

MARK S. MICALÉ

Approaching Hysteria

Disease and its Interpretations



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Disease and Its
Interpretations

MARK S. MICALE

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To Peter Gay

AUTHOR, TEACHER, COLLEAGUE,

FRIEND

The word “hysteria” should be preserved, although its primitive meaning has much changed. It would be very difficult to modify it nowadays, and, truly, it has so grand and so beautiful a history that it would be painful to give it up. However, since every epoch has given to it a different meaning, let us try to find out what meaning it has today.

—Pierre Janet (1894)

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PREFACE

THIS BOOK began several years ago as a set of extended historiographical essays. A portion of the material in the first half of Part One was initially published in a two-part article that appeared in 1989 under the title "Hysteria and Its Historiography: A Review of Past and Present Writings" in the journal *History of Science*. The second half of Part One draws on a succeeding article, "Hysteria and Its Historiography—The Future Perspective," published in 1990 in the first volume of *History of Psychiatry*.

In gathering these articles into a book, I have reformulated them in a number of basic conceptual ways. My initial presentation of the topic took the form of a wide-ranging but rather narrowly conceived and discipline-bound survey of the scholarly literature for historical specialists. In contrast, in its current form, I have taken as my subject the idea of the history of hysteria. I have been less concerned with the exhaustive exposition of books, dissertations, and articles than the consolidation of these texts into distinct, critical interpretive traditions. I have also used the history and historiography of hysteria as a means to explore the larger, complex projects of conceiving and writing the history of psychodiagnostic systems generally and the history of disease as a whole.

A second basic reworking is responsible for the bipartite division of the book. In my earlier articles, I conceptualized hysteria in strictly medical-historical terms—that is, as an actual disease entity that over the centuries generated a wealth of theoretical and therapeutic responses from physicians. However, I have since realized that concurrent with the traditions of commentary issuing from the medical community has been a long, vibrant, and largely unexamined *cultural* history of hysteria. Accordingly, I have added a substantial second part to the book, titled "Hysteria as Metaphor." This section attempts to reconstitute a number of "cultures of hysteria" in which the disorder appeared figuratively in past social, political, philosophical, religious, literary, poetic, and visual sources. All of the material in this second half of the volume is published here for the first time. I have also added a new introduction and conclusion. Finally, since the flow of scholarship on the history of hysteria has continued unabated in recent years, I have modernized the book bibliographically.

In working intermittently on this subject during the past few years, I have accumulated numerous professional debts that it gives me pleasure to acknowledge. During 1987–89, my reading was supported by the Wellcome Foundation through the London Unit of the Wellcome Institute for the History of Medicine. Bill Bynum, Peter Gay, Godelieve van

Heteren, and Christopher Mace read the manuscript in earlier versions and made valuable and intelligent suggestions. Along the way, I have also profited from detailed conversations or correspondence with Drs. Renate Hauser, Harold Merskey, Giuseppe Roccatagliata, Phillip Slavney, Walter Vandereycken, and Elizabeth Whitcombe. Vivian Nutton and Helen King provided guidance on “hysteria” and ancient Greek gynecology, while Victoria Wilson-Schwartz and Barbara Wallraff supplied indispensable editorial assistance. Peter Brooks and Fernando Vidal kindly read Part Two of the manuscript and made excellent suggestions. I want in addition to acknowledge the assistance of Jacqueline Carroy, Martha Noel Evans, Pierre Morel, and Étienne Trillat in providing me with rare foreign-language materials. I also greatly appreciate the many readers who responded favorably to my earlier articles and contacted me with questions, ideas, and information.

