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*Dossiers de patients et pratique clinique en psychiatrie de l'enfant dans la
France des années 1950*

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Patient Dossiers and Clinical Practice in 1950s French Child Psychiatry

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This paper examines issues of practice in post-war French child psychiatry through the prism of patient records. At the center of the paper is the case of a young girl who, from her early childhood, was placed in a children's home run by the Jewish social service agency, Œuvre de secours aux enfants (OSE). Between twelve and fifteen years of age, the girl was hospitalized three separate times in the psychiatric service of Dr Georges Heuyer and his successor, Léon Michaux at La Salpêtrière. Comparing the extensive OSE and La Salpêtrière files on the young girl allows us to pinpoint the ways in which the profile of the treating institution shapes the construction of the patient record. Reading the two sets of files in tandem reveals some of the structural obstacles to the cooperation of French institutions for child psychiatry.

Cet article examine certaines pratiques de la psychiatrie de l'enfant dans la France d'après la deuxième guerre mondiale à partir de dossiers de patients. Central à cet article est le cas d'une jeune fille qui, depuis sa première enfance, fut placée dans une institution d'enfants dirigée par une institution juive de service social, l'œuvre de secours aux enfants (OSE). Entre 12 et 15 ans, la jeune fille fut hospitalisée à trois reprises dans le service de psychiatrie du Dr Georges Heuyer puis de son successeur Léon Michaux. La comparaison entre les épais dossiers de l'OSE et de l'hôpital de la Salpêtrière de cette jeune fille nous permet d'identifier avec précision le processus de fabrication d'un dossier de patient. La lecture parallèle des deux séries de dossiers révèle des obstacles structurels pour la coopération des institutions françaises de psychiatrie de l'enfant.

Mots-clés : practice of child psychiatry, post-world war II, France, patient records, La Salpêtrière, Œuvre de secours aux enfants

Keywords : *psychiatrie de l'enfant, dossier de patients, pratique, Œuvre de secours aux enfants*

In the course of the week-long First International Congress of Child Psychiatry delegates, who hailed from 26 different countries, were taken on a series of visits designed to showcase the institutions of the emerging field of child psychiatry in France.¹ On the opening day of the Congress, Dr. Georges Heuyer

1. For the first steps in the institutionalization of child psychiatry as a field of knowledge, practice, and teaching, see DUCHÉ Didier-Jacques, *Histoire de la Psychiatrie de l'Enfant*, Paris, PUF, 1950; LANG Jean-Louis, *Georges Heuyer, fondateur de la pédopsychiatrie. Un humaniste du xx^e siècle*, Paris, Expansion scientifique, 1997. For treatments focused on the 1930s, see OFFIN Jean-Christophe, « La psychiatrie des années trente peut-elle dévoiler l'enfant? », in *Revue d'histoire de l'enfance « irrégulière »* (hereafter RHEI), 6, 2004, p.21-44.

2. BRISOT Maurice, *Un nouveau service de neuropsychiatrie infantile à l'asile de Vaucluse*, Clermont, Impr. Thiron, 1934.

3. HEUYER Georges, BADONNEL Marguerite, *Fonctionnement de la clinique annexe de neuropsychiatrie infantile de la Faculté de médecine de Paris*, Paris, Masson et Cie, 1927.

4. *Premier congrès international de Psychiatrie infantile, Paris, 24 juillet au 1^{er} Août, 1937*. Comptes rendus par Maurice Leconte (S.I.L.I.C., 1937), p. 237-248.

5. For the project of reform of French psychiatric institutions at the time, see HENCKES Nicholas, « Un tournant dans les régulations de l'institution psychiatrique: la trajectoire de la réforme des hôpitaux psychiatriques en France de l'avant-guerre aux années 1950 », *Genèses*, 76, n° 3, 2009, p. 76-98.

shepherded participants to the seventy-five year old asylum at Perray-Vaucluse; there, in a “wooded and picturesque” setting they were greeted by Dr. Maurice Brissot, the newly-appointed Director of the Children’s Colony.² The following day, delegates toured the *Clinique annexe de neuropsychiatrie infantile*, where the Clinic’s founding Director, Heuyer, spoke about the principles of its operation.³ Reflecting the social and political importance of the field of child psychiatry, the delegates’ visit to Heuyer’s clinic was followed by an official lunch at Fontainebleau and a tea hosted by the Marquise de Ganay in her Château de Couranges. A few days later, Congress participants went to see two “medical-pedagogic institutes” (*instituts médico-pédagogiques* or IMPs)—one in Yvetot for “retarded children”, the other at Montesson for children with behavioral difficulties.⁴

According to stenographic reports, the on-site presentations focused on the goals of each institution, but not on how the institutions dealing with children worked together as a system. In particular, there seems to have been little discussion of the clinical practices governing the way children moved from one type of facility to another.

In the 1950s, there was a flurry of assessments of French psychiatric facilities for children. The assessments do not seem to have been orchestrated or even connected. They were driven by the post-war exponential growth in the number of homeless and rootless children—orphans, vagabonds and delinquents, but they may also have been influenced by the broader project of reform of French psychiatric institutions.⁵ Among the

institutions for children under review in this period were psychiatric hospitals where children under 16 years of age deemed « *inéducables* » could be interned⁶; familial and boarding school placements for children with behavioral problems whose families were considered noxious⁷; institutional “homes” for children who had been orphaned, abandoned or were in need of material or ‘moral’ assistance⁸; the medical-pedagogical institutes, which provided education for children with mild cognitive impairment or behavioral difficulties⁹; and the neuro-psychiatric “consultations”, which drew on psychologists, psychotherapists, social workers, specialists in psycho-motor development and pedagogues.¹⁰

The evaluations of French psychiatric facilities for children flagged important questions issues in clinical practice, two of which will preoccupy us here. First, internment of children (voluntary or involuntary) in psychiatric hospitals was widely seen as a “last resort” solution which put the child in the position of a chronic patient. But, how easy was it in practice for a child to transition from being a temporary patient in a hospital to being an “out-patient” in a facility designed to supervise and to educate “troubled children”? Second, the evaluations underscored the inadequacy of existing psychiatric facilities to accommodate the swelling numbers of troubled and rootless children in post-war France.¹¹ To what extent, we ask, did the strain on institutional facilities shape diagnoses and treatment? When a child ran into trouble in an out-patient unit, how easy was it to find an alternative placement?

6. Université Paris 8, Archives Georges Heuyer, boîte 18, « L'Internement des enfants », (hereafter Archives G.H.), This report, presented at the June 29, 1954 session of the *Commission des maladies mentales*. See also, SERIN Suzanne, « Les internements d'enfants dans les asiles d'aliénés », *Bulletin de l'Académie nationale de médecine*, 1953, p. 234-236. Rapport présenté à la séance du 29 juin 1954 de la Commission de Malades Mentales.

7. PICQUENARD Suzanne, « Placement des enfants inadaptés: placement familial et placement en internat », *Sauvegarde*, 5, 1950, p. 323-332; JOUHY Ernest, « Maison de rééducation ou placement familial », *Sauvegarde*, 5, 1950, p. 333-338; VAN DILLEWIJN Dr, « Le placement familial », *Sauvegarde*, 5, 1950, p. 339-349; DIATKINE René, « Note sur quelques observations pratiquées au cours d'une tentative psychothérapique dans un internat médico-pédagogique pour caractériels », *Enfance*, 5, n° 2, 1949, p. 445-452.

