism, as a result of the widespread international circulation of his nosographic work produced as a compilation of his years as medical director of the Bicêtre and La Salpêtrière insane asylums during the revolutionary and post-revolutionary period. His study is the point of all the great methodological conceptualisations of the History of Psychiatry, from Jean Michael FOUCAULT, *Folie et Déraison: Histoire de la folie à l'âge classique*, Paris 1961; Jan GOLDSTEIN, *Console and Classify: The French Profession in the Nineteenth Century*, Chicago 2001; Gladys SWAIN, *Dialogue avec l'insensé*, Paris 1991. A good analysis of Pinel's trajectory can be found in Louis CHARLAND, *Science and morals in the affective psychopatology of Philipe Pinel*, History of Psychiatry 21, 2010, vol. 1, pp. 38–53.

was *hypochondria*, an intensification of the previous alienation, accompanied by physical disorders. Subsequently it evolved into *mania*, as a circumscribed alteration of reason (which included hysteria); and finally dementia or *idiocy* occurred, as a general alteration of the mental faculties. It is a unitary conception of mental illness, in which each species differs by intensity within a single condition, and which starts from an affective disorder characterised by sadness until it produces a picture of total absence of reasoning.[14]

In contrast with this unitary and progressive conception of madness, Jean Étienne-Dominique Esquirol[15] (1772–1840) was the main defender of the existence of multiple psychoses. In contrast with the notion of species in Pinel's work, Esquirol postulated the notion of *genra* (genders), as possible differentiated mental illnesses, which affected a single mental faculty in isolation.[16] Faced with Pinel's notion of progressive madness, according to which melancholy represented its first phase and dementia its last, Esquirol proposed five main categories for the diagnosis of mental illnesses – lypemania, monomania, mania, dementia and idiocy – which were based on a new conception of mental faculties. Unlike Pinel, who had conceived the mind as a unitary whole, according to which any form of madness would affect the entire psyche of the subject, Esquirol conceived the faculties of understanding as separately operating units; consequently specific injuries of reason, affections or will could occur without affecting the rest of the subject's internal apparatus. Thus, *idiotism* or *imbecility* was a constitutive lack in the formative development of the brain that impeded reasoning. *Dementia* was also an inability of the brain to reason, but this time due to degeneration and loss of energy to perform its functions, due to age. *Mania* was a form of insanity that affected more than one mental faculty simultaneously. But his greatest proposal was that of *monomania*, which he put forward to replace the Pinelian category of *madness without delirium*. In monomania, the patient retained his ability to reason, but presented a specific delusion about a recurring idea, or an obsession around a single object. A monomaniac was a fully healthy subject whose mental faculties were fully functional, except for a single object of thought. It is a "chronic cerebral affection, without fever, characterised by a partial injury of the intelligence, of the affections or of

14 Georges LANTERI-LAURA, *Essai sur les paradigmes de la psychiatrie modern,* Paris 1998, pp. 73–114; L. CHARLAND, *Science and morals*, pp. 38–53.

15 Jean Etienne-Dominique Esquirol, a student of Philipe Pinel, was his successor as chief medical officer of the La-Salpêtrière insane asylum, in which he carried out a work on the institutional construction of French psychiatry that earned him widespread international dissemination and stabilisation of his nosographic proposals around madness. Rafael HUERTAS, *Between Doctrine and Clinical Practice: nosography and semiology in the work of Jean-Etienne-Dominique Esquirol (1772–1840)*, History of Psychiatry 19, 2008, vol. 2, pp. 123–140.

16 While Pinel designated the different conditions of his nosography under the term of alienations, in Esquirol's work they are already referred to as mental illnesses. G. LANTERI-LAURA, *Essai sur les paradigmes*, pp. 135–136.

the will".[17] Consequently, depending on the object of thought on which the patient was focused, a diagnosis could be made of homicidal monomania (murder), pyromania (fire), kleptomania (theft), or erotic monomania (sex; sometimes similar to nymphomania and hysteria), among others. Lastly, *lypemania* (equivalent to classical melancholy) was a general monomania, affecting all thoughts in everyday life with a sad, sentimental affection. Both in lypemania and monomania, the patient's reason remained intact, in contrast with cases of mania, dementia and idiocy. Faced with the Pinealian notion of a progressive disease caused by a progressive affection from sadness to reason, Esquirol postulated five disorders differentiated both by their causes and by the mental faculty they affected, which were "different enough that they cannot be confused".[18] (Fig.1)

Fig. 1. Pinel's and Esquirol's Nosographical Classifications

P. Pinel's Classification	**J.E. Esquirol's Classification**
1 Order: Alienations or mental disorders of the soul without fever.	1 On Madness and its variations
1.1 Species: Hipochondria	1.1 Gender: monomania
1.2 Species: Melancholy	1.1.1 Erotic monomania
1.3 Species: Mania	1.1.2 Rational Monomania without delirium
1.4 Species: Hysteria	1.1.3 Toxic monomania
	1.1.4 Burning monomania
	1.1.5 Homicidal monomania
	1.2 Gender: Mania
	1.3 Gender: Dementia
	1.4 Gender: Idiotism
	1.5 Gender: Lypemania (Melancholy)

In France, Esquirol's nosographic classifications ended up replacing Pinel's, since they offered a clearer framework for establishing possible diagnoses.[19] In Spain, both nosographic classifications enjoyed equally resounding success in psychological medicine in the first half of the nineteenth century. Although some authors defended the full replacement of Pinel by Esquirol, in general both classifications were read simultaneously, and even merged through the appropriation of certain elements of each theory and the exclusion of others,

17 Jean Étttiene ESQUIROL, *Des maladies mentales considérees sous les rapports médical, hygiénique et médico-legal*, París 1838, pp. 324–330.

18 J. É. ESQUIROL, *Des maladies mentales*, pp. 114–115. Quoted in Rafael HUERTAS, *Nosografía y antinosografía en la Psiquiatría del siglo XIX: en torno a la psicosis única*, pp. 66–67.

19 Philippe HUNEMAN, *From a Religious View of Madness to Religious Mania: the Encyclopédie, Pinel, Esquirol*, History of psychiatry 2, 2017, vol. 28, pp. 147–165.

which allowed local actors to create their own classifications. Esquirol's nomenclature was adopted around 1835, but it was perceived via the Pinelian paradigm of unitary psychosis. At the same time, the reception of both authors was neither passive nor total, and included some criticism. We find continuous complaints regarding the limitations of the existing nosological tables, both in publications referring to practical questions related to the detection of mental disorders and in some of the introductions to the treatises. Indeed, the introduction written by the famous forensic physician and professor of Legal Medicine Pedro Mata (1811–1877) in his translation of Esquirol's *Traité* from 1856 claimed that "the studies you can find at present in both the of *Anales de Higiene Pública y Medicina Legal* and the *Anales médico psycologicos* [Annals of Public Hygiene and Legal Medicine and Medico-psychological Annals] in Madrid are much more on the level of current knowledge than Esquirol's writings",[20] justifying the introduction of changes in his translation of the work with reference to the need to update it. Similarly, in most of the specialised articles on psychological medicine in the medical press we find more or less specific considerations regarding the existing classifications. Following the dissemination of Esquirol's work before it was translated, its nomenclature based on the category of *monomania* enjoyed a resounding success, as it allowed for a much greater degree of specialisation in diagnosis than the generic classifications of alienation and *madness without delirium*. The diagnosis of monomania was used years before the first translation of Esquirol's *Treaty*, although his category of *lypemania* was hardly used, while that of *melancholia* remained more commonly used. However, while in France the notion of monomania was proposed in order to defend the existence of multiple separate disorders in isolated types or genders, the Spanish reception of it appropriated the term in such a manner as to include it in the paradigm of unitary psychosis. Thus, for example, the *Memoria de la Casa de Dementes de Zaragoza* [Memory of the Asylum of the Insane of Zaragoza], written in 1835 by the asylum's director, Fernando Ballarín, argues as follows:

> *"All the groups of symptoms by which the previous species are called constitute only different degrees of the same disease [...] Madness is the maximum or minimum of a passion or condition, as the famous Esquirol believes."*[21]

In the same way, in a speech entitled *Consideraciones sobre las enfermedades mentales* [Considerations on mental illnesses], presented at the Faculty of Medicine in Madrid in 1847 by José Rodríguez Villargoitia (1811–1854), chief physician of the Hospital General

20 J. É. ESQUIROL, *Tratado completo de las enfermedades mentales*, p. 3.

21 Fernando BALLARÍN, *Memoria sobre el establecimiento de dementes de Zaragoza*, Gaceta Médica de Madrid 1, 1835, pp. 367–370, 374–378, 386–388, 367.

de Dementes in Madrid, and in subsequent considerations in a series of articles from 1853 entitled "Consideraciones sobre la alucinación y las alucinaciones" [Considerations on hallucination and hallucinations], he criticised the hypothesis of multiple psychosis despite adopting Esquirol's categories:

> *"A circumscribed insanity that does not affect more than one faculty necessarily implies the presence of different, separate and independent forces in the brain, an idea that is unsustainable."*[22]

Like Pedro Mata, Villargoitia also maintained that "the mental nosology of the most famous nosographers is not enough to include all the varieties that are observed in institutions".[23] In this sense, as already mentioned, we see that the Esquirolian nomenclature was adopted through the Pinelian paradigm of unitary psychosis. Faced with the historiographical thesis that both authors were uncritically received, we can see important modifications. Esquirol's *Treatise* did not replace the validity of Pinel's work, since its last translation, in 1842, was produced when the category of *monomania* was already in common usage within the discipline. Both authors were read simultaneously, and their reading in Spain consisted in a merging of their ideas into a homogeneous diagnostic paradigm. These debates and criticisms appeared in articles associated with practical questions, indicating that the reception of the French nosographical tables was influenced and determined by practical and clinical issues, rather than those of the place of production. In the prologue to the last translation of Pinel's *Nosography*, in 1847, its translator defended the work as "necessary, due to its low cost and low volume, for the teachers of towns and for the military".[24] The categories proposed by Esquirol were adopted due to their practical usefulness, since their notion of *monomania* allowed for much greater precision when designating the object of fascination of an alienated person, compared to Pinel's concept of madness without delirium. However, those unconvincing theoretical aspects were removed, transforming them through the Pinelian theory of unitary psychosis. Despite the fact that in their original site of production these two theories defended opposite frames of conceptualising mental illness, in Spain they were unified in their reception.

22 José RODRÍGUEZ VILLARGOITIA, *Consideraciones sobre las enfermedades mentales*, La Facultad 2, 1847, pp. 137–138, 151–154, 167–170, 186–187, 214–215. Rodríguez Villargoitia was the director of the Insane Asylum of the General Hospital of Madrid, and one of the main alienists of the second quarter of the 19th century. For more, see Antonio REY GONZÁLEZ, *Clásicos de la medicina española en el siglo XIX: José Rodríguez Villargoitia*, Revista de la Asociación Española de Neuropsiquiatría 4, 1984, vol. 10, pp. 264–275.

23 J. RODRÍGUEZ VILLARGOITIA, *Consideraciones sobre las enfermedades mentales*, p. 264. Quoted in José Javier PLUMED DOMINGO, *La clasificación de la locura en la psiquiatría española del siglo XIX*, Asclepio 57, 2005, pp. 223–253, here p. 228.

24 Philippe PINEL, *Nosografía Filosófica*, Madrid 1847, p. 1 [Translation by HURTADO DE MENDOZA].

Variations in the diagnosis of Melancholy, Hypochondria, Mania and Hysteria

Understanding how nosographies were formulated in this period is vital when dealing with diagnoses of disorders such as hysteria, melancholy or hypochondria, since the first references to these disorders that offer a detailed description are found in the translations of the above-mentioned French works, which defined them as different kinds of madness. Contrasting the differences that existed in the treatises on these diagnoses allows us to understand the extent to which a creative appropriation of the original works by Pinel and Esquirol took place. I focus mainly on the analysis of hysteria, as it is a particularly difficult disorder to deal with in the Spanish case. In the medical press I have found the diagnosis applied, but no systematic descriptions of the disorder, which can only be found in these treatises. Also, there is no isolated diagnosis of hysteria in the records of asylum patients. Instead, it was a comorbid disorder, always associated with other conditions such as monomania or dementia. Most of the diagnoses registered were cases of "illusory monomania with hysterical complications" or "reasoning monomania with hysterical delirium". If they exist, the isolated diagnoses of hysteria would probably be registered exclusively in domestic visits to patients without hospitalisation, for which we do not have any sources.[25] The option that remains is to analyse hysteria in the diagnoses of this disorder as "comorbid", or associated with other diagnoses. On the factual level, diagnoses of hysteria were always associated with cases of melancholy, hypochondria or monomania. Tackling them together is the only way to explore how all these diagnoses were interrelated. The modifications introduced in the French treaties when describing this disorder are therefore a useful source for reconstructing the local definitions of these diagnoses in Spain, beyond the original authors' postulations.

The active and intentional modification of the nosographical tables is evident, with the inclusion of new diagnostic categories and treatments, as well as new ways of understanding certain disorders and their origin. This is particularly evident when one compares the

25 Until the Mutual Relief Law of 1847, medical practice was based on home visits by private practitioners hired by each municipality, reserving confinement in mental hospitals and general (ecclesiastical or state) hospitals for cases in which reclusion was necessary for the social prevention of the disease. Although these debates took place during the Liberal Triennium (1820–1823), it was only in 1847 that a change was legally established in this regard, which would not take effect until well into the 1860s and early 1870s, as shown in Darina MARTYKÁNOVÁ – Víctor-Manuel NÚÑEZ-GARCÍA, *Luces de España. Las ciencias útiles en el Trienio Constitucional*, Ayer 2021 [in press]; Álvaro CARDONA, *Los debates sobre salud pública en España durante el Trienio Liberal*, Asclepio 2, 2005, vol. 7, pp. 172–202; and in Darina MARTYKÁNOVÁ – Víctor-Manuel NÚÑEZ-GARCÍA, *Vaccines, Spas and Yellow Fever: Expert Physicians, Professional Honour and the State in the Mid-Nineteenth Century*, Theatrum historiae 27, 2020, pp. 7–30.

content of Pinel and Esquirol's original nosographies (Fig. 1) with the alterations they underwent in the process of translation (Fig. 2).