I owe special debts of gratitude to four other individuals who were key in coaxing this project through its various incarnations: to Roy Porter, who graciously accommodated the expansion of my “book review” into a major and rather unwieldy historiographical study; to Sander Gilman and David Joravsky, who encouraged the conversion of my articles into an accessible, broadly conceived, cross-disciplinary volume in cultural studies; and to Elaine Showalter, who indicated in perceptive and constructive detail the ways in which this transformation might proceed. I would also like to express my deep thanks to Robert E. Brown of Princeton University Press for his continuing interest in my work. Finally, for the opportunity to complete the editing of the manuscript in the most exquisite imaginable setting—the Villa Serbelloni in Bellagio, Italy—I thank the Rockefeller Foundation.

Approaching HYSTERIA

INTRODUCTION: THE NEW HYSTERIA STUDIES

THE HISTORY of hysteria—the subject is at once highly important and hopelessly fashionable. It suggests an irresistible blend of science, sexuality, and sensationalism. It conjures up from the historical past a series of colorful and dramatic images: the wandering womb of classical Greek medicine moving mischievously through the female body and causing all manner of physical and behavioral abnormalities; the demonically possessed witch of the Renaissance with her anesthetic *stigmati diaboli*; the “vaporous” salon ladies of eighteenth-century Parisian society swooning from noxious uterine emanations to the heart and head; and of course the celebrated patients of Sigmund Freud in fin-de-siècle Vienna, with their extravagant, erotically charged symptomatologies.

At the same time, hysteria is arguably the oldest and most important category of neurosis in recorded medical history. References to something that may be interpreted as hysteria can be found in the Egyptian papyri of 1900 B.C. and in present-day psychiatric literature. The subject has exercised some of the most powerful minds in the history of medicine, from Hippocrates and Galen, to Thomas Willis and Thomas Sydenham, to Philippe Pinel and Wilhelm Griesinger. Conceptually, the disorder lies at the center of the difficult interchange between the worlds of psyche and soma and for centuries has been key to medical efforts to discriminate meaningfully between organic and functional disorders. Furthermore, hysteria served a century ago as a vehicle for some of the most brilliant psychological theorizing of modern times. In the late nineteenth century, “the heroic period of hysteria,” the French neurologist Jean-Martin Charcot was challenged, fascinated, and in a sense defeated by what he called “the great neurosis,” on which he published over 120 case studies.¹ At roughly the same time, psychoanalysis—“the child of the hysterical woman,”² in the words of one scholar—issued in large part from Freud’s intense, decade-long intellectual encounter with the malady. Pierre Janet, one of the founding figures of twentieth-century French psychiatry, derived similar inspiration for his early psychological work from this mysterious, multi-form disorder. As the psychiatric historian Henri Ellenberger has written,

¹ “La période héroïque de l’hystérie” is Fulgence Raymond’s phrase in “Définition et nature de l’hystérie,” in *Comptes rendus du Congrès des médecins aliénistes et neurologistes de France et des pays de langue française*, Geneva and Lausanne, August 1–7, 1907, 2 vols. (Paris: Masson, 1907), 2:378.

² Carroll Smith-Rosenberg, “The Hysterical Woman: Sex Roles and Role Conflict in Nineteenth-Century America,” in *Disorderly Conduct: Visions of Gender in Victorian America* (New York: Knopf, 1985), 197.

with only slight exaggeration, "One could say that the history of modern dynamic psychiatry originated entirely with the study of hysteria."³

However, despite this rich historical background, hysteria in our own time—both the medical diagnosis and the pathological entity the diagnosis designates—is believed greatly to have dwindled in frequency. Clinicians working in many different countries and institutional settings and within diverse theoretical systems have reported a sharp and continuing decline in the incidence of the disorder throughout the twentieth century. In particular, the dramatic, polysymptomatic forms of the disease found in Charcot's writings of the 1870s and 1880s and the gross, florid motor and sensory somatizations displayed in the case reports of Freud and Josef Breuer's *Studies on Hysteria* of 1895 are regarded today as extreme rarities. Furthermore, since the mid-twentieth century, in successive editions of *The International Classification of Diseases* and *The Diagnostic and Statistical Manual of Mental Disorders*, the classic hysteria diagnosis has been fragmented, reassigned to a series of alternative clinical categories and replaced by a new, more scientific vocabulary. As contemporary American and European psychiatry progressively deprivileges the psychodynamic paradigm, hysteria has been replaced by an array of decidedly less poetic appellations, including "factitious illness disorder," "dissociative disorder—conversion type," "histrionic personality type," "psychogenic pain disorder," and "undifferentiated somatoform disorder."⁴ Some physicians have called for the wholesale abandonment of the idea and the term.⁵ In a monograph about the neurosis published in 1990, a prominent psychiatrist from The Johns Hopkins University Medical School observed, almost nostalgically, that "this could well be the last book with 'hysteria' in its title by a psychiatrist. . . . 'Hysteria,' 'hysterical,' and 'hysterical' are on the verge of becoming anachronisms."⁶