8. LE GUILLANT Louis, « Remarques sur le statut légal des maisons d'enfants », *Enfance*, 5, n° 2, 1949, p. 376-393.

9. HEUYER Georges, LE MOAL Paul *et al.*, « Essai de vérification sur la légitimité et

l'avenir des placements en IMP », *Revue de neuropsychiatrie infantile et d'hygiène mentale de l'enfant*, 3-4, 1959, p. 101-102; BLANC Dr Yvette, « Où en est actuellement la question des IMP en France? », *Revue de neuropsychiatrie infantile et d'hygiène mentale de l'enfant*, 5-6, 1957, p. 333. For the IMPs, see GARDET Mathias, « IMP, Impro, CMPP: les nouvelles configurations du pédagogico-médical », GARDET Mathias, *Histoire des Pupilles de l'école publique. Tome 2 1940-1974, À la croisée du plein air et de l'enfance inadaptée*, Paris, Beauchesne, 2015, p. 273-335.

10. Some consultations were free-standing, others were embedded in a psychiatric hospital or children's hospital. ROUART Julien, « La consultation de neuro-psychiatrie infantile en France », in *Le Pronostic des troubles du caractère chez l'enfant*, 1951, p. 157-161. *Le Pronostic* was a special issue of the journal, *Sauvegarde de l'enfance* (1951), which published the proceedings of the section on infantile psychiatry of the 1st World Congress of Psychiatry held in Paris in 1950.

11. Archives G.H, boîte 18, « Difficultés rencontrées dans les placements en NPI, » manuscript dated 1951/23/10.

Details of psychiatric practice are notably difficult to run to ground. This is especially so when, as in this case, the focus is not on outcomes—(eg., the number of children treated or the adoption of different treatment regimens) but on the iterative process through which decisions about diagnosis and treatment of children were made (and remade) and the factors shaping that process.

This paper examines practice in child psychiatry in post-war France through the prism of patient hospital records. The interest of historians of medicine in patient records as sources is relatively recent. In a 1992 article, John Harley Warner and Guenther Risse commended patient records as sources for a historical sociology of medical knowledge and practice, although they admitted that medical records rarely revealed why clinicians did what they did or what they meant by doing what they did.¹² In the last quarter century, historians of medicine have made increasing use of medical records, while warning against exclusive reliance on those records.

The questions we raised about the practice of French child psychiatry shaped our selection and use of patient records. First, because we are interested in practice as an iterative process, we looked for longitudinal records that followed patients over time. In the 1950s, leading French journals of child psychiatry eg. *Annales médico-psychologiques*, *Enfance*, *Sauvegarde de l'Enfance*, and *Archives françaises de pédiatrie* routinely carried articles with brief case histories of children, but those histories, usually excerpted from larger files, were used to illustrate a diagnosis or treatment, not to untangle the complexities of decision-making about the patient.

Then, too, because our main independent variable is the institutional facility in which the child was housed or treated, we searched for records that allowed us to compare how the same patient was handled in different institutional settings. This, in contrast both to Richard Noll's interesting study of the way different psychiatrists treated the same patient over a twenty-year period¹³ and to the large-N studies conducted by historians of medicine interested in how a particular illness was constructed in a population of patients in a clinic or hospital.¹⁴

Finally, like some sociologists of the 1960s and 1970s, we approach record-making as a process of construction by physicians, nurses, psychologists, parents, teachers, educators.¹⁵ We examine what was included in the case history, what was excluded; whose voices were heard, whose were disregarded; which diagnoses were considered, which were not entertained; what treatments were

12. RISSE Guenther B., WARNER John Harley, "Reconstructing Clinical activities: Patient records in Medical History", *Social History of Medicine*, 2, 1992, p. 183-205.

13. NOLL Richard, "Styles of Psychiatric Practice, 1906-1925: clinical evaluation of the same patient by James Jackson Putnam, Adolph Meyer, August Hoch, Emil Kraepelin and Smith Ely Jelliffe", *History of Psychiatry*, 10 n°38, 1999, p. 145-189.

14. JONES Edgar, "Psychiatric case notes: symptoms of mental illness and their attribution at Maudsley Hospital, 1923-1935", *History of Psychiatry*, 23 n° 2, 2012, p. 156-168.

15. ERICSON Kai, GILBERTSON Daniel, "Case Records in the Mental Hospital", in WHEELER Staunton (dir.), *On Record: Files and Dossiers in American Life*, New York, Russell Sage Foundation, 1968, p. 400; MACINTYRE Sally, "Some Notes on Record Taking and Making in an Antenatal Clinic", *The Sociological Review*, 26, n° 3, 1978, p. 595-611.

essayed, which were withheld. Unlike historians of psychiatry concerned with whether the record reflects the patient's biography¹⁶ or experience of illness,¹⁷ we focus on how the patient record reflects the clinical approach of the institution that treated the child.

This paper will revolve around the single case of M-H, a young girl who, from her early childhood, was in the care of a "children's home" run by the Jewish social service agency, *Œuvre de secours aux enfants* (OSE).¹⁸ Between twelve and a half and fifteen years of age, M-H was hospitalized three times in a psychiatric ward in La Salpêtrière. The paper opens with an examination of M-H's file in the La Salpêtrière service of Dr. Georges Heuyer and Léon Michaux.¹⁹ It then examines the dossier of M-H in the OSE files.²⁰ The paper ends with reflections on what the juxtaposition of M-H's files in these two settings suggests about French child psychiatric practice in the 1950s.

M-H IN THE FILES OF LA SALPÊTRIÈRE

The extensive files of the child psychiatric service of Georges Heuyer and then Léon Michaux at La Salpêtrière for the years 1946-1981 have been explored by historians and sociologists of medicine. In 1994, Nadine Lefaucheur teased out the connection in the dossiers between emotional maladjustment (« *problèmes de caractère* ») and juvenile delinquency.²¹ A decade later, in search of the modal child patient, Marie Bienne selected from the extensive files the dossiers of 80 children referred to the consultation of Georges Heuyer for behavioral difficulties (« *troubles de comportement* ») in the course of a single year, 1950.²²

16. HOFFMANN-RICHTER Ulrike, « Das Verschwinden der Biographie in der Krankengeschichte: Eine biographische Skizze », *Bios, Zeitschrift für Biographieforschung und Oral History*, 2, 1995, p. 204-221.

17. ANDREWS Jonathan, "Case Notes, Case Histories, and the Patient's Experience of Insanity at Gartnavel Royal Asylum, Glasgow, in the Nineteenth Century", *Social History of Medicine*, 11, 1998, p. 255-281.

18. The scholarly literature on OSE is large. See HAZAN Katy, *Les Orphelins de la Shoah. Les Maisons de l'espoir (1944-1960)*, Paris, Les Belles Lettres, 2003; HOBSON Laura, GARDET Mathias, HAZAN Katy, NICAULT Catherine (dir.), *L'Œuvre de secours aux enfants et la population juive au xx^e siècle: Prévenir et guérir dans un siècle de violence*, Paris, Armand Colin, 2014; BECQUEMIN Michèle, *Une institution juive dans la République: L'Œuvre de secours aux enfants*, Paris, Petra, 2013.

19. Archives Assistance Publique - Hôpitaux de Paris, (hereafter AP-HP), *Files of the Service de Georges Heuyer et Léon Michaux*, (44 boxes), La Salpêtrière, file 1061 W/16. M-H's name is withheld.

