

PART ONE

Charcot

During the decade of the 1870s, three young women found themselves in the hysteria ward of the Salpêtrière Hospital in Paris under the direction of the prominent neurologist Jean-Martin Charcot. All three—Blanche, Augustine, and Geneviève—would become medical celebrities. The stories of their lives as patients on the ward are a strange amalgam of science and religion, medicine and the occult, hypnotism, love, and theater. The illness they suffered from was hysteria. This disease was not an arcane preoccupation of the doctors that treated them, but an affliction that would increasingly capture the public imagination. Stories about hysterical patients filled the columns of newspapers. They were transformed into fictional characters by novelists. Hysterics were photographed, sculpted, painted, and drawn. Every week, eager crowds arrived at the hospital to attend Charcot's demonstrations of hysterics acting out their hysterical symptoms. And it wasn't only medical students and physicians who came to view the shows, but artists, writers, actors, socialites, and the merely curious. Hysteria had become a fascinating and fashionable spectacle. But who were these hysterical women? Where did they come from? What role did they play in their own peculiar form of stardom? And what exactly were they suffering from?

To answer these questions, I combed hospital records and munici-

pal archives. I read case histories, gathered testimony from the scientific and the popular press of the day, and sifted through visual documents. I read memoirs and letters written by those who spent time at the Salpêtrière in the late nineteenth century, including the young Sigmund Freud, who admired Charcot, and the enormously vindictive Léon Daudet, who did not. I pursued false leads and hit dead ends. History is filtered by subjectivity, and I repeatedly stumbled on the Rashomon effect of conflicting narratives. I relied heavily on the work of medical historians whose clarity in the face of so many bewildering accounts was enormously helpful.¹

I first came across this material when I was a graduate student in French at New York University. I was writing my dissertation on a late-nineteenth-century novel, *The Future Eve* by Villiers de l'Isle-Adam. At that time, hysteria was a fashionable topic in literary theory, and I came across multiple references to various hysterical women, but they were usually in passing, in footnotes, or in evidence to support an argument. Long after I had finished my Ph.D. work, those tantalizing bits of information continued to haunt me, and I decided to write a book about the women themselves.

Hysteria was at least partly an illness of being a woman in an era that strictly limited female roles. It must be understood as a response to stifling social demands and expectations aptly expressed in paralysis, deafness, muteness, and a sense of being strangled. Blanche, Augustine, and Geneviève exhibited symptoms that physically illustrated their actual social conditions. They lived at a time when women were exclusively defined through their relations with men. Fatherless, unmarried, and poor, these three women found themselves in a world that had little use for them. I began writing with a preconceived notion: the hysterics were victims of not only their home lives, but of a misogynist institution led by the tyrannical Charcot. I would rescue them from that narrative and tell their stories, from their perspective. Despite my intention, the more I read, the more I found

myself admiring Charcot's brilliance. I also became a reluctant fan of some—not all—of the members of his coterie, a group of physicians who worked with him at the Salpêtrière. Désiré-Magloire Bournesville's humanitarian compassion for the oppressed and Gilles de la Tourette's ferocious loyalty are both laudable. Instead of a clear-cut world of exploited women and exploiting men, I entered something far more nuanced. Blanche, Augustine, and Geneviève were undeniably victimized, both inside and outside the hospital. That said, they also participated in a hospital culture that was in many ways less oppressive than the world beyond it. The Salpêtrière provided a language—the language of hysteria—that allowed them to articulate their distress. Blanche, Augustine, and Geneviève mastered its vocabulary and were rewarded.

I set out to write a nonhysterical book about hysteria, to ground my work in something real. At first I found it unfathomable that these women really were suffering from the spectacular forms of illness recorded by their doctors, an illness that no longer exists. But now I believe that Blanche, Augustine, and Geneviève were indeed ill. They suffered from chronic debilitating symptoms. To what degree their disease was socially determined and to what degree it was physically determined is impossible to say. If they showed up at a hospital today, suffering from the same symptoms, they would probably be diagnosed with schizophrenia or conversion disorder or bipolar disorder. They would undoubtedly be diagnosed with eating disorders because they had bouts of willful starving and vomiting. However, if these women were alive today, they might not have become ill to begin with and no doubt would suffer from other symptoms.

I am convinced that Blanche, Augustine, and Geneviève were neither frauds nor passive receptacles of a sham diagnosis. They really did "have" hysteria. Located on the problematic border between psychosomatic and somatic disorders, hysteria was a confusion of real and imagined illness. In an era without demons and before Freud's

unconscious, hysteria fell into a theoretical vacuum. The female body was viewed as the site of a disturbing and incomprehensible split between its inside and outside. The theatrical symptoms of the external body had no internal reference, no location. They did not reveal the workings of the unconscious. They were themselves only, baffling, alarming, but revelatory of nothing. Unable to find an organic source, Charcot tried to isolate and reproduce these symptoms. The hysterics who cooperated in this project became pure signs of their illness, divested of any interiority. Their symptoms pointed to no inner source. Charcot's goal was to transform his hysterics, with their bizarre fits and spasms, into ideal medical specimens—into living dolls.

Hysteria may be an illness of the past, but the medical and ideological notions of femininity that lie behind it offer insights into the illnesses of the present and the way they are perceived. And while modern medicine no longer talks about hysteria, it nonetheless continues to perpetuate the idea that the female body is far more vulnerable than its male counterpart. Premenstrual syndrome, postpartum depression, and "raging hormones" are among the more recent additions to a medical mythology that is centuries old. As I researched nineteenth-century hysteria, accumulating books, articles, notes, and images on the subject, a second pile of information—at first glance unrelated—had also piled up on my desk. Newspaper and magazine clippings, recently published books and downloaded information from the Internet on eating disorders, self-mutilation, chronic fatigue syndrome, multiple personality disorder, and outbreaks of rashes following the September 11 attacks on the World Trade Center competed for space in my already crowded office. Why has my study of a disease that is no longer officially a medical diagnosis compelled me to collect information on these new disorders? Why do the lives of three women who lived more than a hundred years ago feel so

relevant today and resonate so strongly with the lives of women who are my contemporaries?