Fig. 2. Modifications made to P. Pinel's and J. E. Esquirol's nosographical models

Modifications made to Pinel's work in 1829 (Suárez Pantigo, P.) and 1842 (Hurtado de Mendoza, M.)	**Modifications made to Esquirol's work in 1856 (Mata, P.)**
1 Vesanías (Alienations)	1 On idiopathic madness by perversion
1.1 Hypochondria	1.1 On Mania
1.2 Melancholy	1.2. On Monomania
1.3 Mania	1.2.1 Lypemania
1.4 Amency	1.2.2 Demonomania
1.5 Idiotism	1.2.3 Suicidal monomania
1.6 Sonambulism	1.2.4 Erotomania
1.7 Efialtes or nightmares	1.2.5 Reasonable monomania
1.8 Hydrofobia	1.2.6 Drunk monomania
2 Aphrodisiac neurosis of the male sex	1.2.7 Burning monomania
2.1 Anaphrodisia	1.2.8 Stealing monomania
2.2 Dispermatism	1.2.9 Homicide monomania
2.3 Satyriasis	1.3 Dementia
2.4 Priapism	1.4 Idiotism or imbecility
3 Aphrodisiac neurosis of the female sex	
3.1 Nymphomania	
3.2 Hysteria	

In the first translation of Pinel's nosography, produced in 1803 by the head physician of the Royal Site of La Granja, Luis Guarnerio y Allavena, the general structure of the treatise remained very similar with respect to the original. In the introduction, the translator claimed to have modified the original work and to be offering "a translation very different from the one he would have presented were it all literal".[26] His claim stands true, as it is evident that he made modifications in the etiologies of the nosographic classification of disorders. In each case, a general description of mental illness is given, defining them on the whole as *vesanías* or "mental illnesses of physical or moral origin, not located in the

26 Philippe PINEL, *Nosografía Filosófica o aplicación del método analítico a la Medicina*, Madrid 1803, pp. 20–21 [Translation by Luis GUARNERIO y ALLAVENA, 1803].

brain".[27] In this version, vesanías are presented according to the model of *unique psychosis*, as a unique disorder, caused mainly by "the contemplative life, loneliness and abstinence ... regret, reversals of fortune, terrors, love misfortunes, events of revolution"[28] and that "in women they are complicated by hysteria"[29] – causes that were absent in Pinel's original work.

In this first classification, hysteria is included as a type of mental illness, since nosographically it was included in the group of *vesanías* together with melancholy, hypochondria, mania and idiocy. Despite defining this set by the absence of a specific physical cause, there are continuous allusions to a biological cause for hysteria: the uterus. The disease was associated with "irregular menstruation, pregnancy, or childbirth."[30] Concrete allusions were also made regarding the possibility of it being caused by "reading, moral influences, or the long absence of the husband".[31] The translation thus maintained an ambivalent character of hysteria, mentioning both physical (the uterus) and moral causes, and hysteria was always associated with other disorders such as delirium, melancholy or hypochondria. In short, in this first translation it was presented as a feminine condition, which included the three previous disorders. Melancholy, hypochondria and mania were presented as universal diseases (as male), and three progressive degrees of a single psychosis, while in the case of women, they were unified under the category of hysteria as its correlate.

However, there are significant variations between this version and the translations of 1829 and 1842, produced by the physicians Pedro Suárez Pantigo and Manuel Hurtado de Mendoza respectively. In Pantigo's translation, the order of the contents was changed so as to include mental illnesses that had not been included in the previous or original translation (such as somnambulism, amency or hydrophobia). The most important change, however, was the inclusion of a doctrinal introduction at the beginning of the work, with general explanations of the medical aetiology of the period. Similarly, Hurtado de Mendoza's translation kept the modifications made in 1829, but changed the introduction. Each disease was presented in four sections: synonyms in other works, predisposition and causes, symptoms and treatments. In 1803, hysteria was included in *vesanías*, the group of mental illnesses of unknown cause. However, in these new translations it was displaced to the group of "aphrodisiac neuroses", together with nymphomania (a disease exclusively for women) and satyriasis (its male equivalent), as a disorder located in the sexual organs. This general group was described as "examples of the disorder and corruption of the customs and evils of excessive pleasures", and in cases concerning men as "caused by an

27 P. PINEL, *Nosografía Filosófica*, vol. 2, pp. 13–14.
28 *Ibid*., pp. 14–15.
29 *Ibid*., pp. 15–16.
30 *Ibid*., pp. 56–57.
31 *Ibid*., pp. 56–57.

idle and effeminate life".[32] Similarly, the 1842 version included a footnote that was absent in the 1803 translation and in Pinel's original, in which it is argued that the affections of the sexual organs were:

> *"Unknown to village people, they spread in large towns as a particular vice among them, originating from an idle life, from comfort and lust, from excesses of all kinds and from the perversion of customs."*[33]

The way in which particular cases were presented was also modified. For example, the 1803 translation presented a case of a patient with satyriasis (uncontrollable sexual desire in a man) who was cured solely through activities such as gardening or walking: "I managed to heal one of these cases by advising him to dedicate his time to gardening".[34] In the 1842 version, the same case was presented in radically different terms: instead of gardening, the patient's treatment included "bleeding, scarred suckers, topical fostering, nymphs" as part of a long list of physical treatments spanning three pages, as well as "venereal pleasures in moderation, walks on foot, science studies, running away from libidinous ideas, not abusing leisure, neither bed nor alcohol",[35] which were also prescribed, among a much larger list of treatments than the one that appeared in the first translation. Both translations used clinical cases as empirical tests of scientific knowledge, but used the same patient's case with different remedies, which – being translations written thirty-nine years apart – is impossible. This fact could be explained taking to consideration the fact that the treatises kept the same examples while adding new healing methods, in accordance with the pedagogical and practical nature of the texts. However, it is clear that the appropriation of Pinel's nosography from 1842 not only took the original as a reference, but that it also established a dialogue with already existing translations. As such, the introductions or modifications of these works were not as influenced by the original as they were by the academic framework of their reception.

The 1803 version conceptualised hysteria as a general category comparable to melancholy or hypochondria in the case of women, with exclusively physical causes. However, in the translations of 1829 and 1842 it was established in communion with nymphomania. Nymphomania was defined as a moral condition "produced by dishonest shows and readings, incentive songs, laziness, gentleness, masturbation, and everything that can excite passions of love".[36] The 1842 translation pays much more attention to elucidating whether

32 *Ibid*., pp. 122–123.
33 P. PINEL, *Nosografía Filosófica*, pp. 451–452 [Translation by Manuel HURTADO DE MENDOZA, 1842].
34 P. PINEL, *Nosografía Filosófica*, pp. 125–126 [Translation by L. GUARNERIO y ALLAVENA's, 1803].
35 P. PINEL, *Nosografía Filosófica*, pp. 454–455 [Translation by M. HURTADO DE MENDOZA's, 1842].
36 *Ibid*., pp. 456–457.

nymphomania was caused by imagination, behaviour or loss of judgment, after which "it leads to hysteria, those who contract it behave like prostitutes, attack and mistreat anyone, ending in mania and finally death".[37] The translator concludes by stating that "the only remedy is marriage". In contrast with both the first translation and the original, hysteria was described as having "the same causes as nymphomania", but with ascribed physical symptoms which made it a more severe condition. Thus hysteria ceased to be a mental illness and instead became a pathology derived from the uterus. In turn, the 1842 version included three new pages describing physical symptoms, including "a certain balloon that originates in the uterus and ascends to the stomach, producing heat or cold in the neck," which did not appear in the first translation or in the original text.