20. Archives OSE, Paris, *OSE children's files*, M-H, I and II. The file is divided into two parts. M-H's name is withheld.

21. LEFAUCHEUR Nadine, « Psychiatrie infantile et délinquance juvénile: Georges Heuyer et la question de la genèse 'familiale' de la délinquance », in MUCCHIELLI Laurent (dir.), *Histoire de la criminologie française*, Paris, L'Harmattan, 1994, p. 313-332.

22. BIENNE Marie, « "Les enfants terribles." La psychiatrie infantile au secours de la famille: la consultation de Georges Heuyer », *RHEI*, 6, n° 3, 2004, p. 69-91.

23. Archives AP-HP, 1061W.

24. HEUYER Georges, DELL Charles, PRINGUET G., « Emploi de la chlorpromazine en neuro-psychiatrie infantile », *L'Encéphale*, 4, 1956, p. 576-8; HEUYER Georges, LANG Jean-Louis *et al.*, « Premiers résultats obtenus par un dérivé de Chlorbenzhydryl en psychiatrie infantile », *L'Encéphale*, 4, 1956, p. 579-586.

25. Archives AP-HP, 1061 W/16.

The dossiers of the Heuyer/Michaux hospital service that I saw for the period 1948-1963 included a considerable number of cases of children diagnosed with severe mental illness.²³ An overview of those case files revealed two striking patterns. First, diagnoses were often made with remarkable speed (sometimes after a single visit) and on the basis of referral notes and tests, without much interaction with the child. Secondly, there was widespread use of psychopharmacological treatments, primarily Largactyl, but also Reserpine and Haloperidol. In France, the 1950s marked the dawn of the psychopharmacological era with its enthusiasm for magic bullets. The treatment protocols in the case files coupled with publications in medical journals suggest that psychiatrists in the Heuyer/Michaux service were not only administering, but also collecting data on the effectiveness of those drugs.²⁴

The file on M-H, which bore the stamp of the La Salpêtrière pavilion Esquirol, is about 4 centimeters thick. It contains the logs of medication prescribed and taken; treatment protocols; handwritten results of in-take and follow-up medical examinations; print outs of EEGs, intermittent reports on interviews with M-H and her parents. The child's voice is not heard at all in the files. In a square summary box on the cover of the file we find M-H's diagnosis (undated but likely made around early August 1960): "schizophrenia, agitation ++ delirium, visual hallucinations? Several dissociative signs; no improvement when treated with Largactyl, Reserpine and Stemetil and electroshock".²⁵ The diagnosis concluded with the ominous words « *Placement d'office* ».

M-H's La Salpêtrière file covers several stays in the hospital. The record begins in March of 1958, when M-H was first admitted and ends effectively in October of 1960, with a brief coda in 1961. The record contains revealing factual errors. For example, the cover page suggests that M-H's first hospital stay lasted from March of 1958 until July of 1959. In fact, M-H's first stay lasted for three months. Between June of 1958 and December of that year, M-H was outside the hospital, moving between Draveil, the OSE home that sent her to La Salpêtrière, and her own family home (foyer). She was re-hospitalized in December of 1958 and released in July of 1959. In the inside pages, the dossier correctly recorded the period 1958-1959 as composed of two distinct stays. The rendering of the two hospital stays as a single stay on the file cover suggests that, in someone's eyes at least, the six months of M-H's trying to live a normal life

outside the hospital was not worthy of mention. There was a third stay between June and October 1960.

The staff at La Salpêtrière considered M-H as a child of OSE, who, for one reason or other, was living outside the OSE home. The instruction on the outside of the dossier was “write to Dr. Opolon (OSE)”. The report which sent M-H to La Salpêtrière—comportement tr. Dif—likely came from OSE. According to the hospital record, M-H had been placed with OSE when she was eight; in fact she was five and a half years old when she first entered the OSE home of Draveil. She had had 8 years of collective living before her hospitalization.

In framing M-H as a child of OSE, the staff at La Salpêtrière did not ignore her family life. The diagnostic box included the note “1 schizophrenic brother”. The inside covers of the dossier provide further detail. At the time of M-H’s first hospitalization, her mother (53 years old) had been hospitalized several times in a psychiatric hospital for a period of one to two years each time. The mother’s diagnosis was persecution mania (« *délire de persécution* ») followed by a question mark. The father (59 years old) was described as “not too intelligent, lugubrious; he takes care of the children”, but was at continual odds with his wife.

M-H was the youngest of 4 children. The oldest, diagnosed as being a schizophrenic, was said to have been interned at Perray-Vaucluse (mental hospital) at the age of 13. In fact, the young man was diagnosed and interned at the age of 17. The difference between pediatric schizophrenia, which has features in common with autism, and adolescent schizophrenia was known at the time.²⁶ Yet the incorrect information of the brother’s early diagnosis was repeated several times inside the file, reinforcing the image of M-H’s genetic inheritance as problematic. The second child was married, “completely normal”; then there was a boy who “can work well”.

About M-H’s early years the hospital dossier tells us little. At 8 years of age, her behavior was normal, though she was difficult (the details were not specified) and needed special help. Her school work was about average. There was no information about M-H’s early psychomotor development because she had been placed with a nanny (*nourrice*). In fact, between the ages of 1 and 5, M-H was with as many as 5 or 6 different nannies.

26. HEUYER Georges, « Troubles de comportement et schizophrénie », *Revue de Neuropsychiatrie infantile et d'Hygiène Mentale de l'Enfance*, 3, 11-12, 1955, p. 3-8; LEBOVICI Serge, PAUMELLE Philippe, LALOUM Philippe, KALMANSON Denise, « Deux cas de schizophrénie infantile, présentation de maladies », *Annales Médico-Psychologiques* 2, 1954.

The La Salpêtrière dossier provides some information on the immediate background to M-H's first hospitalization in March 1958. When M-H was 12 and a half and had lived in Draveil for five years straight and on and off for a few more years, her mother succeeded over the objections of the father in bringing M-H back to the family home. Over the course of M-H's 7 year stay at Draveil, the pattern of the mother's requesting M-H's return to the family and then sending the child back to Draveil was repeated numerous times - a recurring cycle of rejection. This particular time, while living in her family home, M-H began attending the local school. But after 15 days of having her at home, the father asked OSE to take her back. There had been a petty theft of candies and the child was not polite. M-H returned to Draveil and there she came apart. She broke dishes; the police were called. The following day, M-H was taken for an examination to the polyclinic at Boulevard Ney, where her behavior was described as abnormal, very excited, marked by streams of talk, repetition of certain phrases without stop. The advice of the doctor at Boulevard Ney was to separate M-H from her family. The importance given to the broken dishes is noteworthy: the fear of a disorderly child was always just below the surface.

Very shortly after her return to Draveil, there was another incident, in which a very agitated M-H claimed to be saving her mother from her father and called the police. This time, M-H was taken to La Salpêtrière. When she arrived, she talked repeatedly about having saved her mother from death. At La Salpêtrière, M-H was examined and admitted by Dr. Léon Michaux, who noted psychomotor agitation, "hypermanic behavior"; verbal stereotypes (her father was a pig; she was smart while all others were stupid). Michaux concluded that one ought not "to rule out" schizophrenia. (According to the account of the OSE social worker who accompanied M-H on this visit to the hospital, Dr. Michaux taunted the child).²⁷ While the physical exam did not turn up any unusual signs and M-H's EEG was normal, her extremities trembled, she had tics and walked a bit like a marionnette. Largactyl was prescribed on the first day. A note in the admission file added that the family atmosphere was "particularly traumatizing".