A partial explanation can be found in Freud, or rather, in his absence. When Freud was at the Salpêtrière, he had yet to invent psychoanalysis. Charcot and his colleagues worked in a pre-Freudian era. The dynamic unconscious was not a possible explanation for hysterical symptoms. Now, we seem to have entered a post-Freudian period. The brilliant founder of psychoanalysis has been attacked from all sides, and in the nature/nurture debate, nature is, at least for the time being, in the lead. Psychiatric disorders are increasingly understood to be "chemical imbalances" and are treated with drugs. Like their nineteenth-century predecessors, today's scientists are scrambling to find biological explanations for behavior, and everything from human mating strategies to homosexuality, from shyness to alcoholism, has been supposedly located in biology.

There is, however, a crop of bizarre new illnesses that, like hysteria, afflict mostly young women and stubbornly resist biological explanation. No drug exists to cure anorexia, bulimia, self-mutilation, chronic fatigue syndrome, and multiple personality disorder, and no genetic flaw has been found to explain them. Furthermore, as was true for hysteria, these contemporary disorders are thought to be contagious, spread by suggestion, imitation, and therapy. The numbers of women diagnosed with multiple personality disorder, for example, soared after the television airing of *Sybil*, the story of a twentieth-century medical celebrity. Accounts of bulimics entering treatment clinics for eating disorders and emerging as trained anorexics exist, as does a newsletter, the *Cutting Edge*, in which self-mutilators can swap trade secrets. And in yet another parallel to hysteria, discussion of these illnesses is not limited to medical circles, but has infiltrated every area of public discourse, from tabloid television to scholarly tomes.

The cultural and historical homologies between hysteria and these

present-day diseases are so detailed and undeniable that it would be accurate to categorize them all as incarnations of hysteria. They are perceived as social and cultural diseases that express in some direct, if undetermined way social and cultural conditions. Moreover, I believe that they may be read as a metaphor both for women's position in society and for the image of the feminine in the history of scientific discourses. Hysteria, that bizarre rupture between symptom and source played out on the female body has resurfaced in our post-Freudian era in new but oddly familiar forms. My desire to write *Medical Muses* was not merely a desire to recapture a lost historical experience. I hoped to achieve an understanding of, and perspective on, ourselves and our social world.

Charcot: Art and Medicine

Jean-Martin Charcot's life spanned a period of radical political change in France as monarchists and republicans clashed in bloody battles for power. On November 29, 1825, when Charcot was born, the ultraroyalist Charles X was on the throne doing his utmost to suppress what remained of liberty, fraternity, and equality in France. The revolts of 1830 sent the reactionary king into exile, and the nation entered a period of relative stability under a more moderate monarch, the "citizen king" Louis-Philippe. The Revolution of 1848 led to the proclamation of the Second Republic, only to see democracy squelched by the 1851 coup d'état that ushered in the Second Empire when Napoleon III declared himself emperor. His authoritarian regime came to an end in 1870 following the humiliating defeat of the French by the Prussians. The Third Republic was declared, and gave rise to the Paris Commune. For two months, the official government army attacked the insurgents, killing an astounding 25,000 Parisians.

The Third Republic, in power when Charcot died in 1893, endured until 1940, when it was replaced by the Vichy Regime.

Charcot was the second of four boys born in a working-class family. His father was a carriage builder in Paris, a skilled artisan, and while not wealthy, the Charcots were by no means poor. According to legend, there was enough money to pay for the higher education of only one boy, and Charcot's father decided that his oldest would take over the family workshop, his two youngest would join the military, and his most studious son, Jean-Martin, would pursue a professional degree. A career in medicine was one route to upward social mobility in nineteenth-century France. Freed from the "Molièresque" tradition of the doctor as bumbling fool, physicians rose to new prominence in the nineteenth century. During Charcot's early childhood, doctors joined the republican opposition in the July Revolution of 1830 and, after the cholera epidemic of 1832, became public heroes. For a working-class boy, the medical profession offered not only an avenue to economic prosperity, but the allure of a noble cause. Charcot was a quiet child. He loved animals and preferred to spend time alone reading and drawing.² He never outgrew his love for animals, literature (his favorite authors were Shakespeare, Dante, and Rabelais), and art. Before he decided on medical school, he had considered a career as an artist, and he continued to draw throughout his life, both for pleasure and for work.

Charcot drew constantly. He drew landscapes, still lifes, and portraits. He drew when he traveled, when he saw patients, and when he smoked hashish. As one of his students wrote regarding his experiment with hashish: "The entire page was covered with drawings: prodigious dragons, grimacing monsters, incoherent personages who were superimposed on each other, and who were intertwined and twisted in a fabulous whirlpool."³ In the large house in the Faubourg Saint-Germain where he lived at the end of his life, Charcot installed

an art studio, where he painted. He used his artistic skills to narrow in on anatomical abnormalities wherever he came across them, whether he was in the hospital or traveling. One sketch he made depicts an old man he saw in North Africa. To my untrained eye, the drawing looks like a hand-drawn ethnic postcard: a bearded man sits in a caftan, framed by a Moorish arch. For Charcot, the portrait showed the joint deformities of a man suffering from Parkinson's disease. He was a gifted caricaturist and sketched strangers as well as people he knew—his children, professors, students, patients, and colleagues—sometimes with a great deal of wit.⁴ During one of the many competitive examinations he sat for—the test to become a professor *"agrégé"* on the Faculty of Medicine, a high-level distinction—Charcot covered his test paper with doodles and sketches. Among them is a group portrait of the faculty of medicine, drawn in their formal caps and gowns, but with the faces of monkeys.⁵ He failed the exam the first time he took it—maybe this less-than-reverential drawing was from that round. While he is often described as cold and proud, Charcot was capable of self-mockery as well. The Charcot Library has preserved self-portraits, or rather self-caricatures, in which he exaggerated his beakish nose. In one he drew himself as a parrot. Astute observation and an ability to pinpoint distinguishing characteristics, whether for humorous effect in a drawing or to diagnose the disease of a patient, were among Charcot's defining gifts. As his famous student Sigmund Freud later remarked, Charcot "had the nature of an artist." He was "a *visuel*, a man who sees."⁶