Compared to the 1803 translation, in 1842 hysteria seems to have become a phenomenon unique to urban settings, associated with deviations from a certain sexual order, distinguishable from nymphomania only by the presence of physical pain in the stomach, whereas in the early part of the century it had been defined as a mental illness without physical origin. Along these lines, in the translations of Esquirol's *Treatise on Mental Disorders*, the content also underwent major modifications. The biggest modification in its first translation, produced in 1847 by a medical student named Raimundo de Monasterio y Correa, consisted of the elimination of one third of the original work (the third dedicated to legal medicine). In the second translation, produced in 1856 by Pedro Mata,[38] the professor of legal medicine presented a general introduction in which he criticised Juan Pantigo's 1847 translation, and explicitly stated his interest in modifying the content of the work. In this new version, "many of these materials have undergone numerous changes and considerable additions in order to present them in relation to my observations, [...] and I have contributed to the progress of these advantageous modifications through my writings".[39] He criticised Esquirol's original classification, and included lypemania as a subset of the genre of monomanias in order "to give it the order and method that it lacks".[40] A remarkable aspect of this edition is the inclusion of only some of the original lithographic engravings for economic reasons; those selected were based on the criteria of

37 *Ibid*., pp. 455–456.

38 Surgeon by training, governor of Madrid and parliamentary deputy for Tarragona, Pedro Mata (1811–1877) is considered the father of Legal Medicine in Spain, as the main architect of the university reform that unified the disciplines of Surgery and Medicine in a single study plan that included the chair of Legal Medicine, and as the main promoter of the National Corps of Forensic Physicians. Jacint CORBELLA I CORBELLA, *La obra médica de Pedro Mata*, Gimbernat: revista catalana d'història de la medicina i de la ciència, 2011, vol. 56, pp.19–31.

39 J. É. ESQUIROL, *Tratado completo de las enfermedades mentales*, p. 23.

40 *Ibid*., p. 9.

being "most useful, since most are not due to their inexact or exaggerated nature".[41] We also find several footnotes that amend its content, one of which is linked to the part in which nymphomania and hysteria are described, as they were not included in his nosological picture of mental illness. Thus, in the 1847 translation, a footnote stated:

> *"As you can see, the author says nothing about a kind of erotomania called nymphomania and satyriasis. However, this condition would deserve to appear in a treatise of mental diseases, especially since it frequently causes certain acts and behaviours that are classified as crimes by the legal codes. […] This last form of erotomania does not differ from the other except for the fact that the impulse or cause is physical; it comes from a state of exaltation of the genital organs, which is to say, from an exaggerated, sick instinct that disrupts intelligence and morale."*[42]

In Pinel's 1842 translation, still in circulation by the early 1850s, hysteria was no longer considered a mental illness. In the 1856 translation of Esquirol's work, it is not listed as a mental illness, although its translator claimed that it should be. It seems that in the mid-nineteenth century, hysteria became an ambivalent issue, with conflicting views on whether it should be considered a mental illness or not. Similarly, in the remainder of mental illnesses there are notable variations with respect to the causes and social groups that each illness was associated with. In the 1803 translation, hypochondria and melancholy were presented as disorders common among the aristocracy and ruling elites, presenting Louis XI and Tiberius as respective examples of each condition. In describing the picture of melancholy, it stated:

> *"Let us dwell for a moment on some features of the horrific depravity and ferocity that have distinguished Emperor Tiberius and Louis XI, and which present the melancholic temperament in its highest degree. […] What distinguishes these men is not the art of war or the effervescence of age; the rest of their lives is spent engaging in fallacious and unsuccessful preparations, in deliberate delays, in illusory projects of military expeditions and in full negotiations of cunning and perfidy."*[43]

Three more pages are dedicated to the description of both rulers, and their "sad taciturnity, grim and contemptuous aspect, love of loneliness and looking sideways", among other qualifications. However, in the 1829 version – an addition that was retained

41 *Ibid*., p. 10 [Translation by P. MATA's, 1856]. Esquirol's original work included an Atlas of representative engravings of each nosographic type treated to aid in its diagnosis. The engravings included in Mata's translation are actually much lower quality woodcuts that mimic the images of Esquirol's original; the reason why although its modification by quality criteria is defended, the authentic cause seems to be economic. The best analysis in this regard is found in Georges DIDI-HUBERMAN, *Invention de l'hysterie. Charcot et l'iconographie photographique de la Salpêtière*, Paris 1982.

42 Jean Étienne ESQUIROL, *Tratado completo de las enfermedades mentales*, Madrid 1847, p. 3 [Translation by Raimundo DE MONASTERIO Y CORREA, 1847].

43 P. PINEL, *Nosografía Filosófica,* p. 22 [Translation by L. GUARNERIO y ALLAVENA's, 1803].

in the 1842 translation – melancholy and hypochondria no longer appear as diseases of the rulers or aristocratic classes, but become a phenomenon of the bourgeois classes and intellectuals or liberal professions:

> *"Those with exquisite sensitivity and easy disposition to get angry, or apathetic, are most predisposed to hypochondria; as are those weakened by thought and deep study; those accustomed to a tumultuous and hectic life who are left without chores, those who lose weight due to misery and nostalgia; those thirsty for honours, decorations and riches; those who read medical books."*[44]

The translation of French treatises within the context of Hippocratic Medicine

The only way to explain the reception process of each work, as well as the modifications that each author introduced, is to attend to the general context of Spanish medicine during the different moments of appropriation. Analysing these frameworks will allow us to obtain a better understanding of the paratexts already exposed, generating a richer vision than that which is derived from simply conceiving this period as characterised by an uncritical reception of the French authors in Spain. The first translation of Pinel's *Nosographie*, produced in 1803 by Guarnerio y Allavena, a physician at the Royal Site of La Granja, is the result of a constant process of transmission of knowledge between the French and Spanish medical communities. In this period, the medical theories and practices of the Spanish medical communities was similar to the one developed in France, the Italian lands, Portugal, Great Britain or the Holy Roman Empire, and it is easy to appreciate the constant circulation of scientific knowledge in which Spanish doctors, as members of the transnational Republic of Letters, were both recipients and producers during the eighteenth century. Moreover, during the period of the first translation, the diplomatic ties of the Spanish monarchy with Napoleonic France, allies against England since the signing of the Treaty of San Ildefonso in 1800, made travel to Paris easy, enabling those savants and medical apologists to introduce novelties and reforms in the institutions of the monarchy, who were known as *afrancesados*. This exchange was especially fruitful during the reign of José Bonaparte, appointed by his brother Napoleon from 1808 to 1813. Thus, the vitalist theories of French authors of the Montpellier school such as Xavier Bichat (1772–1838), Paul Joseph Barthez (1734–1806), Jean Louis Alibert (1768–1837) or Philippe Pinel (1745–1826) found an enormous accommodation within Spanish productions, since their theories were considered to offer a general framework in which to insert the different practical advances that were emerging in Spain. As such, in 1803, Vicente Carrasco translated the *Principes*

44 P. PINEL, *Nosografía Filosófica,* p. 377 [Translation by M. HURTADO DE MENDOZA's, 1842].

du Physiologie of Charles-Louis Dumas; that same year, the doctor Tomás García Suelta translated the *Recherches physiologiques sur la vie et la mort* of Xavier Bichat; and in 1807, Ramón Trujillo translated *Anatomie générale appliquée à la physiologie et à la médecine* by this same author. Guarnerio y Allavena's translation of Pinel's *Nosographie Philosophique* in 1803–just two years after its publication – addresses this same process. The existence of fluid networks for the circulation of knowledge between the French and Spanish scientific communities is the basis on which to interpret this first translation, while it is easy to find treatises by these same Spanish authors translated into French. The main concern of the Spanish authors of this period was to incorporate those works of Montpellier vitalism that could offer a general framework, which systematised local knowledge and discoveries into nosological pictures within a coherent doctrinal set.[45]