M-H stayed in La Salpêtrière for 3 months, taking both Largactyl and Gardenal, a form of phenobarbitol used as a sedative.²⁸ Why so long a stay? The hospital records give little clue.

27. Archives OSE: *Children's files*, M-H, I, 233.

28. The widespread use of Gardenal as a calming treatment at La Salpêtrière in the 1950s is noteworthy. In 1929, Heuyer and Le Guillant had written that Gardenal often increased excitability, impulsivity, irritability. See HEUYER Georges, « Note sur l'emploi des barbituriques en neuro psychiatrie infantile », *Archives Françaises de Pédiatrie*, IX, 1952.

M-H begged repeatedly to return to Draveil. The hospital file reveals nothing about arrangements made for her upon discharge. After 3 months, M-H left the hospital for her family home.

From what we can gather, M-H lived at home from June to November of 1958, leading a more or less normal life, taking her medication, and going to school. Her school work was good, “even brilliant”. But, according to a report, she isolated herself from others. In late November, she succeeded in returning to Draveil, but only for a brief time. Early the next month, she was re-hospitalized in La Salpêtrière. On her readmission, her behavior was characterized as “bizarre, very oppositional”. She was described as having a pre-psychotic personality, displaying dissociation not inconsistent with her manic behavior. M-H was becoming a danger to other inhabitants of the home: she went after the children and the monitors, threatening to harm them, “using instruments”. Dr. Cyrille Koupernik, a psychiatrist at La Salpêtrière, would later give an unsympathetic portrait of her return to La Salpêtrière. “She tried to go to a *maison d’enfants*; failed because of her aggressive attitude.”²⁹

M-H’s hospital dossier suggests that the demand for the child’s re-hospitalization came from the OSE psychiatrist most closely associated with her, Dr. Irene Opolon.³⁰ In a letter (with no specific addressee) written December 2, 1958 Dr. Opolon reported that the children’s home at Draveil had signaled a crisis of psycho-motor agitation not inconsistent with that which M-H had suffered the previous year. In a follow-up letter, written three days later, Dr. Opolon referred to M-H’s anxieties, her worries about health, ideas of persecution or more likely non systemic terrors. Opolon concluded that hospitalization would be preferable to a return to Draveil, where M-H could not be adequately supervised. As we will see, the OSE files provide more detail on the “demand” by Dr. Opolon for M-H’s hospitalization.

M-H’s second hospitalization was much longer—about 7 months, from December 1958 to June 1959. In January, the dossier recorded a notable aggravation of her behavioral difficulties, her psycho-motor agitation, and her anxiety, which led her to accost doctors and nurses and to cry when they moved away. She seemed to be hallucinating, having difficulty walking. Things improved when the dosage of Largactyl was increased. A decision was made to isolate her. An observer described her as “preoccupied by her religion—Jewish—she thinks people mistrust her because of it”.

29. Archives AP-HP, *Files of the Service...*, file 1061 W/16, Note of Dr. Koupernik, 1960/10/07.

30. Ryfka Irène Opolon (Warsaw 1903-Paris 1994) studied medicine in Paris 1935-1939. In 1940, she interned at Maison Blanche in the department of Professor J. Vié. In 1943, she defended her doctoral thesis in medicine on the salience of social factors for mental illness. From 1942-1944, she worked with the Comité de la rue Amelot, the Paris-based Jewish social service organization that dealt with children under Occupation. In 1946, Opolon began working on a contractual basis with OSE’s *service médico-pédagogique*, an affiliation she continued into the 1960s. See Opolon Rywka Irène, « Sur la condition sociale des malades mentaux », Thèse de doctorat en médecine, présentée et soutenue le 25 juin, 1943 Faculté de Médecine de Paris. For the terms of Opolon’s work with OSE, see Archives OSE *Direction*, 1945-1948, « Procès verbal de la réunion avec le docteur Minkowsky en date du 7 mars 1947, Situation administrative du Service médico-pédagogique. » I owe the information about Opolon’s work during the war to Stephanie Corazza, who shared a chapter of her dissertation in progress.

During her second hospitalization, when she was between 14 and 14.5 years old, M-H was put on a heavy drug regimen. She took Largactyl and Eunoctal throughout most of her stay. In February and March of 1959, a few months after her re-admission, she was also given Reserpine, but that was cut back by April. M-H's treatment protocol for June/July of 1959 was stamped « *régime exceptionnel* ». The revolving door of treatments suggests that physicians were experimenting with the drugs. The heavy regimen was rationalized: there is a note from a Dr. Laroche saying that from May 1959 on, M-H was "disoriented; hypermanic". The clinical history tells in favor of a pre-psychotic personality, with excitation, some signs of psychotic hysteria; and "pseudo schizophrenia". With more Largactyl, Laroche noted, the agitation tapered off and the behavior normalized.

Upon M-H's discharge in June, she was sent for several months to Le Masgelier, an OSE aerium (*une maison d'enfants à caractère sanitaire*), where she could breathe fresh air and be out in the sun. M-H prospered, but according to the La Salpêtrière file, she refused to stay on. In fact, the OSE files reveal that the Director of Le Masgelier declined to ask for a prolongation of her stay.³¹ It is not clear whether his refusal was a function of the administrative difficulties involved in requesting a prolongation or of the behavior of the patient. Whatever the case, armed with a prescription for Largactyl and Eunoctal, M-H returned to her family home, where the situation went downhill. In October, M-H's dose of Largactyl was increased to 600 mg per day.

In November, an effort was made to get M-H into a training course (*classe de perfectionnement*) that would allow her to be more independent. But in April of 1960, her mother reported to OSE that M-H had stopped going to class. She was fighting with her parents. She ran away and showed up at Porte Dauphine with her suitcase. M-H's mother made it clear that she did not want to keep the child any longer.

That same month, M-H was hospitalized, initially at Hôtel Dieu for incoherent delirium, with non-manic mimicking (« hypermimétisme »). In May, she was sent for examination to La Salpêtrière. The hospital file contains a verbatim record of an interview conducted by Dr. Duché, who asked M-H why she had quit the training course and whether she heard voices. Her disjointed answers (which included references to Khrushchev and Mme De Gaulle) landed M-H back in La Salpêtrière in June, with a diagnosis of incoherent delirium

31. Archives OSE Paris OSE children's files, M-H, I, 427.

and non-manic behavior. M-H had several attacks of a brief delusional and schizophrenic disorder, which increased in severity, but between bouts, she studied. Why was that not a sustainable regime?

In August of 1960, M-H was transferred from the Esquirol pavilion to the service of Dr. de Clérambault at La Salpêtrière, where she was isolated. She was recorded as suffering from heightened agitation, psycho-motor excitement and logorrhea. In isolation, her paranoia increased. There were fantasies: a fiancé, jewels, a racist brother, etc.

On August 20, and then again on the next day, M-H was given electroshock treatment.³² A series of three EEGs done over a 16 month-period gave evidence of some added excitement, but no indications of epilepsy.³³ But side effects of M-H's drug treatment were noted. An examining physician was struck by her weight gain ("a large stomach") and by her swollen breasts from which milk leaked. Dr Koupernik at La Salpêtrière assured the physician that these were known side-effects.