The Salpêtrière

In 1852, the twenty-seven-year-old Charcot spent a year of his medical internship at the Salpêtrière Hospital. The Salpêtrière, the name of which derives from its sixteenth-century origin as an arsenal for gun-

powder (made from saltpeter), was first used as a women's hospital in the seventeenth century, but "hospital" is not a noun that applies well to its function. It was more of a warehouse for female outcasts: women who were mad, violent, crippled, chronically ill, mentally retarded, unmarried and pregnant, or simply old and poor. In the 1680s, Louis XIV built a prison on the grounds called La Force that added prostitutes and female convicts awaiting execution or transportation to the colonies to this mix of unwanted women. It is here that Manon Lescaut, the great femme fatale of Abbé Prévost's novel and Puccini's opera, was confined before she was deported to America. When the king repealed the Edict of Nantes in 1685, female heretics joined the ranks of women incarcerated at the Salpêtrière.

The grim notoriety of the Salpêtrière was further magnified when, during the September Massacres of 1792, a mob attacked the building and women imprisoned there were gruesomely murdered. After the French Revolution, the prison was shut down, the prostitutes and criminals were sent elsewhere, and the Salpêtrière became a fortress to house elderly and insane women. Three years after the September Massacres, Philippe Pinel became chief physician, the same position Charcot would later occupy, and applied more moderate revolutionary ideals to the hospital. Pinel freed the female inmates, now "*citoyennes*," from their chains. While his role as great emancipator has been overstated, he was undeniably important in bringing more humane practices to the hospital. All forms of physical violence, for example, were banned under his watch.⁷ The next generation of doctors continued to implement reform at the hospital, but the Salpêtrière had yet to shed its reputation as a dismal repository for unwanted and incurable women.⁸ The Salpêtrière still exists, and in a sad coincidence that seems oddly relevant to the story I am telling here, it is to this Parisian hospital that Princess Diana was taken after her fatal car accident.

When Charcot's internship ended, he famously resolved to return

to the Salpêtrière and stay.⁹ This was an odd ambition for a promising young doctor because the Salpêtrière was not considered a prestigious institution. It was an old-fashioned place without laboratories or teaching facilities. Charcot himself called it "that grand asylum of human misery." But where others saw a professional dead end, Charcot saw opportunity. As Freud recalled more than forty years later, Charcot was inspired by "the wilderness of paralyses, spasms and convulsions" he had seen at the Salpêtrière.¹⁰ Ten years later, he returned as chief physician of medical services and began the long process of reorganizing the Salpêtrière, transforming the outdated hospital for epileptic, insane, and aging women into a modern medical institution, complete with laboratories, teaching facilities, and separate wards. The large population of old and sick women, many of them suffering from disorders of the nervous system and many of them admitted for life, provided Charcot with what he called a vast "reservoir of material." The ambitious doctor maintained that he was "in possession of a kind of museum of living pathology whose holdings were virtually inexhaustible."¹¹

From Chaos to Classification

Charcot applied what he called the "anatomy-clinical" method, a research strategy that correlated clinical symptoms in the living patient with anatomical lesions found in his patients after their deaths. The fact that many of the women at the Salpêtrière were old and were there for life made this work possible in a way that it would not have been at other hospitals. He confronted this undifferentiated population of trembling and immobilized patients, this "pandemonium of infirmities," as he called it, and began the long process of cataloguing their symptoms and classifying their diseases.

Charcot's method differentiated between diseases that resembled

each other: "It is a new means to bring together organic illnesses which are similar," wrote Charcot, "and to distinguish those which in spite of sharing similar symptoms are of a nature altogether different and which therefore belong to another order of illnesses."¹² As an animal lover, he never performed vivisection. By conducting research on his living patients and analyzing tissue samples after death, he avoided experimenting on animals. An old kitchen at the Salpêtrière was converted into a pathology laboratory equipped with microscopes to analyze brain tissue and cross sections of spinal cords. Charcot, wrote Freud, "never tired of defending the rights of purely clinical work, which consists in seeing and ordering things, against the encroachments of theoretical medicine." When he and other visiting students, educated in German physiology, challenged Charcot's clinical method, the French doctor responded: "Theory is good, but that doesn't prevent a thing from existing."¹³

Charcot's disdain for theory and emphasis on clinical observation led to his most important medical discoveries. He kept large dossiers for each patient that included histories, copious clinical notes, drawings, and handwriting samples. Charcot came up with inventive techniques to document real but imperceptible variations in tremors. The "sphygmograph," adapted from an apparatus used to take arterial pulses, graphically recorded a patient's trembling. He designed hats with long plumes attached. The oscillations of the feathers made visible slight variations in the quivering of one nervous system disease from the trembling of another, a whimsical solution that produced serious results. All of this data was preserved along with autopsy results, so that the patient's external symptoms could be correlated with internal lesions in her brain and spinal cord.