Strikingly, however, the very period that has witnessed the decline of hysteria as medical diagnosis has brought a burst of professional interest in the *history* of the disorder. Until recently, the history of hysteria was by

³ Henri F. Ellenberger, "La psychiatrie et son histoire inconnue," *L'union médicale du Canada* 90, no. 3 (March 1961): 283.

⁴ For accounts of this process within American and European medicine, consult Steven E. Hyler and Robert L. Spitzer, "Hysteria Split Asunder," *American Journal of Psychiatry* 135, no. 12 (December 1978): 1500–1504; and M. Bourgeois, "Le mise en pièces de l'hystérie dans la nosographie contemporaine," *Annales médico-psychologiques* 146, no. 6 (1988): 552–62.

⁵ Most importantly and outspokenly, E.T.O. Slater and E. Glithero in "A Follow-Up of Patients Diagnosed as Suffering from 'Hysteria,'" *Journal of Psychosomatic Research* 9 (1965–66): 9–13; and Slater in "Diagnosis of 'Hysteria,'" *British Medical Journal* 1 (1965): 1395–99.

⁶ Phillip R. Slavney, *Perspectives on "Hysteria"* (Baltimore: Johns Hopkins University Press, 1990), 190.

any standard a scholarly backwater, the subject of only occasional and specialized antiquarian interest. In contrast, the past twenty-five years, and particularly the past decade, have brought a steady outpouring of publications on one aspect of the subject after another. The final quarter of the twentieth century, it appears, is experiencing an efflorescence of historical interest in hysteria to match the great medical preoccupation with the disease a century ago. This new scholarship originates from many locations in Europe and North America and from a variety of fields of inquiry whose practitioners are not generally familiar with one another's work. These fields include, within the health sciences, neurology, psychiatry, clinical psychology, and psychoanalysis, and within the humanities, intellectual history, medical and science history, legal history, women's studies, psychoanalytic studies, art history, and literary history and criticism. A search of standard bibliographical indexes, printed and computerized, North American and European, reveals a steady stream of books and articles with no sign of slackening. The bibliography appended to this volume records roughly four hundred publications on the topic, all of them historical in nature, a large majority of which appeared during the past ten years.

In the present book, I refer to this corpus of texts as "the new hysteria studies." (I will resist the temptation to call it "the New Hysterism.") The new hysteria studies have appeared during a second *fin de siècle* and are historical rather than clinical and scientific. In recent years, three full-scale intellectual histories of hysteria have been published, by American, French, and Italian scholars, and a fourth work, by a Belgian scholar, is underway.⁷ Three academic conferences, in Britain and the United States, held in 1988, 1990, and 1994, were devoted to the subject.⁸ And several key primary texts with substantial historical introductions have been reprinted.⁹ A collection of scholarly essays by French and Italian scholars

⁷ George Randolph Wesley, *A History of Hysteria* (Washington, D.C.: University Press of America, 1979); Étienne Trillat, *Histoire de l'hystérie* (Paris: Seghers, 1986); and Giuseppe Roccatagliata, *Isteria* (Rome: Il Pensiero Scientifico Editore, 1990). A fourth history is being written by Jan Godderis of Leuven, Belgium.