On September 10, 1960, the law of 1838 was invoked and M-H was committed involuntarily on the grounds that she was a danger to herself and to others. The dossier peters out at this point. But there is a sad coda. On March 8, 1961, responding to a query from Maison Blanche, the psychiatric hospital where M-H's mother had been interned, Dr. Koupernik wrote that M-H was a severe schizophrenic. The treating physicians in Heuyer's and Michaux's service had tried everything in their psychopharmacological armentarium, sometimes all together: Largactyl, Stemetil, Haloperidol and Reserpine and even electroshock. Nothing worked. The doctors were forced to ask for a *placement d'office*. The letter concluded, "I think you know that her family conditions were the most deplorable and that this young girl had behavioral troubles which made her quite dangerous".³⁴

Several points in M-H's hospital are noteworthy. First, there is M-H's 3-month hospitalization in the spring of 1958. Why so long? The child seems to have stabilized relatively quickly and the patient record gives no indication of any treatment beyond Largactyl, which was administered on the first day. Did the physicians not see the long hospitalization as harmful? Or were there countervailing factors at play?

Second, there was the evaluation of M-H's cognitive capacities. Reviewing M-H's case in October of 1960, Dr. Cyrille Koupernik wrote that early on, the

32. In the 1950s, ECT therapy was not seen as harmful; what was debated was its effectiveness. ECT was rarely used on children. BALDWIN Steve, JONES Yvonne, "Is electroconvulsive therapy unsuitable for children and adolescents?", *Adolescence*, 33, 1998, p. 645; and <http://www.ect.org/resources/children.html>

33. The administration of these tests was quite routine. See HEUYER Georges et. al., « Étude des corrélations électrocliniques au cours des schizophrénies de l'enfance et de l'adolescence », *Revue de Neuropsychiatrie et d'Hygiène Mentale de l'Enfance*, 4 (11-12), 1956.

34. Archives AP-HP, File 1061 W/16, Note of Dr. Koupernik, 1960/10/07.

35. *Ibid.*

36. Archives AP-HP, File 1061 W/16, Note of Dr. Koupernik, 1960/10/07.

37. For the interplay of genetic and environmental factors in French psychiatry, see SIMONNOT Anne-Laure, *Hygiénisme et eugénisme au xx^e siècle à travers la psychiatrie française*, Paris, Seli Arslan, 1999.

38. LIDZ Ruth W., LIDZ Theodore, "The family environment of schizophrenic patients", *American Journal of Psychiatry*, 106, 1949, p. 332-345.

39. HAZAN Katy, *L'Œuvre de secours aux enfants. Les enfants de l'après-guerre dans les maisons de l'OSE*, Paris, Somogy, 2012.

child had been placed in the IMP for children with behavioral problems who, despite mild cognitive impairment, were deemed educable.³⁵ In fact, M-H was never diagnosed as suffering from cognitive impairment. In addition, when M-H entered Draveil in 1951, it was not an IMP. M-H was placed at Draveil so that she could be with her brother and sister - this, in conformity with OSE's policy of keeping siblings together.

Third, there was the M-H's diagnosis as a schizophrenic. In October 1960, Koupernik wrote, M-H presented as "a very agitated schizophrenic, delirious, hallucinating and dissociating [...] the orientation towards schizophrenia [...] is further reinforced by the notion of schizophrenia in her brother and the malady of her mother which was not specified".³⁶ References to her noxious family environment run like a red thread throughout M-H's file. But the family was also depicted as the source of bad genes.³⁷ M-H's file recorded that her brother had severe early onset schizophrenia (sic) and that her mother had been hospitalized repeatedly for mental illness. In M-H's case, the diagnosis of schizophrenia seems to have been a family diagnosis. By a family diagnosis, I do not mean, as the American psychiatrists Ruth and Theodore Lidz meant in 1949, a condition influenced by the harmful interaction among parents,³⁸ but rather, an illness whose identification was facilitated by its presence in family members.

In the case of M-H, the diagnosis of schizophrenia seems to have been made in 1960 and then refracted back into the files. In his 1960 note, Koupernik wrote that M-H had been hospitalized in 1958 for a state of atypical manic excitement suggesting schizophrenia. In fact, Dr. Michaux, who diagnosed M-H in 1958 when she was first admitted to hospital, wrote only that schizophrenia could not be ruled out.

M-H IN THE FILES OF L'ŒUVRE DE SECOURS AUX ENFANTS

The OSE children's files, which often ran to hundreds of pages, are a rich source for the life history of the children who populated its 25 homes after WWII.³⁹ In addition to the name, date and place of birth of the mother and the father and, if relevant, the place and date of deportation of each parent, the files provide information on how and why the child came to be in an OSE home; the source of funding for the child's stay; whether the child was a « *pupille de la Nation* »; (had a legal tutor or a godfather /godmother). The dossiers also

included information on the child's siblings. In the immediate post-war decade, OSE often took responsibility for multiple children in a single family. There was often a snapshot of the child's schooling, work habits, attitudes, behavior; relations with authorities and peers (« *portrait moral* »).

The OSE homes in the first decade after the Liberation included a significant number of children reported by teachers, social workers, psychologists, the child's family, or staff at the OSE home to be suffering from emotional maladjustment (*inadaptation*). This was a cohort of children many of whose parents had either been deported or killed in the war. The majority of "maladjusted children" were handled "in-house" by OSE staff and the handful of psychiatrists on contract to the agency, without referring the child for a psychiatric consultation or to a psychiatric hospital. When questions arose about a child's cognitive capacities or behavior, he or she was sent for a full battery of intelligence, psychomotor and personality tests.

My survey of some 200 dossiers of OSE children suggests that the Œuvre moved the children with serious behavior problems out of the OSE homes and sent them either to an *institut médico-pédagogique* (eg. la Forge, created in 1948 in Fontenay aux-Roses or Foyer de la Voute for girls opened in 1959 in Paris) or to a « *placement familial spécial*⁴⁰ ». As Dr. Opolon, the psychiatrist on contract to OSE who saw 90% of the children in the OSE "homes" in the Paris region, put it in a letter to her colleague Françoise Dolto, "I am willing to handle difficult cases, but not too many and not too difficult".⁴¹

The OSE dossiers resound with the voices of a variety of professionals: social workers who visited the family, the home (foyer), and the school; OSE administrators assessing the family's financial resources; psychiatrists on contract to OSE; and psychologists assessing educational or psychomotor difficulties. The mix of voices created a complex portrait of the child and occasionally revealed disagreements over diagnosis and therapy.

The OSE file of M-H and her family runs to some 1000 pages, covering the years 1946 to 1961.⁴² It is one of the largest files I have seen. The size requires explanation. While the La Salpêtrière file framed M-H as a child of OSE, the OSE file presented M-H as a child of her family, who happened to be OSE's responsibility. In practice, when relevant, OSE psychiatrists saw and followed all the children in a family, not together as in family therapy, but individually, one by one. The massive files on M-H and her siblings remind one of Lawrence

40. The search for a family placement was the province of OSE social workers.

41. Archives OSE..., *OSE children's files*, GB, 70, Paris.

42. Archives OSE..., files M-H, I and II.

43. Archives OSE..., M-H, I, 19, 170, 133.

44. A report of April 1961 reveals that the family had hired a private lawyer to seek damages from Germany for the suffering that flowed from being forced to wear the yellow star. Archives OSE..., M-H, II, 333.