In this way, Charcot identified hitherto unknown diseases and greatly added to the definitions of those already known. He discovered the precise pathology of amyotrophic lateral sclerosis (ALS), commonly called Charcot's disease in Europe and Lou Gehrig's disease

in the United States. He contributed to the description of multiple sclerosis; Parkinson's disease; and tabes dorsalis, a form of neurosyphilis; locomotor ataxia, called Charcot's joints; and, with his student Pierre Marie, Charcot described the inherited neuropathy known as Charcot-Marie-Tooth disease.¹⁴ (Tooth refers to Howard Tooth, an English physician who also described the disorder.) Charcot's work is also responsible for advancing research on cerebral localization. Many doctors at the time thought of the brain as an unvaried organ, but Charcot's clinical method led him to argue that it was "not a single, homogenous organ, but rather a group, or if you wish, a confederation, composed of a number of different organs."¹⁵ Charcot's superb work was recognized. In 1882 he was awarded a new professorial chair in the diseases of the nervous system and became known as "the founder of neurology."¹⁶

Charcot's discoveries drew students to the Salpêtrière and, as he had done with the old kitchen converted to a laboratory, he transformed a refectory into a classroom. As his reputation grew, the improvised kitchen was replaced by a new state-of-the-art laboratory for pathological anatomy, equipped with the latest microscope developed by Rudolf Virchow, the German physiologist who introduced cell theory. The crowded classroom was closed, and a large lecture hall or amphitheater was built to accommodate the growing number of students and doctors he attracted. Charcot had transformed the Salpêtrière from an antiquated hospice into a great teaching hospital.

During Charcot's tenure, the Salpêtrière was the largest medical institution in Europe, perhaps in the world. Located on Paris's Left Bank, in the 13th arrondissement, it housed approximately 5,000 patients and included more than 100 structures built in a variety of architectural styles, from seventeenth-century classical edifices to little Swiss chalet-style houses. The Salpêtrière was a self-contained "city within a city." It had its own narrow streets, sidewalks, and

courtyards, and even a small trolley.¹⁷ The hospital was largely self-sustaining: It had a vegetable garden, orchard, reservoir, stables, post office, firemen, and a cemetery. Patients provided much of the labor that kept the institution running. Workshops and studios were filled with women who mended sheets and sewed chemises, aprons, and bonnets. Patients worked in the kitchen as cooks, as nursing assistants or "*filles de services*"—"ward girls" in English—and did laundry in the vast washrooms that served not only the Salpêtrière but all the public hospitals in Paris. For the patients who were able, the work was mandatory, but they were allowed to choose their hours and were paid a nominal sum for their labor. The Salpêtrière had its own food market, bakery, general store, tobacco shop, café and even a wine merchant where patients could spend their earnings. There was a Protestant church and a Catholic church, a school, and recreational gardens with paths, benches, and boules courts. The basement of the old prison was converted to a gymnasium and a library. Concerts and dances were held, including the annual Bal de Folles or Madwomen's Ball, which was covered in the press.

Charcot was the charismatic and imposing leader of this city within a city, and he was referred to in the press as the "Caesar of the Salpêtrière" and the "Napoleon of Neuroses," an image he appears to have cultivated by posing for photographs in Napoleon's trademark position, with his hand in his waistcoat. (See Figure 1.) He controlled every aspect of life in the clinic: his critics found him an unbending tyrant; his disciples idolized him. Gilles de la Tourette, for example (known today for the tic disorder that bears his name), is said to have worshiped him "like a God." Charcot's reputation in the hospital helped his private practice flourish, and he became the consulting physician to the ruling class: emperors, princes, grand dukes, and czars were among his patients. The son of a carriage builder had become a member of Parisian society.



Figure 1. Jean-Martin Charcot. Charcot gave this photograph to Sigmund Freud in 1886. Getty Images.

Charcot at Home

At the age of thirty-nine, Charcot married Augustine Victoire Durvis, a wealthy widow. In a letter he wrote home to his fiancée, Freud commented on the match: "Madame is tiny, rather round, and lively with powdered hair. She is friendly but not very distinguished in appearance. It is she who has the fortune; her father apparently has millions, whereas Charcot was once a poor devil."¹⁸ She had a daughter, Marie, from her first marriage, and went on to have two more children with Charcot. Both were named after their father: a girl Jeanne and a boy, Jean-Baptiste, the future polar explorer. In the same letter, Freud wrote that Jeanne Charcot bore an "almost ridiculous resemblance to her great father" and none too subtly added, "Now just suppose I were not in love already and were something of an adventurer; it would be a strong temptation to court her for nothing is more dangerous than a young girl bearing the features of a man whom one admires."¹⁹ By all accounts, Charcot had a happy family life. He doted on his children and on his pets, the dogs Carlo and Sigurd, and his pet monkey Rosalie. The little monkey, a gift from Dom Pedro II, emperor of Brazil, had a place at the family dinner table beside Charcot. She sat in a high chair and wore a bib, and when Rosalie snatched food from his plate, Charcot responded with an indulgent laugh.

On Tuesday evenings, the Charcots held lavish parties in their magnificent home on the boulevard Saint-Germain. Artists, writers, architects, scholars, and politicians mingled there with physicians and Charcot's students. The latter, many of whom came from modest backgrounds similar to Charcot's, were dazzled by these elegant soirées. Even Léon Daudet, one of Charcot's most malicious critics, was impressed by these evenings:

The hospitality of Charcot was sumptuous and worthy of his high station. Adored by his family, his wife for whom he was a god, his handsome and intelligent children whom he cherished and loaded with favors and always surrounded by admirers, he wanted everything to be perfect: the food, the wine, the conversation, the gowns of the ladies, the service. One could write a captivating story just by recording the conversations that were held at the table and in the study of Professor Charcot. He was like Goethe, Montaigne, or Alphonse Daudet, like those men who radiate interest in everything.²⁰