However, the two subsequent translations, produced in 1829 and 1842, cater to different logics. The Napoleonic wars did not prevent the circulation of this knowledge, but did limit its institutional implementation from 1808, and with the return in 1814 of Ferdinand VII to the throne in 1814, signalling the return to the Ancien Regime, it suffered notable difficulties. Ferdinand VII's reign as absolute monarch (1814–1820/1823–1833) has often been seen as a period of radical backwardness and dismantling of scientific institutions, as well as a period of exile of the main scientific authorities. However, recent research studies show that there were also continuities between absolutist institutions and reform attempts in the revolutionary constitutional periods. Many men of science suffered exile as a result of their liberal or reformist convictions, but were sometimes pardoned and reintegrated into existing institutions. However, the return to broad censorship policies and the financial crisis hampered both scientific publication and debate and the development of consolidated public institutions.[46] During this period, medical practice based on the anatomical-clinical advances of surgery and pharmacology gained ground, as opposed to large models and systematisations. During the 1820s there was a return from France of those doctors who defended physiological theorisations against the radically empirical presumptions of anatomical-clinical medicine. They reintroduced the vitalistic authors and physiologists of the Montpellier school, the aforementioned Bichat, Alibert or Pinel, as well as new authors such as François-Joseph-Victor Broussais (1772–1838). The vitalist theorisations of the early authors attached special importance to the weight of the soul and the life force as an agent of explanation in medical practice. In contrast, Broussais' vitalistic physiology, while recognising the life force as a possible cause of disease, offered a causal explanation of how afflictions of the soul could cause physical illness. In his *Exam*

45 Nicolás FERNÁNDEZ MEDINA, *Life Embodied. The Promise of Vital Force in Spanish Modernity*, Quebec 2018, pp. 199–236; J. L. BARONA VILAR, *La Doctrina y el laboratorio*.

46 D. MARTYKÁNOVÁ – V. M. NÚÑEZ-GARCÍA, *Luces de España*, pp. 18–22.

des doctrines medicales (1816), he argued that inflammation of the gastrointestinal tract was the source of most diseases of the human body. Caused by an external stimulus, the inflammation of one of the digestive organs would be transmitted to the rest of the body through the nervous system, causing multiple pathologies. Elimination of the stimulus that caused hyperstimulation (*-sthenia*) or understimulation (*-asthenia*) of the affected organ was the key to treating the disease. Such stimulations could have both physical and spiritual causes. This new form of vitalism allowed the incorporation of empirical anatomic-clinical knowledge into a general formulation that included merely physical, as well as spiritual, explanations. Its translation and introduction in Spain was the battlefield where authors who subscribed to great medical theories tried to incorporate the existing anatomic-clinical practices into a new unified theoretical body composed of vitalist and physiological theorisations.[47]

Broussais's physiological formulations, as well as his reformulation of materialistic proposals, were introduced in Spain by Manuel Hurtado de Mendoza, known as the "Broussais of Madrid", between the 1820s and 1830s.[48] On his return to Spain, this physician from Valladolid – who had been exiled in Paris and had been a student of Broussais himself between 1815 and 1818–was the main disseminator of physiological doctrines, in which the recognition of the soul as an incorporeal agent located in the body prevailed.[49] Both in his apologetic treatise *Vindication and Explanation of Physiological Medicine* (1826) (which included a translation of Broussais's *Catechism of Physiological Medicine*) and in his *Complete Elementary Treatise on General or Physiological Anatomy* (1829), he offered a reformulation of Broussaism which incorporated practical elements of anatomy and pathology, as well as physical-chemical analysis. Both works are filled with practical cases in which a new medical vocabulary of a physiological nature was exposed, focused on terms such as "contractibility", "excitability", "inflammation", "sensitivity" or "stimuli", deployed in order to replace and redefine the classic forms of prevailing anatomical-clinical Galenic medicine, which focused on humoral theory and putrefaction. In this way, the work of Hurtado de Mendoza was a reformulation of the physiological approaches that

47 N. FERNÁNDEZ MEDINA, *Life Embodied*, pp. 218–222; Elizabeth WILLIAMS, *The physical and the moral: anthropology, physiology, and philosophical medicine in France, 1750–1850*, Cambridge 2002, pp. 115–176.

48 Mario César SÁNCHEZ VILLA, *Entre Materia y Espíritu: Modernidad y enfermedad social en la España liberal (1833–1923)*, Madrid 2017, p. 92. Regarding the introduction of Broussais's thought in Spain by M. Hurtado de Mendoza, Consuelo MIQUEO MIQUEO, *Introducción y difusión de la <<Medicine Physiologique>> de FJ.V. Broussais (1772–1838),* Llul, vol. 10, 1986, pp. 97–124; IDEM, *La introducción de la obra de FJV Broussais en España. Estudio bibliométrico*, Dynamis 7, 1988, vol. 8, pp. 171–185; Bertha GUTIÉRREZ RODILLA, *El vocabulario teminológico de medicina de Manuel Hurtado de Mendoza*, Revista de Filología Española 92, 2012, pp. 249–272.

49 C. MIQUEO, *La introducción de la obra de FJV Broussais en España*, p. 179.

incorporated those aspects of anatomical-clinical practice defended by detractors of this current, who objected that the theorisations of vitalism were based on ideal abstractions and not on medical practice.[50]

As the historian Consuelo Miqueo recounts, during this period the medical disputes between the defenders of the anatomic-clinical tradition (critics of theoretical systematism and defenders of a medical discipline based on practical experience) on the one hand, and the supporters of Broussais's physiology and vitalism on the other, were only expressed frontally in philosophical-theoretical debates on the conception of the discipline, since in their daily practice they adopted practically identical methods. Physiological-vitalist theorist assimilated a large number of the postulates of anatomic-clinical praxis, such as methodological localism or the use of autopsy, carrying out a re-reading of the same practical processes through theorisations of Bichat, Broussais and Pinel.[51] Their works were valued as they allowed to provide general theoretical explanations for the existing medicine as it was practiced in the Peninsula, and their medical treatises were modified in their translation to incorporate such local practices and knowledge.

Providing translations of the great nosographic treatises of the main authors of French physiological medicine with systematic explanations, which incorporated the practical experience of the anatomic-clinical tradition developed until the 1820s in the Peninsula, was one of the strategies that enabled Broussais's theory and systematic physiology to establish itself successfully. It was this need to incorporate the practical experiences of anatomical medicine into a general system that motivated the translation of P. Pinel's *Philosophical Nosography* by Pedro Suárez Pantigo in 1829, as well as Manuel Hurtado de Mendoza's translation in 1842, from the late 1820s. Both translations are part of a greater dynamic of introduction, translation and adaptation of works of physiological medicine to the Spanish environment, such as that of the aforementioned *Catechism of Physiological Medicine*. The best example of how the reception and reading of the works of the Montpellier school was adapted in Spain, with the aim of providing an argument of authority that tipped the balance in favour of the defenders of physiological medicine, can be found in the Introduction that Pedro Suárez Pantigo incorporated into his translation. It is a brief physiological treatise with great theoretical explanations around the concepts that were central to this medical current, namely of health, illness, life or therapy. Citing Broussais and Bichat, Pantigo

50 The aforementioned anatomical treatise, Manuel HURTADO DE MENDOZA, *Tratado elemental completo de anatomía general o fisiológica, de anatomía especial o descriptiva, de anatomía de regiones o quirúrgica y de anatomía patológica ó médica con arreglo al estado actual de esta ciencia y progresos que ha hecho en estos últimos años*, Madrid 1829; was compulsory reading for university medical studies until the last third of the 19th century, as stated by M. C. SÁNCHEZ VILLA, *Entre Materia y Espíritu*, p. 92.