45. GARDET Mathias, « Des Orphelins de la Shoah aux Maisons d'enfants à caractère social, », HOBSON Laura, GARDET Mathias, HAZAN Katy, NICAULT Catherine (dir.), *L'Œuvre de Secours aux Enfants...*, op. cit., p. 244-266.

46. Archives OSE..., M-H, I, 166; M-H II, 16.

47. Archives OSE..., M-H, II, 20; 28-33; 18.

48. Archives OSE..., M-H, I, 10, 170, 673.

49. Archives OSE..., M-H, I, 137, 656.

50. In a 1954 report on internment of children in psychiatric hospitals, Georges Heuyer described families, like M-H's, that placed children in care and removed them in cyclical fashion. HEUYER Georges, « L'internement des enfants... ».

51. Archives OSE..., M-H, II, 28.

Durrell's *The Alexandria Quartet*, which narrates the same events from multiple perspectives. The practice of working with siblings simultaneously increased the risk of spillover in diagnosis and treatment.

M-H came into the sights of OSE first in August of 1946 at one year old, as the youngest member of a family being followed by the Œuvre. Her father had come to France in 1923 from Poland; her mother arrived in 1930 from Romania. The couple married in 1939. Their first three children were born in Paris in 1934, 1936, and 1940. In 1940, the family fled Paris for the south. M-H, the last child, was born in St. Prest in late 1945. After Liberation, the family returned to Paris, but the father had lost his little shoemaker's shop and the family of 6 was forced to live in a single room.⁴³

M-H's family was classified as a « *cas social* » which qualified it for social assistance. An OSE social worker declared M-H's family as among the most deserving.⁴⁴ After 1956, as the flood of children termed "victims of the war" was slowing to a trickle, five of the existing OSE homes were converted into « *maisons d'enfants à caractère social* » (MECS) and an increasing number of cases were designated as « *cas social* ».⁴⁵ The designation « *cas social* » distinguished a family (or a child) from a « *cas pathologique* » or « *cas médical* ».

While M-H's family was classified as « *cas social* », the OSE psychiatrist Opolon described the family as "strongly psychogenic".⁴⁶ The mother, who had emotional problems as early as 1936, was described as "not normal". Between 1948 and 1952, she moved in and out of psychiatric hospitals -St. Anne, Maison Blanche, St Rémy. In 1952, she was released from Maison Blanche on condition that all the children were placed outside the home.⁴⁷ The parents, who fought constantly, divorced in 1955, after which the father lived in his shop.⁴⁸

As a result of the mother's troubles, at one point or another all the children were placed in OSE homes. Beginning at 4 months of age, the youngest child (M-H) was farmed out to a succession of 5 or 6 different nurses, one of whom beat her.⁴⁹ A pattern emerged: every time M-H's mother felt better, she tried to bring her youngest child back to live with her.⁵⁰ But M-H's return to her family was always temporary. To illustrate: in 1950, the mother attempted to get M-H back; in early 1951, when the mother was readmitted to Maison Blanche, OSE admitted the child to Draveil on an emergency basis.⁵¹

In the La Salpêtrière files, M-H's record begins in the spring of 1958, when the child was admitted to hospital. In the OSE files, the year 1952 jumps out as critical. In that year, M-H's mother was admitted to St. Rémy hospital. In the same year, M-H's 17-year old brother who, from his early teens had been seeing the OSE psychiatrist Dr. Opolon for emotional troubles and instability, was diagnosed as schizophrenic and interned in Perray-Vaucluse.⁵² M-H, then six and a half years old, began seeing Dr. Opolon for small behavioral issues (« *petits troubles de comportement* »). Whereas in 1946, at one year of age, M-H was described as a beautiful child with some behavioural difficulties, by late 1951, Dr. Opolon had noted in M-H significant oddities (« *grandes bizarreries* »). An emotional assessment carried out by Opolon in 1952 revealed that, to M-H, her mother was a terrifying figure.⁵³ That very year, Opolon referred M-H to Hôpital Hérold for a psychiatric assessment. After eight days, M-H was diagnosed as being of normal intelligence, but as displaying behavioral and emotional difficulties- associability; mutism; some paranoid thinking and ill-structured ego and some emotional disturbance. There were complexes about her infant memories; sexual preoccupations; reduced emotions vis-à-vis her peer group. The psychiatrist at Herold recommended that M-H continue to be observed.⁵⁴

When she was between seven and eight years old, M-H had 15 sessions with Dr. Opolon, who described her as having spatial difficulties and trouble inserting herself in the world. The child seemed to have no defenses against the outside world; when she faced difficulties, she regressed. M-H was not closed off emotionally; she adored her older sister and there was even some transference with the psychiatrist. But she preferred the company of older children; she was aggressive with her peers. The term emotional maladjustment (« *inadaptation* ») was used.⁵⁵ In late 1952 Opolon wrote that although no behavioral problems had been reported and the patient's emotional life did not seem to be an issue, one should be cautious in making any prognosis.⁵⁶

By the time she was ten years old, M-H was shuttling back and forth between her home and the OSE children's home, Draveil, always at the whim of her mother. Opolon reported that M-H was happy at the idea of family life, but that the reality was destructive. Her mother invariably tried to pull M-H into her increasingly delirious orbit.⁵⁷

52. Archives OSE..., M-H, I, 306.

53. Archives OSE..., M-H, I, 268, 550.

54. Archives OSE..., M-H, II, 12.

55. Archives OSE..., M-H, I, 591, 605, 146, 148.

56. Archives OSE..., M-H, I, 148.

57. Archives OSE..., M-H, I, 164, 270.

58. Archives OSE..., M-H, I, 168.

59. Archives OSE..., M-H, I, 165, 166, 188.

60. Archives OSE..., M-H, I, 226, 237, 238.

61. Archives OSE..., M-H, I, 243.

M-H had her first major anxiety attack when she was just short of ten years old and living at Draveil. She refused to stay on her own, was anxious and displayed logorrhea. She was given an (unspecified) “calming treatment” but she was not sent to the hospital.⁵⁸ The attack occurred in 1955, the year M-H’s parents divorced. Opolon termed M-H’s home life “dreadful”. She did not get from her family the emotional support needed. She had no sense of her own capacities. The next year, Opolon noted serious psychoneurotic troubles in M-H, a child with a “heavily loaded heritage of madness (*vésanique*)”. M-H’s mental health needed to be monitored.⁵⁹ When M-H was admitted to La Salpêtrière in 1958, she had a thick OSE dossier.

During her hospital stay, M-H’s OSE dossier continued to grow. OSE received the psychiatric assessments made by hospital physicians; there were contacts between the social workers at La Salpêtrière and at their counterparts at OSE; and both Opolon and social worker (J. Kagan) who worked closely with M-H visited her. OSE social workers kept in touch with M-H’s family.

Visiting M-H in the first few days after she was admitted to hospital, Opolon found her in a condition of manic excitement. After Largactyl was administered the child became less agitated and delirious. Opolon had no doubt that M-H had been in a paroxysm of anxiety, believing her mother to be in mortal danger, which led the child to call the police. But visiting M-H two weeks later, Opolon reported that the manic episode was over and that, in her view, hospitalization should not be prolonged. Yet, nearly 6 weeks after she had been admitted, we find M-H still in La Salpêtrière, bored and staying in bed.⁶⁰

The interns informed the OSE social worker in charge of M-H’s case that as soon as Largactyl was discontinued, the child’s anxiety returned. They suggested that M-H leave the hospital and continue the drug once or twice a day for 3-6 months. But where would she go? A return to the family was ill-advised; she was too able intellectually to be put in an IMP for the cognitively impaired. The hospital was unwilling to take responsibility for a placement.⁶¹ At the request of the OSE social worker, who was keen to buy time, M-H was kept in hospital for another two weeks.