Charcot's granddaughter, however, recounted a potentially disastrous moment during one of these affairs. The guests of honor were French Prime Minister Léon Gambetta and the grand duke of Russia, who had been brought together to discuss international matters in a private setting. During the party, the mischievous monkey jumped onto the table and pulled apart the elaborate centerpiece on the dining room table. But rather than scuttling the negotiations between France and Russia, Rosalie's antics put both parties at ease and in good humor.²¹

Why did a neurologist receive so much attention? In part, because the second half of the nineteenth century was the heyday of positivism and the medical sciences had soared to new heights of power. In 1878, Claude Bernard, the founder of experimental medicine, was honored with a state funeral, a distinction previously reserved exclusively for military and political heroes. The public eagerly followed the latest medical developments, reported widely in the mainstream press. Charcot both encouraged the public's interest in medicine and opened the doors of the hospital to many. He established Thursday and Sunday as visiting days, when as many as a thousand friends and family members would pass under the arched gateway of the hospital. The status of medicine and Charcot's undeniable breakthroughs in

neurology contributed to his public stature. But it was hysteria that made him famous.

Hysteria

When Charcot arrived at the Salpêtrière, hysteria was still a medical "trash can"—that is, the label where all medically inexplicable symptoms were dumped. It was considered exclusively a disease of women and was diagnosed when no other cause could be found for disturbing symptoms. Charcot described the typical trajectory taken by a doctor to diagnose hysteria:

A little girl about seven years old begins to cough and goes on coughing for two months without any known cause. An experienced physician recognizes at once that he has not to deal with a case of bronchitis but with one of hysteria. Then the little girl is all at once affected with stiff neck . . . hysterical torticollis is made out. Or, again, a most characteristic symptom is observed. The child's leg becomes stiff and painful. This is hysteric contracture. . . . Things go along pretty smoothly till menstruation. Then the child begins to get peculiar—to have curious ideas. She is alternately sad or cheerful to excess. Then, one day she utters a cry, falls to the ground, and presents all the symptoms of an attack of hystero-epilepsy. She begins to assume various postures, to speak of fantastic animals, to mention words which are neither suitable to her age nor to her position in society. . . .²²

Perhaps the most perplexing aspect of hysteria for nineteenth-century physicians was that it took so many forms. Among the most common

symptoms were a predilection for drama and deception, excessive emotionality, paralyses of the limbs, temporary deafness and muteness, heightened sensitivity of the skin, willful starving, spontaneous bleeding, feelings of strangulation, hallucinations and somnambulism, and fits of contortions and seizures. Moreover, these symptoms were intermittent.

From the "wandering womb" of antiquity, in which hysteria was thought to be triggered by a uterus that refused to stay in its proper place, to the demonic possessions of the Middle Ages and Renaissance, to the "uterine fury," or nymphomania, of the Enlightenment, hysteria occupied an elusive position for the physician. And while nineteenth-century scientists made great advances in medicine, hysteria remained mysterious. The illness "is presented in a thousand different forms, and we cannot grasp any one of them," said Pierre Briquet, one of the nineteenth-century specialists Charcot admired.²³ The author of the entry "Hysteria" in a medical dictionary confessed to the daunting nature of his task when he wrote, "Without going so far as to compare our situation to that of Dante's hopelessness at not being able to describe the horrors of the ninth circle of Hell, we can say, without humility or coquetry, that it is the article in this dictionary that is the most difficult to write clearly and concisely."²⁴

As a neurologist, Charcot took little interest in hysteria. It was considered an illness for the family doctor or, in its severe form, for an alienist—the nineteenth-century term for a physician who specialized in mental illness. Charcot's decision to focus on the disorder came about when a bureaucratic decision was made to restructure the hospital. The Salpêtrière building that housed patients suffering from epilepsy, hysteria, and insanity had become so dilapidated it had to be evacuated. The epileptics and the hysterics were sent to Charcot's service, and the insane put in another ward. "Thus," writes biographer Georges Guillain, "quite involuntarily and by force of circumstances, Charcot found himself engulfed in the problem of hysteria."²⁵

Charcot met the "problem" head-on and brought hysteria, hitherto marginal, into the mainstream. He legitimized the disease by defining it as an inherited neurological disorder, not madness or malingering. He classified its many sensory deficits, such as hemianesthesia, or loss of feeling on one side of the body, and other sensory disturbances as hysterical "stigmata." Hysteria was a disease that vacillated from one extreme to the other. As Charcot's disciple Bourneville explained, "the hysteric always seems to be outside the rule: sometimes her organs behave in an exaggerated way, sometimes, to the contrary, her functions are slowed to the point of being completely suppressed." A hysteric, he noted, might suffer from anesthesia and hypersensitivity, from anorexia and bulimia, from constipation and diarrhea, from excessive urination and urine retention, from both depressed and heightened intellectual functions, from insomnia and "attacks of sleep."²⁶ They also collapsed in fits of violent seizures.

Charcot confronted this chaos of symptoms and applied his clinical method. As he had done in his descriptions of ALS and other diseases of the nervous system, Charcot relied on his powers of observation. "He used to look again and again at the things he did not understand," wrote Freud, "to deepen his impression of them day by day, till suddenly an understanding of them dawned on him. In his mind's eye the apparent chaos presented by the continual repetition of the same symptoms then gave way to order: the new nosological pictures emerged, characterized by the constant combination of certain groups of symptoms."²⁷ By looking, Charcot described what he called "grand hysteria," or major hysteria—a form of the disease that was characterized by episodic convulsions and isolated four distinct phases. First, the epileptoid phase of tonic and clonic seizures, preceded by an aura, or prodrome, mimicked the seizures found in epilepsy. Second, the phase of grand movements, or clownism, simulated the contortions and acrobatics of circus performers. The third phase was called the "*attitudes passionnelles*," or "passionate poses," during

which the hysteric acted out emotional states such as terror, ecstasy, and "amorous supplication." The final and fourth stage of the hysterical attack was delirium.