51 M. C. SÁNCHEZ VILLA, *Entre Materia y Espíritu*, p. 94.

defines life as "the state in which a body is found in which the soul dwells" and as "the state of the body indispensable for the mutual trade between soul and body to be preserved."[52] Following Broussais's postulates, the body is understood as a hypostasis between matter and spirit. Both agents seem to be involved together, in such a way that matter can affect the spirit, and afflictions of the spirit can affect the body. The human body is thus conceived as a fusion between a spiritual substrate and another material:

> *"The functions of every living being can be divided into two classes: [first] organic life, or animatrix life, which corresponds to digestion, respiration, circulation and all abscesses, secretions and nutrition; and second, animal life, the life of the brain, voice, locomotion and spirit […], all movements subject to the will."*[53]

For this school of thought, spirit and body were "properties in mutual and active relation", in such a way that "if some alterations occur to these properties, all the functions of the body are instantly disordered".[54] Taking as a reference Jean-Louis Alibert's *Physiologie des passions* and Pierre-Jean Cabanis's *Rapports du physique et du moral de l´homme*, the introduction argued that the study of the soul constituted an obligatory aim of the medical discipline. It argued that the ability to reflect and free will were the foundations of the moral condition, which was believed to be capable of causing disease. The moral faculties of the soul were thus seen as yet another factor that could make a person ill. Among these factors were "continued and deep studies, such as certain passions and impressions of the soul; [and] ambition, greed and envy [that] destroy life, at the same time annihilating physical and intellectual robustness".[55] Conceiving the body as a state of reciprocal union between matter and spirit, Pantigo reviewed the six possible causes from which disease could arise. The first five were of a purely physical type, and were associated with the elements that surrounded the body such as the quality of air and water; the contact of skin on certain surfaces; digested food and beverages; excretions; and the level of sleep a patient could obtain. The last elements capable of generating the aetiology of a disease were "the feelings and passions of the mind or intellectual functions […] such as fear, misery and hatred, some of which increase vital forces, while others overwhelm them".[56]

For Pantigo, as well as for all the defenders of Broussaism and the physiological doctrine in Spain, medicine had to operate on three levels: hygiene, pathology and therapeutics,

52 P. SUARÉZ PANTIGO, *Introducción,* in: P. PINEL, Nosografía Filosófica, p.1 [Translation by Pedro SUÁREZ PANTIGO's].
53 *Ibid*., pp. 3–4.
54 *Ibid*., p. 3.
55 *Ibid*., p. 12.
56 *Ibid*., p. 19.

dedicating as much time to the faculties of the passions as to those of physical matter. In contrast with the anatomical-clinical authors, disease was not thought of as exclusively material, and therefore one of the preferred fields of medicine should be the education of the passions. Under this conception, both materially and spiritually, health was conceived as the expression of a middle ground of the physiological and moral faculties:

> *"The most perfect body is the moderately proportioned one; neither thin nor obese; for the elegance that prolonged stature provides in youth becomes an imperfection in old age; the fragile body is sick and the obese awkward. [...] Exercise, not being excessive to the strength of the subject, is the first means of maintaining health, but those who endure painful and continuous exercise lose their strength, annihilate themselves and age prematurely; the same notions should be applied to those who dedicate themselves excessively to deep studies."*[57]

In his translation of the same nosographic treatise in 1842, Manuel Hurtado de Mendoza maintained Pantigo's introduction, assuring that the usefulness of Pinel's work consisting in its ability to offer practitioners the possibility to identify almost any disease they might encounter. According to Hurtado de Mendoza, each individual body had a different measure of what it could tolerate; the usefulness of large nosographic systems consisted in their capacity to provide a general guide that was capable of guiding the physician towards identifying the peculiarities of each patient.[58] As analysed above, in his translation of the *Nosographie Philosophique*, Hurtado de Mendoza rewrote the aetiology of the diseases he treated. Hypochondriacs became subjects "weakened by deep thought and study"[59]; melancholy became typical of "those who dedicate themselves to the arts of wit and letters, of exquisite sensitivity, memory and admirable imagination"[60]; mania was typical of those "who have gone to extremes for work that is disproportionate to their powers, and given in to deep studies that have required intense pondering"[61]; and hysteria and nymphomania were caused by "excesses of all kinds, and everything that can excite the passions of love,"[62] such as erotic readings or shows. The logic underlying this form of diagnosis has already been outlined: the soul was associated with organic functions as its material substrate, and any malfunction – whether it be due to excess or defect – produced organic disease and degeneration. In the case of melancholy and hypochondria, associated with both laziness and excessive reading, this process was particularly evident: an excessive passion for an

57 *Ibid*., pp. 8–19.
58 M. HURTADO DE MENDOZA, *Prólogo del traductor*, in: P. Pinel, Nosografía Filosófica, pp. 1–12 [Translation by M. HURTADO DE MENDOZA's, 1842].
59 P. PINEL, *Nosografía Filosófica*, p. 377 [Translation by M. HURTADO DE MENDOZA's, 1842].
60 *Ibid*., p. 381.
61 *Ibid*., p. 385.
62 *Ibid*., pp. 451–456.

object of study would cause the brain to dedicate too many hours to reading or studying; the organ would tire due to excessive use, and consequently melancholy would arise as a sad and dysfunctional condition due to overwork. But it could also develop due to idleness; with sexual excesses in the case of nymphomania; or with gastric problems derived from excessive consumption of food or alcoholic beverages. According to this physiological line of thinking, the healthy body was the one that manifested total moderation, both in body and spirit; and any deviation from the virtue of moderation could be a potential cause of disease, a threat that was applicable to men as well as women. As such, contrary to what has been suggested to date, Pinel's treatises were far from uncritically received via simple translations; instead, we can see that the content and diagnosis of diseases were reformulated in order to adapt them to existing medical concepts in the field of reception.

In fact, the elaboration of translations that modified the original content of the works was in itself an appropriation strategy that allowed physicians to continue articulating the field of medicine after 1820 as a coherent doctrine that did not break with the previous medical tradition. After the 1820s, during a time of gradual consolidation of physiological doctrines, its survival can be seen until the end of the 1860s, identifying itself in its conception with several simultaneous currents such as Broussaism or spiritualism, which together received qualification as "Hippocratic medicine". "Hippocratic medicine" was the name given in Spain to the theoretical unification of the local anatomical-clinical empirical practices, with the formulations of vitalism and Broussais's physiology. This medical paradigm was maintained approximately between the years of 1830 and 1860. Barona Vilar argues that the doctrinal body of Spanish medicine known as Hippocratic medicine was responding to a process that was common throughout Europe, whereby medicine gradually developed as a discipline that specialised in experimental and laboratory practice.[63] However, while this led to the development of materialistic and positivist experimental procedures in medicine by the mid-nineteenth century in many European countries, Spain would have to wait until the end of the 1860s to reach this point. Even by the end of the century, it was still possible to find postulates that were derived from Hippocratic medicine. Barona Vilar's explanation for this "backwardness"[64] is the lack of institutional infrastructure and economic means to carry out experimental laboratory work, with the result that the epistemological traditions and eclecticism of the pre-existing anatomo-pathological current were prioritised. However, Sánchez Villa's argument seems closer to the mark: he contends that the continued representation of Hippocrates as a medical reference was one of the main rhetorical strategies that those actors who wanted to introduce new formulations of