In mid-June, an arrangement was made with Le Masgelier, an aerium linked to OSE. When the Director of Le Masgelier refused to prolong her stay beyond the agreed-upon month, M-H was forced to return home, where she regressed. In July, there was another flurry of letters between the OSE social worker, the

director of Draveil, and the hospital social worker. The hospital was making no effort to place M-H; the administrator at Draveil wrote that they had no place for her.⁶² By default, M-H was going to have to return permanently to her family home, a move which all professionals involved acknowledged would result in a new crisis for the child.

Back in her foyer, M-H continued to agitate to return to Draveil. Her parents, particularly her mother, were like-minded. Opolon, who saw M-H several times in this period, urged that M-H return to school, so that she would be among people. Eventually, in mid-October, a letter from Draveil announced that the home would take M-H back, but the OSE home did not actually clear a space for her until late November, a full five months after she left the hospital.⁶³

Almost immediately after her return to Draveil, M-H had a new crisis, in which she called the police to save her mother. To those who saw her at La Salpêtrière, M-H's claim that she had rescued her mother from the father by calling the police seemed extravagant, a symptom of her malady. In fact, a statement by M-H's older sister in the OSE files reveals that the mother had begged each of the children to save her from the father; only M-H had responded.⁶⁴

The OSE files document the absence of a safe harbor for M-H. The administrator at Draveil, horrified at M-H's behavior, insisted the child be hospitalized. Apparently, brandishing dangerous objects, M-H had threatened to kill people.⁶⁵ In her letters to Draveil, Opolon termed what happened to M-H a "small crisis" but the psychiatrist recommended the child's hospitalization. Given Opolon's general position against hospitalization, these letters seem anomalous. But the OSE files reveal that by the time she made the recommendation, Opolon had been informed by Draveil that they were neither equipped to deal with the child nor prepared to take her back. And so, in December of 1958, M-H was readmitted to La Salpêtrière.

Shortly after her readmission, the issue of M-H's post-discharge placement resurfaced. According to reports in the OSE files, Dr. Duché, the psychiatrist in charge of M-H's case and the hospital social workers declared that, apart from intermittent outbreaks, M-H could be considered cured: she could lead a normal life if she took her medication. Duché recommended that M-H go back to Draveil where she felt at home. The difficulties M-H had in the progressive

62. Marianne Zysman, the Director at Draveil, asked the OSE social worker why they had sent her a child in such a state. Archives OSE..., M-H, I, 249, 360.

63. Archives OSE..., M-H, I, 364, 367.

64. Archives OSE..., M-H, I, 231.

65. Archives OSE..., M-H, I, 380.

and secular Le Masgelier suggested that only strongly Jewish institutions could be considered. Duché dismissed the argument that Draveil was not equipped to handle M-H. For her part, Opolon declared that the hospital had greatly exaggerated the Jewish issue: M-H would do well in a good setting, no matter what its confessional orientation. With things at this impasse, Opolon suggested family placement or placement in a sister Jewish agency. At worst, there was *assistance publique* or the family of origin.⁶⁶

While the options for M-H were being eliminated one by one, her health deteriorated. In February of 1959, there are hints that M-H's diagnosis had been changed. The diagnosis of schizophrenia or pseudo-schizophrenia may date from this point. Whatever the case, the dose of Largactyl was increased. The OSE social worker who visited reported that M-H had a fixed stare and was dull or listless. Her condition was listed as grave. In June of 1959, Opolon found M-H lucid, having gained some weight but beaten down, uneasy, with an attitude that bespoke mental illness.⁶⁷

In June of 1959, the question of where M-H was to go was raised yet again. The physicians and social workers seemed unable to integrate her into a normal collective. At that point, it was suggested that she be put in Parray-Vaucluse. Both Dr. Opolon from OSE and Dr. Duché from La Salpêtrière argued strongly against that idea on the grounds that it would lead to "depersonalization" and would lock the child in her sickness. Her last chance, they submitted, was a sympathetic family situation, with the understanding that hospitalization would occur at the first sign of crisis. Largactyl would be continued, but "heroic treatments" had been abandoned. In fact, in some quarters at least, the increase in M-H's dose of Largactyl was seen as highly unusual. According to the OSE file, in late October 1959 a pharmacist, asked to fill the prescription for the very high dose of Largactyl, was horrified and wanted to lower the dose unilaterally.⁶⁸

In the La Salpêtrière files, there are sketchy notes documenting the efforts to secure a placement for M-H that would allow the fifteen year old to be more independent. The OSE file details the intensive hunt by Opolon and the social worker Kagan for solutions. In pursuit of an opportunity for M-H, the social worker even admitted to being "evasive" about M-H's troubles. A school program was located. For a few months, the arrangement worked, but in winter, M-H fell into a depression, intensified by the dysfunctional behavior of her mother who was slow to refill the prescription for medication. In March of

66. Archives OSE..., M-H, I, 416, 397, 398.

67. Archives OSE..., M-H, I, 402, 414.

68. Archives OSE..., M-H, I, 414, 453.

1960, after M-H ran away from home, the OSE social worker Kagan urged the father to take her to La Salpêtrière.⁶⁹

We know from the La Salpêtrière files that M-H was re-hospitalized in June 1960. Soon thereafter, at the request of La Salpêtrière, she was transferred to the asylum at Maison Blanche. OSE appears to have lost track of M-H some time in spring 1960. In a note to M-H's sister in August 1960, the OSE social worker reported that she had dropped by the family home expecting to find M-H there! Yet OSE continued to regard M-H as their charge. A sad document written by the social worker Kagan in April 1961 recounts the downward slide of M-H, who by then was sorting laundry in the 6th pavilion of Maison Blanche. The document ends with the unrealistic proposal that, together with the family, OSE take M-H under its charge again.⁷⁰

The OSE file on M-H raises questions. First, what was the impact of OSE's practice of seeing all siblings in a family under its charge? On the positive side, the patient was seen not as an isolated individual, but as part of a family. For all that, the family as an interactive system was not part of the therapy. Yet there were assumptions about "nested" troubles. Was M-H identified as troubled at age six because of OSE's contacts with her mother and brother? The files reveal that the OSE psychiatrist and social workers expected trouble with the children in M-H's family. In her report on the (normal) third child, a social worker expressed surprise that he "could work well". There is little doubt that the "early identification" of M-H's troubles was a function of OSE's approach to therapy. Was there spillover in diagnoses? Opolon had been directly involved with M-H's older brother who was diagnosed as schizophrenic. But an even more interesting instance of spillover went from the children to the parent. When M-H was diagnosed as schizophrenic in 1960, her mother, whose diagnosis had never been clear, was suddenly identified in the OSE files as suffering from schizophrenia.⁷¹

Second, how was the role of M-H's family presented in the OSE files? In her thesis (1943) on the role of social factors in mental illness, Opolon articulated the credo that was to govern her thinking throughout her professional life: disease, particularly mental disease, is a biological phenomenon which has social ramifications.⁷² Like all Paris-trained psychiatrists of her generation, Opolon took courses with George Heuyer, but she had reservations about Heuyer's focus on heredity. As she wrote in her thesis: "Originally mental illness was