Once the four phases of the "grande attaque" had been established as a paradigm for hysteria, Charcot was quick to clarify that there were many variations on this "archetype" and that the attack could appear in abbreviated versions. (See Figure 2.) What had once been viewed as a chaotic fit of random seizures and inexplicable flailing was now reformulated as a predictable progression of hysterical symptoms. "In the hysterical attack," wrote Charcot, "nothing is left to chance. To the contrary, everything unfolds according to the rules, which are always the same. . . . They are valid for all countries, for all epochs, for all races, and are, in short, universal."²⁸ Any doctor who had the schema could now diagnose the disease. But diagnosis and cause are distinct. The underlying illness that caused these myriad and baffling symptoms remained ambiguous.

The source of hysteria remained tenaciously equivocal. Charcot was unsuccessful in locating any lesions in the brains or spinal cords of hysterics postmortem, but he nonetheless asserted that there was an organic basis for the disease—he just hadn't found it yet. Charcot talked somewhat paradoxically about a "dynamic" lesion that he believed was located in the brains of hysterics but ended up admitting that hysteria was like "a sphinx that defies anatomy."²⁹ Without a source, there could be no cure. Indeed, Charcot rarely spoke of a cure for hysteria. Instead, he focused on both managing and visually documenting the disease. Visual representation was crucial to his study of hysteria. Not only was Charcot an artist, so were many of his interns. Hysterical symptoms were reproduced at the Salpêtrière in a number of ways—as staged reenactments, sketches, wax and plaster casts, and photographs. Art became a method to immobilize the tumultuous fits of his patients and order the savage thrashing into a sequence of static

images. In his large new amphitheater, Charcot included live demonstrations. Blanche, Augustine, and Geneviève were his stars. These lectures were hugely popular and were attended not only by medical students and doctors but also by members of the general public. The Salpêtrière became a fashionable place to visit; it even became a destination for tourists.³⁰ Charcot's work as a neurologist had made him an admired physician, but his grand shows that depicted the bizarre symptoms of hysteria increased his renown and made him a figure of the popular imagination.

Charcot's lectures were memorable events. They began with a dramatic entrance: the master would arrive in silence, flanked by his students, and then his patients would be brought in, individually or in groups. Charles Féré, one of Charcot's students, recalled the feather demonstration as a particular crowd pleaser. "The long plumes provoked gaiety in the audience, but soon succeeded, by the variety of their movements, in making his point understood."³¹ He lectured from a raised platform with footlights and incorporated large drawings, plaster casts, and wax models. As he spoke, he drew diagrams on a blackboard in colored chalk, and Charcot was among the first to use a photographic projector. To illustrate a point he was making, he mimicked the tremors, tics, spastic gestures, and hampered gaits of his patients. "Everything in his lectures," wrote another one of his students, Pierre Janet, "was designed to attract the attention and to captivate the audience by means of visual and auditory impressions."³² Charcot's "positively fascinating" teaching style also made a deep impression on Freud, who wrote, "Each of his lectures was a little work of art in construction and composition; it was perfect in form and made such an impression that for the rest of the day one could not get the sound of what he had said out of one's ears or the thought of what he had demonstrated out of one's mind."³³ Charcot's lectures were two hours long, but given the fact that the Salpêtrière

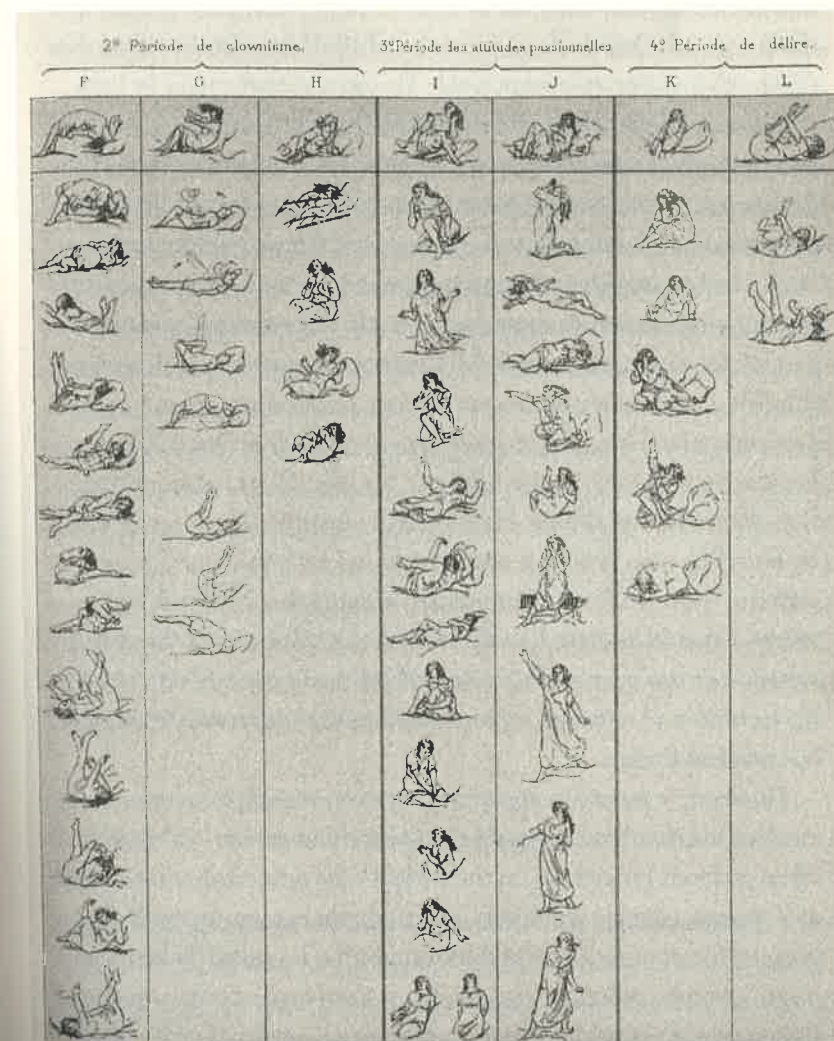
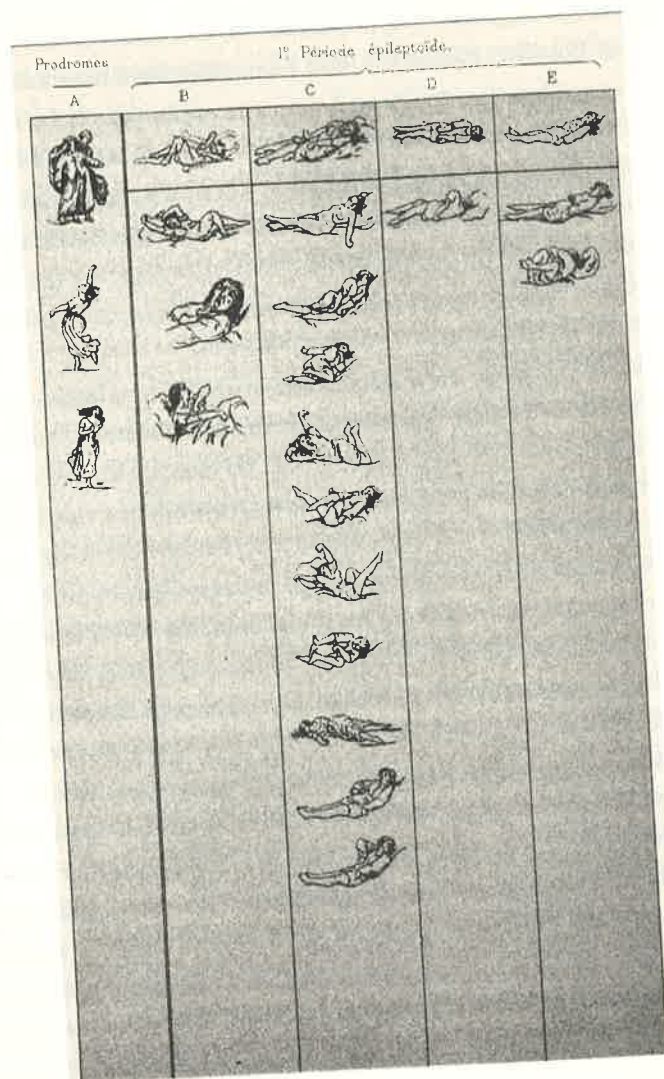