⁸ "Representing Hysteria," Trinity College, Hartford, Conn., April 15, 1988; "History of Hysteria," The Wellcome Institute for the History of Medicine, London, April 6, 1990; "Hysteria Today: 100 Years since Freud," the Freud Museum, Hampstead, England, February 5, 1994.

⁹ Edward Jorden, *A Briefe Discourse of a Disease Called the Suffocation of the Mother* (1603), repr. in Michael MacDonald, ed., *Witchcraft and Hysteria in Elizabethan London: Edward Jorden and the Mary Glover Case* (London and New York: Tavistock/Routledge, 1991); J.-M. Charcot, *Clinical Lectures on Diseases of the Nervous System*, trans. Thomas Savill (1889), ed. Ruth Harris (London and New York: Tavistock/Routledge, 1991); and Robert Brudenell Carter, *On the Pathology and Treatment of Hysteria* (1853), intro. W. F. Bynum (forthcoming).

appeared in 1980, and a similar volume, featuring a distinguished cast of British and American critics and historians, was published in 1993.¹⁰

To similar effect, Charcot's clinical work on hysteria, after lying dormant for decades, has now become the subject of intense interest in many quarters as scholars celebrated the centennial of Charcot's death in 1993.¹¹ And Freud's writings about hysteria, particularly his early case histories, continue to attract passionate and polemical interest from physicians, historians, and critics alike.¹² Moreover, numerous book-length projects are under way by American and British literary critics that investigate the literary history of hysteria¹³ while two recent works—one of French origin, the other American—offer first attempts to organize the history of hysteria in our own century.¹⁴ Also, during the past generation, over twenty relevant theses and dissertations, of medical and nonmedical provenance, have appeared.¹⁵ And in 1981, hysteria even provided the

¹⁰ *In materia di amore: Studi sul discorso isterico*, introduced by Armando Verdighione (Milan: Spirali Edizioni, 1980); Sander L. Gilman, Helen King, Roy Porter, George S. Rousseau, and Elaine Showalter, *Hysteria beyond Freud* (Los Angeles: University of California Press, 1993).

¹¹ Georges Didi-Huberman, *Invention de l'hystérie: Charcot et l'Iconographie photographique de la Salpêtrière* (Paris: Macula, 1982); *Charcot the Clinician: The Tuesday Lessons*, trans. Christopher G. Goetz (New York: Raven Press, 1987), esp. lesson 5; Mark S. Micale, "Diagnostic Discriminations: Jean-Martin Charcot and the Nineteenth-Century Idea of Masculine Hysterical Neurosis" (Ph.D. diss., Yale University, 1987); Ruth Harris, *Murders and Madness: Medicine, Law, and Society in the Fin de Siècle* (Oxford: Clarendon Press, 1989), chaps. 5 and 6; Mary James, "The Therapeutic Practices of Jean-Martin Charcot (1825–1893) in Their Historical and Social Context" (Ph.D. diss., University of Essex, 1990); Wanda Bannour, *Jean-Martin Charcot et l'hystérie* (Paris: Éditions Métailié, 1992). For more references on Charcot, see below, 88–97.

¹² To cite only recent book-length studies in English: Max Rosenbaum and Melvin Muroff, eds., *Anna O.: Fourteen Contemporary Reinterpretations* (New York: Free Press, 1984); Charles Bernheimer and Claire Kahane, eds., *In Dora's Case: Freud—Hysteria—Feminism* (New York: Columbia University Press, 1985); William J. McGrath, *Freud's Discovery of Psychoanalysis: The Politics of Hysteria* (Ithaca, N.Y.: Cornell University Press, 1986); Albrecht Hirschmüller, *The Life and Work of Josef Breuer: Physiology and Psychoanalysis* (New York: New York University Press, 1989); Hannah Decker, *Freud, Dora, and Vienna 1900* (New York: Free Press, 1991); Lisa Appignanesi and John Forrester, *Freud's Women: Family, Patients, Followers* (New York: Basic Books, 1992), pt. 2.