69. Archives OSE..., M-H, II, 311, 314, 309, 321.

70. Archives OSE..., M-H, II, 334, 330, 232-4.

71. Archives OSE..., M-H, I, 463.

72. OPOLON Ryfka Irène, « Sur la condition sociale des malades mentaux... », *op. cit.*

73. OPOLON Ryfka Irène,
« Sur la condition sociale
des malades mentaux... », *op. cit.*, p. 3.

74. Archives OSE..., M-H,
II, 157.

75. MINKOWSKA Françoise,
MINKOWSKI Eugène,
« L'hérédité des maladies
mentales et le problème de
la stérilisation », *Revue OSE*,
mars-avril 1937, p. 9-10.
This was based on a presentation made by Minkowski at a conference held under the auspices of Société OSE, November 1935.

conceived and studied under the rubric of heredity... but the inclusion of exogenous factors either in the genesis or in the evolution of the emotions or of the predispositions allows us to envisage new therapies.”⁷³ Yet working in OSE with families, Opolon noticed patterns that made the matter more complex. In 1953, when M-H was 8 years old, Opolon wrote of M-H’s troubled older brother that he had a double constitutional etiology (a mother interned for chronic hallucinatory psychoses and a sister who displayed “some troubles”) and reactive psychogenesis (living with a mentally ill mother).⁷⁴ From the mid-1930s on, in OSE circles there was understandable reluctance to invoke heredity, primarily because of national socialist ideology.⁷⁵ A note from an OSE social worker in M-H’s file contained an apology for invoking heredity! But Opolon did write about M-H’s heavy heritage of madness.

REFLECTIONS

Reading of the La Salpêtrière and OSE files on M-H highlights the degree to which medical records are constructed documents. The La Salpêtrière record presents M-H as a patient. The file includes detailed results of the testing and a full report on the regimen of medication. The record includes some second hand accounts of the child’s behavior outside the hospital and reports on her family history. Recommendations on treatment and placement made by the hospital physicians and social workers who attended her tend to be terse. M-H’s voice is not sounded at all. The OSE record brings M-H to life as a member of a family under OSE’s care. The record bulges with verbatim reports on conversations with M-H’s parents and the findings of social workers who visited. There are full reports by the psychiatrist and the social worker on M-H’s siblings as independent actors. But M-H is also an individual actor in the file. The child’s voice is plainly heard: there are verbatim records of her conversations with Opolon, the drawings she made for Opolon’s assessments, and her letters to Opolon making requests about her placement. The results of psychometric and physical tests done at the hospital are reported second hand: there is no raw data on testing or medication in the file. Record-making in La Salpêtrière and in OSE reflects the profile and mission of the two institutional facilities that figured so largely in M-H’s life: if the goal of La Salpêtrière was to heal the child sufficiently so that she could be discharged to an out-patient facility, the

goal of OSE was to prepare her for a life independent of Draveil home and of her own family.

The paper has presented the La Salpêtrière files and the OSE files separately, yet it is clear that there was interaction between the physicians and social workers at La Salpêtrière and at OSE. As we saw, both in the early spring and then in the late fall of 1958, Opolon sent to La Salpêtrière her written evaluations of M-H; she visited her patient in La Salpêtrière. There was an exchange between Dr. Duché, the psychiatrist at La Salpêtrière and Dr. Opolon when the possibility of internment in Perray-Vaucluse was raised. Social workers from OSE and La Salpêtrière met to try to solve the question of M-H's placement after discharge from hospital.

Reading M-H's OSE and La Salpêtrière files in tandem lays bare some difficulties in the institutional structure of facilities for child psychiatric patients in 1950s France. The difficulties were visible at important transitions: when a child was to be moved being an in-patient in a psychiatric hospital to an outpatient facility and when a child in an outpatient setting had to be shored up when her behavior deteriorated.

Consider: in the spring of 1958, although the psychiatrists at La Salpêtrière and OSE agreed that M-H could and should be discharged within weeks of her first hospitalization, she remained in hospital for three months because there was no place for her to go. The hospital social workers, who saw placement as OSE's responsibility, recommended a return to the OSE home. The OSE home refused to take M-H back and urged the hospital social workers to find a place for M-H, whom all agreed was not sufficiently impaired cognitively to be placed in an IMP. M-H languished in hospital until the professionals found her a respite in an OSE aerium. That respite turned out to be temporary: after a month, M-H was sent back to her home over the objections of the OSE administration.

Or again, in December 1958, after M-H suffered a fresh crisis at Draveil to which she had newly returned, Opolon recommended her rehospitalization at La Salpêtrière. This, from a psychiatrist who on principle opposed long hospital stays for children and who had initially minimized the extent of M-H's crisis. It turned out that Opolon made the recommendation only after failing to convince Draveil to take the child back. Opolon even thought outside the net of OSE institutions: she argued to Dr. Duché that finding a safe harbor for M-H

76. According to Georges Heuyer, hospital departments of child psychiatry were full of children who could not return to their family homes. In October 1953, in Heuyer's service at La Salpêtrière there was a queue of 155 children waiting to be placed; half of those children had not been claimed by their families. HEUYER Georges, « L'Internement des enfants... », *op. cit.*

was more important than placing her in a Jewish facility. But when it became clear that no suitable out-patient facility could be found, Opolon concluded that re-hospitalization was better than returning M-H to her own home!⁷⁶ The psychiatric hospital became the default solution.

The examples discussed here revealed some sticking points in the practice of child psychiatry in post-war France. The sticking points became clear at important points of transition when a child newly released from a psychiatric hospital was to be moved to an outpatient facility and when the behavior of a child newly-placed in an outpatient facility deteriorated. The sticking points, we suggest, derived from strong institutional silos that made movement between facilities difficult. The psychiatric hospital and the *Ceuvre de secours aux enfants* each had clearly delineated mandates, spheres of competence, institutional resources and networks. Crossing the silos to work cooperatively to devise solutions for children like M-H, who were educable but whose behavior was problematic, required challenging and perhaps liberating the grids into which patients were routinely slotted. Ultimately, in M-H's case the strength of the institutional silos constrained the functioning of the system.

Finally, close reading of the La Salpêtrière and the OSE records revealed that both reflected the tendency to read the past back from the present. In the La Salpêtrière files we found Dr. Koupernik's note of 1960, which refracted the diagnosis of M-H as schizophrenic back to her original hospitalization in 1958, even though at the time Dr. Michaux said only that schizophrenia could not be ruled out. In the OSE files, we found a report of 1961 in which the social worker responsible for M-H read the child's manic behavior in spring 1959 back into her earlier history. There was no reference to M-H's psychogenic family or to the refusal of Draveil to reintegrate the child after her first and the second hospitalizations. The tendency to read the past from the present vastly reduces the usefulness of longitudinal records in pinpointing exactly when in the course of an illness a particular diagnosis was made.

The tendency to rewrite patient dossiers invites reflection. Is the revisionist impulse a function of the belief that to reflect the growth of knowledge errors must be corrected or of the desire of doctors as professionals to have been right all the time? Or is that impulse a function of a deep discomfort with uncertainty, with question marks? Whatever the spur, the lesson is clear: in the face of overviews in medical records that purport to summarize the trajectory of an illness and cure, the historian must proceed with caution.