Figure 2. Synoptic table of the major hysterical attack. Drawing by Paul Richer. The top row represents the prototypical positions. The columns beneath each prototypical pose depict possible variations. From Paul Richer, *Études cliniques sur l'hystéro-épilepsie ou grande hystérie*, Paris: Adrien Delahaye et Émile Lecrosnier, 1881.

amphitheater was packed week after week, the audience did not find them tedious. One medical journal, only half facetiously, noted that Charcot's lectures were responsible for causing traffic jams in Paris.

Because Charcot believed that hysteria was a distinctive, universal pathology, he broke away from his predecessors who had located the disease in the female reproductive system. Being a woman had always been considered ground for the disease, and female puberty had often been cited as its original trigger. From adolescence onward, almost anything in the female reproductive cycle was regarded as a possible catalyst for a hysterical attack. Menstruation, amenorrhea, pregnancy, infertility, and menopause were all seen as principle causes, as were excessive sexual stimulation or its opposite, frigidity. One of Charcot's great advancements in the field was his official and adamant rejection of the uterine theory. He repeatedly insisted that hysteria could be found in men just as it could be found in women and hoped to separate the word from its etymology, arguing that its Greek origin—uterus—should be abandoned. Hysteria was a disorder of the nervous system, not the womb. This point, which he frequently reiterated in his lectures and writings, represented a radical departure from previous medical theory.

However, it was soon apparent that even though he emphatically emphasized that hysteria was a disease without gender—a claim that often prefaced his articles on the subject—he nevertheless proceeded as if it were a female condition, and not only because he worked in a hospital for women. Charcot discovered what he called "hysterogenic zones," which created a topography of the female body, a mapping that gave a privileged position to the ovaries and mammary glands. These regions, he claimed, functioned as mechanical buttons of sorts. When pressed, they could trigger or arrest a hysterical attack. Charcot also employed the "ovary compressor," an apparatus that was attached to the patient's abdomen and worked like a vice grip to apply pressure to the hysterogenic zone in order to elicit or suppress a hysteri-

cal attack. So while Charcot must be credited with understanding hysteria as a disease of the nervous system, not the uterus, his own adherence to his theory seems to have been ambivalent and vacillating at best. Charcot did provide case studies of male hysterics, but he argued that in men the disease was more often the result of a physical trauma or accident, and, using the metaphor of a seed in hostile soil, claimed that it did not have a very good chance of surviving.³⁴ Women's bodies, on the other hand, provided fertile ground.

