

Pioneers in child and adolescent psychiatry  
**Désiré-Magloire Bourneville (1840–1909)**

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## 1. Biography

Désiré-Magloire Bourneville was born in 1840 in a village of Normandy. He defended his thesis at the Faculty of Medicine of Paris in 1870. He was the student of Delasiauve's at Bicêtre hospital and of Charcot's at the Salpêtrière hospital. In 1879, he was appointed physician at Bicêtre, and there began a long fruitful career. He was best known as a neurologist because he made the first description of tuberous sclerosis a hereditary phacomatosis, and gave his name to the disease [1].

Freethinker and a staunch anti-cleric, he campaigned for the progressive secularization of hospitals where nursing was still largely performed by nuns. He was elected councilor of Paris in 1876 and a radical member of parliament in 1883. He promoted a number of reforms in the health sector, including the creation of the first secular nursing school, which opened in 1878 at the Salpêtrière. He also supported the protection of the mother and child and managed to implement hospital wards exclusively dedicated to pregnant women and childbirth, which were entrusted to obstetricians recruited by competitive examination [2].

He was also at the origin of hospital hygiene reform, such as ensuring personally the compatibility of the health care workers clothing with aseptic practices. At Bicêtre, he dedicated himself to the care of “idiots and epileptics” of which he organized the boys' ward, and later he also directed the Fondation Vallée in Gentilly reserved for girls. It is in the field of management of mental retardation that he would make a remarkable development, which made him to be considered today as one of the leading French psychiatrists [1] (Fig. 1).

## 2. Scientific contribution to child psychiatry

At Bicêtre and at the Fondation Vallée, Bourneville implemented his concept of *school-asylum*, a place of treatment and education dedicated to “idiot” children. Though Bourneville specified different forms of idiocy, foreshadowing the differential approach to mental retardation, he remained prisoner of the Esquirol's nosography like all the writers of the late nineteenth century.

With renovated houses and green spaces to facilitate the movement of children, Bourneville set up a new therapeutic approach: the *medical-educational treatment* which drawn heavily on the work of Edouard Seguin, but by medicalizing the physiological aspects of the education enunciated by this author. The heterogeneity of conditions met in the asylum-school justifies a dual approach, both medical and educational, where sometimes prevailed the medical teaching, or, in other cases, the focus instead was on the educational aspect. Motor exercises, education of the senses, handling concrete objects, use of imitation, use of the game and of the active participation: many types of approaches that are a prologue to rehabilitative and educational practices of today. There was also a vocational workshop that gave a small reward [3,4].

Besides educational activities, it was naturally taken into account the education of body functions and the sensorimotor development. Life in Bourneville's wards was punctuated by well-prepared meals stimulating taste sensitivity, by regular baths and showers and training courses for special care toilets. Another innovative experiment was introduced: the coeducation of boys and girls up to age of 10, at a time when the whole idea of diversity is excluded in the asylum area.

Bourneville proposed the extension of this model to all the asylums, or, failing that, the creation of special asylums for the mentioned population. Each department should have an

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Fig. 1. Portrait of Désiré-Magloire Bourneville.

asylum-school where medico-educational treatment could be applied to idiot, epileptic, retarded (and so on. . .) children. But, these transformations being too expensive, would never be built during the life of alienist. Failing to obtain means, Bourneville turned to the public education and demanded in 1896, the “creation of special classes attached to primary schools”, that led to the establishment of special classes in primary schools, for the “light mentally retarded” in 1909. Faced with resistance from the administration, he opened experimentally, in Vitry, the first medical-educational institute to receive in day school children of both sexes that were unstable, weak-minded, or suffering from complicated nervous disorders. Surprisingly,

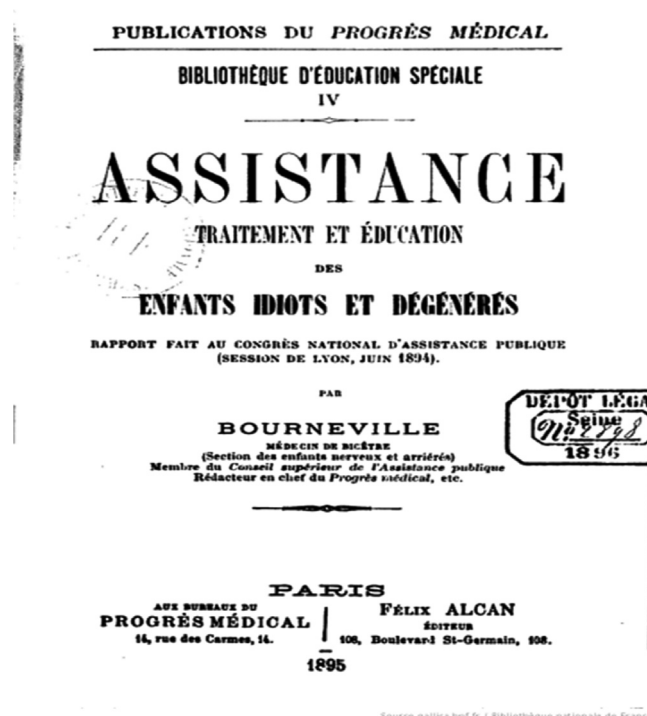


Fig. 2. Cover of the report for the 1895 national congress of the *Assistance Publique*.

this mixture of hospital care and extra-hospital activities, which covered most needs by reducing segregation, anticipated the principles of sector division (Figs. 2 and 3).

### 3. A late recognition

The experience of Bourneville remained single and ephemeral. Only 50 years later, his work would be reinstated and the principles of a therapeutic and educational action for mentally ill children in specialized institutions will be taken up by his distant successors. Undoubtedly, the lack of a doctrinal renewal explains its failure. By innovating on an empirical basis,



Fig. 3. Post card showing the entrance of Bicêtre asylum when Bourneville was the director.

the alienist had however never broken with the science of his era marked by the theory of degeneration. He failed to explain to his contemporaries that the work done at Bicêtre and related services, were worth the prospects for policy change. Bourneville remains the symbol of the humanization of the deep-impaired child [1].

#### **Disclosure of interest**

The author has not supplied his declaration of conflict of interest.

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