63 F. BARONA VILAR, *La Doctrina y el laboratorio*, pp. 120–125.
64 *Ibid*., pp. 128–130.

modern international medicine, but selecting only the most useful or convincing aspects. According to this historian, the doctrinal body known as "Hippocratic medicine" was the result of the incorporation and updating of Spanish anatomical-clinical medicine during the late eighteenth century with the addition of those postulates of foreign currents that were more useful and convincing, while at the same time excluding those that were deemed undesirable due to their political-ideological consequences. In contrast with López Piñero and Barona Vilar's narrative, which presents Hippocratic medicine as a cause of backwardness in Spanish medicine, Sánchez Villa argues that it is best understood as an initial type of medical positivism. The common appeal to material and spiritual causes under a systematic order made it possible to develop formulas for experimental observation; at the same time, the appeal to Hippocrates as a figure of antiquity and the best exponent of the principles that should guide medicine enabled elements from Montpellier vitalism, Broussaism, spiritualism and the pre-existing anatomical-clinical current to be incorporated within a common doctrinal body.

During the 1840s and 1850s, this conception of health and disease was hegemonic. Under Hipocratic medicine, it brought together an eclectic set of trends. It was not until 1859 that the first discordant voice with this body of doctrines was heard: that of Pedro Mata i Fontanet (1811–1877). Mata i Fontanet's biography is not atypical among Spanish medical authorities of that period: trained in Montpellier, he participated in the revolutionary press of the 1830s with texts close to a republican political style, which led to his imprisonment and exile in 1837. After 1843, he managed to establish himself as professor of Legal Medicine and Toxicology in Madrid, after holding posts as the mayor of Barcelona and a Parliamentary Deputy. He is considered the father of forensic medicine in Spain as a result of the university reform he promoted, which established it as a specialism within the medical staff. His translation of J. E. Esquirol's *Traité des maladies mentales considerées sous le rapport medical, hygienique et medicolegal* perfectly addresses his work as the founder of forensic medicine in Spain. The ceremony of his appointment in 1859 as a member of the Royal Academy of Medicine was the starting point of an open dispute between Mata and his fellow physicians. In his speech *Hipócrates y las escuelas hipocráticas* [Hippocrates and the Hippocratic schools], he lashed out against the prevailing medical praxis, describing it as a set of "vitalisms, each of which are more outlandish and discredited than the next," which used the figure of Hippocrates to sacralise medical dogmas "as venerated as the Vedas by the Hindus; the Talmud of Babylon by the Jews; the Holy Scriptures by the Christians; and the Koran by the Muslims." According to him, Hippocratic medicine had gained excessive appreciation for its theoretical reflection of inductive dogmas on the role of the vital force in the body, resulting in "a school of vain laziness, and immobility raised to the height of

system, who, disguised as an old Majesty, welcomes two thousand years of crystallisation".[65] Opposing Hippocratic medicine, Mata defended a purely materialistic view of medicine, which excluded the soul and other theoretical speculations as elements to be taken into account in medical practice, and which aspired to explain all phenomena through physical, evidence-based causes. He presented this new form of medicine as the only way to improve the state of national science in the international competition for progress:

> *"Do you always want to lag behind foreign nations, remain on the lowest level where your parents left you, never to appear alongside the names of those who propel humanity towards progress? Remain sleeping in the lap of speculation in the name of Hippocrates […] Do you want to rise to the level of other nations, take an active part in that scientific movement that has placed them at such a height; to endow Spanish medicine with the proportions of a giant? Arise, all of you, shake off the fetters of idolatry that subdue you, and shout out loud: let's work."*[66]

Mata's speech inaugurated the so-called Hippocratic Dispute, a lively debate in most medical journals of the period during the subsequent years, which involved the main medical authorities of the time such as Francisco Méndez Álvaro (1806–1883), Secretary of the Health Council, or Juan Drumen (1798–1863), a royal physician.[67] However, Mata stood as an impressive but lone voice defending the introduction of positivist materialism in medicine in this debate; in fact, it led to a mass reinforcement of the criticisms towards materialistic schools by all the members of the discipline, as the enormous abundance of writings in defence of the vitalist and spiritualist postulates of Hippocratic medicine demonstrates. For instance, in the same year of Mata's (in)famous speech, the Royal Academy of Medicine published a collaborative volume containing a selection of these writings entitled *Defensa de Hipócrates, las escuelas hipocráticas y el Vitalismo* [Defense of Hippocrates, Hippocratic Schools and Vitalism], as well as the treatise of Tomás Santero y Moreno (another member of the Royal Academy of Medicine), *Vindicación de Hipócrates y su sistema* [Vindication of Hippocrates and his system]. As such, during the 1860s the Hippocratic paradigm in medicine remained largely predominant; rather than breaking away from previous trends, the Hippocratic Dispute actually reinforced certain spiritualist attitudes.

Pedro Mata's aggressive opposition to the predominant Hippocratic medicine allows us to explain his interest in translating Esquirol's work. Firstly, since one of his main objectives was to break away from the vitalistic interpretations of authors like Pinel, it makes sense that he would be interested in translating the work of a materialist and

65 Pedro MATA, *Hipócrates y las escuelas hipocráticas*, Madrid 1859, pp. 15–19.
66 *Ibid*., p. 26.
67 N. FERNÁNDEZ MEDINA, *Life Embodied*, pp. 199–201.

already widely-known author like Esquirol, with the aim of superseding the notions of previous Hippocratic vitalism. Secondly, Mata as a promoter of forensic medicine in Spain presented his work as a way of modernising and updating medical science; the translation (and explicit modification) of Esquirol's *Treatise on mental diseases from a medico-legal perspective* was one more strategy to achieve this objective.

Although Mata's position was strongly contested, the advocates of Hippocratic medicine were nonetheless forced to change the eclectic way of appropriating doctrines that had prevailed since the beginning of the century, and to systematise their epistemological beliefs as a result of the dispute in order to reinforce the position of vitalism in Spanish medicine. A good example of this reinforcement is the article *Vitalism and Spiritualism*, written by the rural physician Antonio Ruiz Jiménez in 1860. It succinctly highlights some of the proposals commonly repeated during this period: the author takes sides with those fighting against pure materialism, because "when considering a living body we recognise solid or liquid matter, and force, which we call vital."[68] In general terms, the same influences that guided the introduction of vitalism and Broussaism by authors such as Pantigo or Hurtado de Mendoza can be appreciated. "The two principles, force and matter, collectively constitute living matter. [...] For us, all disease is necessarily vital, organic and humoral all at once, and the injury of these three aspects – force, solid and liquid – is simultaneous". The main argument used to refute the materialistic currents was their inability to cure those cases of mental illness that did not present physical injuries during autopsy. According to Ruiz Jiménez, this inability to provide an effective response to these phenomena would be the main reason why it was necessary also to postulate a spiritual correlate to explain these conditions. Both principles – spiritual and material – would work together, and therefore all treatment should focus on both areas:

> *"Disease is necessarily vital and material. Therapeutic, dietary, even moral modifications, whether they be pharmacological or surgical, act upon both elements, force and matter. […] As the organism is simultaneously force and matter, the modifications affect both simultaneously."*[69]