The physical source of the disease may have remained undetected, but late-nineteenth-century Paris had been clearly established as the "hysteria capital of the world."³⁵ Hysteria was pronounced "the illness of the age" by the prominent journalist, novelist, and playwright Jules Claretie. "One encounters it everywhere. Everywhere one rubs shoulders with it." Guy de Maupassant went even further when he declared, "We are all hysterics."³⁶ In 1841 and 1842, of the 648 women who had been entered into the hospital's register, only 7, or a little over 1 percent, were diagnosed as hysterics. However, between 1882 and 1883 that number soared to over 20 percent; on average, this meant one new patient a day.³⁷

Charcot's Death

Although hysteria made Charcot famous, it also, posthumously, damaged his reputation. On August 16, 1893, Charcot died of pulmonary edema, the complication of a heart condition, while he was on vacation in the Morvan, a region of picturesque villages southeast of Paris. Two of his former students, Georges-Maurice Debove and Isidore Strauss, as well as René Valléry-Radot, Louis Pasteur's son-in-law, were traveling with him. Over a lively dinner at the lakeside inn where they were lodging, Charcot held court, entertaining the younger men with his knowledge of archeology, history, botany, lit-

erature, and art. He then retired to his room, wrote a long letter to his wife in which he mentioned that he was feeling ill, and went to bed. In the middle of the night, his companions were called to his room, where they found Charcot seated at the foot of the bed, desperately trying to catch his breath. "Under my pressing questions," wrote Debove, "my poor Master told me that he was feeling a little better; these were his last words. His breathing became slower and finally stopped. Charcot was dead."³⁸ His body was brought back to Paris, and his coffin was placed under the grand dome of the Salpêtrière, where patients, students, nurses, colleagues, and politicians joined friends and family to pay their last respects. According to his wishes, there were no speeches or religious displays at the funeral. Charcot was buried in the Montmartre Cemetery. The death of the great doctor was reported in newspapers around the world, and his students and colleagues created a fund to commission a statue in honor of their mentor. A clear testament to Charcot's international stature can be seen in the fact that half of the money raised for the monument came from outside of France. Three years after he died, a life-size bronze statue by Alexandre Falguière was unveiled at the entrance of the Salpêtrière, where it stood until World War II. During the German occupation, the Nazis removed the sculpture and melted it for scrap metal.

The process of tearing down Charcot, however, began long before the German army assaulted his statue. His authoritarian rule over the Salpêtrière for over thirty years and his dominance in the medical world had inspired both intense loyalty and deep resentment among his colleagues. He had overseen every step in his students' careers and had carefully monitored their publications. Over the years, the Salpêtrière School had become a monolithic institution. Its members were referred to as "Charcot and his disciples," or "Charcot and his coterie." While he was alive, his "coterie" benefited greatly from their association with Charcot. In fact, he was so powerful that it

was hard for anyone to gain an appointment to the Paris medical faculty without his approval.³⁹ But the paternalistic structure of the Salpêtrière also bred bitter conflicts and a kind of sibling rivalry. After his sudden death, disgruntled doctors vied to assert themselves and scrambled for positions of power, while Charcot's devoted students struggled to find their footing on the newly reconfigured academic and professional scene. Affiliation with Charcot, which had been so valuable while he was alive, had become a liability, and unswerving loyalty was no longer rewarded. Gilles de la Tourette, for example, floundered without his mentor and ended up with a marginal position in forensic medicine. Bourneville had already secured a hospital appointment, but his career as a publisher of medical texts foundered. In the new post-Charcot climate, his most successful journal, *Le Progrès Médical*, which had been the main organ for the dissemination of the Salpêtrière School's ideas, fell into financial ruin.

Other students quickly disassociated themselves from Charcot in general and from his description of hysteria in particular. Some of them were no doubt relieved to be free of the authoritarian figure that had dominated their academic and professional lives for so long. I find it interesting that many of these doctors, long after they had graduated from medical school, continued to be called "students," "disciples," and "protégés" of Charcot, terms that have been perpetuated by historians writing about the period. Many of these physicians must have chafed at the subordinate epithets. Charcot's "student" Joseph Babinski, still known in the medical literature for his description of the "Babinski reflex," led the attack on Charcot, but he was not alone. Charcot's theory of hysteria, he argued, was wrong. Babinski then proceeded to dismantle Charcot's description of the illness until it bore so little resemblance to his mentor's that he gave it a new name: "pithiatism." He announced this development in an article with the appropriately violent title: "Dismemberment of Traditional Hysteria: Pithiatism."⁴⁰

Other former disciples joined Babinski in his rejection of hysteria.⁴¹ In 1925, at a lavish celebration of the centenary of Charcot's birth, his students spoke in glowing terms about their professor's work until they arrived at his theories of hysteria, which they dismissed as an embarrassing mistake. Hysteria became a "slight lapse" in an otherwise brilliant career. George Guinon, Charcot's last chief resident, claimed that Charcot had taken him aside just days before he died and confessed that his "concept of hysteria was obsolete. A total revamping of this area of neurological disease is required."⁴² Charcot may very well have spoken these words, but Guinon may also have invented them to rehabilitate his mentor's tarnished reputation.

Charcot died without finding a lesion for hysteria. Without an etiology, hysteria remained ungrounded, and the diagnosis expanded to accommodate virtually any pathological breakdown of bodily function that could not be attributed to an organic source. Charcot did acknowledge the role of suggestion and emotions in the production of hysterical symptoms and, by doing so, he paved the way for a psychogenic model of the disease. Two years after Charcot died, Freud claimed that hysterics were suffering not from a lesion in their nervous system but from repressed memories and ideas.⁴³ But, while hysteria also made Freud famous, it ended up damaging his reputation, just as it had Charcot's. The medical professionals who came after Freud responded much like the professionals who survived Charcot: they dismantled the diagnosis and then discarded it altogether. Jacques Lacan noted the state of things in a playful lament: "Where are the hysterics of former times, those magnificent women . . . ?"⁴⁴

And while Lacan was surely right that the grand hysterics of Charcot's clinic and Freud's couch have mostly disappeared, hysteria has survived, but in new incarnations. Many of the same questions that stumped Charcot—what role does the mind play in the production of hysterical symptoms, what specific neurological mechanisms are at work—continue to be asked and have not been fully answered.

Cultural and psychological interpretations of "hysterical" illness, or illness that cannot be attributed to an organic cause, compete with biological explanations. Scientists continue to search for a source, probing brains and genes, but hysteria continues to resist biological explanations. The riddle of Charcot's sphinx has yet to be answered.