The different forms of madness and mental illness served as the central point through which to explain how moral acts influenced the nervous system.[70] Describing madness from the physiological paradigm, the physician Enrique de la Rosa conceived two possible causes for disorders of reason: "anatomical or functional injuries" and "moral causes that deeply move the soul, such as jealousy, frustrated ambitions, setbacks of fortune, violent

68 Francisco RUIZ JIMÉNEZ, *Vitalismo y Espiritualismo*, El Siglo Médico 7, 1860, pp. 359, 409.
69 F. RUIZ JIMÉNEZ, *Vitalismo y Espiritualismo*, p. 359.
70 In this period the terms of mental illness, enagenación and insanity began to appear as synonyms.

passions and forced vocations."[71] As with all illnesses, but more easily appreciated in the case of mental illnesses, any pathology could thus be explained by material or spiritual causes, in isolation. Although an injury could arise from either of the two realms exclusively, the hypostatic fusion between body and soul meant that they could only be treated together. "They may suffer in isolation," but "matter and spirit, and spirit and matter, mutually influence each other through their mutual alliance."[72] Therefore, in madness, the desirable treatment was a combination of all possible cures, from baths and purgatives, to moral treatments such as walks and trips. In line with Broussais, he argued that the nervous system was the key point where the union of both material and spiritual principles was based, since it acted as the transmitting agent of impressions: "If an organ is weakened or incapacitated by age, or by excessive and prolonged exercise, then dementia, manias, monomanias and hallucinations will occur."[73] Madness was the clearest example of what could happen if passions were immoderately unleashed: whatever organ was used to carry out an action would be affected, causing disorders such as melancholy, monomania or hysteria – all of which were endowed with both a material and a spiritual component in their diagnosis and description.

This logic was not limited to madness; it was also extended to other diseases, such as intestinal or lung problems, as the physician M. Benavente pointed out: «Madness, or mental alienation, is a condition identical in nature to that of other conditions of the human body; it is an injury to the brain in which nervous dynamism may be disturbed.»[74] Through this clinical paradigm, then, any pathological disease was susceptible to being associated with both physical causes and the patient's behaviour, placing the doctor under a moral obligation to redirect the patient's behaviour.

The articulation of diagnoses of mental illnesses such as monomania, melancholy, hypochondria or hysteria was a key element in the defence of the Hippocratic paradigm in 1860, since they were the best exponents of the existence of diseases in which there was no material cause. Between 1830 and 1860, under the protection the Hippocratic doctrines, an eclectic discourse had prevailed within Spanish medicine, which presented diseases as simultaneously material and spiritual. The introduction of modified French texts allowed the creation and proliferation of this eclectic doctrinal body, which would not find an explicit conceptual definition until the Hippocratic Dispute that began in 1859. In the previous section, we saw how at the beginning of the century hysteria was exclusively conceived as a mental illness. However, in the 1842 translations of Pinel, as well

71 Enrique DE LA ROSA, *Locura*, El Siglo Médico 6, 1859, pp. 293, 216, 293.
72 *Ibid*., p. 316.
73 *Ibid*.
74 Manuel BENAVENTE, *Estudios sobre la enagenación mental*, El Siglo Médico 1, 1854, p. 142.

as in those of Esquirol's work from 1847 and 1856, hysteria became an ambiguous entity that straddled conceptions of mental and physical illness, associated with the uterus and sexual deviations. The creation of the theoretical framework of Hippocratic medicine, according to which the same disease could have both physical and spiritual causes, explains the dual character of the disorder. Analysing the paratextual elements of the translations of the French treatises in relation to the contexts of their reception not only allows us to understand the extent to which they were important as a strategy for articulating the scientific paradigms of the moment within the prevailing debates, as they helped create a unified body of vitalist theories that included previous anatomoclinical practices, but it also allows us to explain phenomena such as the ways in which the disorders of hysteria, melancholy, monomania or delirium were articulated.

Conclusion

In contrast with the commonly accepted thesis that early nineteenth-century Spanish medicine was characterised by an uncritical and passive adoption and repetition of French medical theories, this article has tried to show that these theories were in fact actively appropriated by Spanish physicians through a number of different processes, in order to adapt them to the dominant local medical framework. First of all, we can perceive a unification of the French debates between the existence of a single psychosis or a multiplicity of illnesses within the Esquirolian category of monomania. These works were being read simultaneously in Spain (and elsewhere), despite the fact that thirty years separated their first publication in France. Secondly, an active and intentional modification of the nosographic tables took place, including the introduction of new diagnostic categories and treatments. Third, we find changes in the association of certain mental illnesses to certain social groups. Thus melancholy and hypochondria went from being phenomena associated with the monarchs and aristocracy to being phenomena that were considered particular to urban dwellers, and specifically to the intellectual professions. Similarly, hysteria was transformed from being viewed as a general feminine disorder equivalent to the masculine categories of madness of melancholy, hypochondria or delirium, to being ascribed to a physical cause derived from the deviation from a hegemonic sexual regime, which was not necessarily always linked to mental alienation. Between 1840 and 1860, the diagnosis of hysteria became ambivalent, generating an open debate in the medical discipline regarding its definition as a mental illness, or as an independent pathology of a sexual nature. The reasons for this phenomenon can be explained by the existence of a medical paradigm that conceived both the body and the spirit as a possible cause of

the disease, which was particularly noticeable in the 1829 and 1842 translations of the *Nosographie Philosophique* and in the 1856 translation of the *Traité des maladies mentales*. The explicit appropriation and modification of Pinel's medical treatises and the amendments made to Esquirol's work expose several interrelated phenomena. Firstly, these works had an open conception. The translators, themselves medical professionals, did not feel any obligation to respect the original meaning of the works, and included enormous modifications. Each author included variations according to their own judgment and criteria, to such an extent that they even to modified the distributions that supposedly supported each nosography. This indicates a conception of scientific knowledge and its written dissemination works as open texts, subject to modifications and inclusions of new elements according to advances regarding the place and date of writing of the original, bearing in mind local and contextual particularities. Respect for the original work and the fetishising of the author as a creative genius did not stop these texts from being conceived as contributions to scientific knowledge that were subject to progress and change. Any theory was perfectly improvable and modifiable, and it was seen as the obligation of the translator as a scientist to include such advances and improvements. Secondly, this could explain the absence of other nosological treatises in Spain: instead of presenting works with original proposals, these seem to be included in the translations of the French authorities, as a way to legitimise certain analyses and categories. Introducing modifications in the translations of the great authorities could be a powerful way to ensure the dissemination and consolidation of certain clinical proposals. And thirdly, the modified translations themselves played an active role in shaping the neo-Hippocratic paradigm, serving as a strategy for unifying previous medical trends within a new systematic framework in the perception of health and disease.

The study of the translations of medical treatises of this period, as well as the paratextual elements introduced by their recipients, sheds light on a series of previously ignored topics. Abandoning the conceptual framework according to which a periphery passively receives fixed and immovable knowledge transferred from a centre of knowledge production is the only way to attend to the local forms of production, modification and reception of such knowledge. It not only highlights rich new sources for the historical study of phenomena such as hysteria – impossible to study in any other way – but it also allows us to explore the active role that the reception and modification of such knowledge had within the context of its reception. Leaving a vision of scientific knowledge as fixed, stable and universal in its circulation behind, and abandoning the centre-periphery binomial and its derived diffusionist presuppositions, is a basic requirement in order to enable an exploration of the local contexts of knowledge production, reception and circulation, and to consider its actors as active recipients and not as passive subjects in relation to an external, universal theory.