¹³ Janet Beizer, *Ventriloquized Bodies: Narratives of Hysteria in Nineteenth-Century France* (Ithaca, N.Y.: Cornell University Press, 1994); Elaine Showalter, *Hystories* (work in progress).

¹⁴ Catharine Millot, *Nobodaddy: L'hystérie dans le siècle* (Paris: Point hors ligne, 1988); Martha Noel Evans, *Fits and Starts: Theories of Hysteria in Modern France* (Ithaca, N.Y.: Cornell University Press, 1991).

¹⁵ Jean Ann Wharton, "Freud on Feminine Hysteria: A Re-Examination" (Ph.D. diss., University of California, Santa Cruz, 1975); Evelyne Vaysse, "Contribution des études sur l'hystérie à la naissance de la psychanalyse" (Ph.D. diss., University of Paris—Saint-Antoine, 1977); Paul Lechuga, "Introduction à une anatomie de la pensée médicale, à propos de l'hystérie au XIXe siècle" (Ph.D. diss., University of Montpellier, 1978); Ernest

subject for a best-selling work of historical fiction by one of the major novelists of our time.¹⁶ In the latest development, American literary historians and critics since 1990 have fastened their attention on the theme of "hysterical narrativity," which they are exploring as a valuable critical concept in the study of modernist fiction.¹⁷

Without a doubt, in subject, methodology, and inspiration the largest volume of writing in the new hysteria studies is feminist. Since the middle of the 1970s, virtually dozens of books and articles concerning the history of nervous disease in women, written from a feminist perspective,

Hawkins, "The Raging Womb: An Archetypal Study of Hysteria and the Early Psychoanalytic Movement" (Ph.D. diss., University of Dallas, 1978); Georges Haberberg, "De Charcot à Babinski: Étude du rôle de l'hystérie dans la naissance de la neurologie moderne" (Ph.D. diss., Créteil, 1979); Elisabeth Kloë, *Hysterie im Kindesalter: Zur Entwicklung des kindlichen Hysteriebegriffes*, repr. in *Freiburger Forschungen zur Medizingeschichte*, vol. 9 (Freiburg: Hans Ferdinand Schulz, 1979); J. A. Godet, "Lecture de Jean Wier: Réflexions sur l'histoire de la sorcière et de l'hystérique, de leurs maux et de leurs thérapeutes" (Ph.D. diss., University of Paris, 1980); Philippe Miloché, "Un méconnu de l'hystérie: Victor Dumont Pallier (1826–1899)" (Ph.D. diss., University of Caen, 1982); Madeline L. Feingold, "Hysteria as a Modality of Adjustment in *Fin-de-Siècle* Vienna" (Ph.D. diss., California School of Professional Psychology, Berkeley, 1983); Béatrice Auvray-Escalard, "Un méconnu de l'hystérie: Jules Bernard Luys" (Ph.D. diss., University of Caen, 1984); Joelle Cazali, "Histoire de l'hystérie: ses variations sémiologiques et thérapeutiques à travers les siècles" (Ph.D. diss., University of Paris V, 1985); Marie-Elisabeth Chaillou, "Évolution des conceptions étiologiques de l'hystérie" (Ph.D. diss., University of Paris XIII, 1985); Monica Helen Green, "The Transmission of Ancient Theories of Female Physiology and Disease through the Early Middle Ages" (Ph.D. diss., Princeton University, 1985); Helen King, "From Parthenos to Gynē: The Dynamics of Category" (Ph.D. diss., University College London, 1985); Thierry Pioger, "Réflexions sur l'histoire de l'hystérie" (Ph.D. diss., University of Angers, 1985); Frédérique Menzaghi, Annie Millot, and Michèle Pillot, "Évolution de la conception de l'hystérie de 1870 à 1930 dans un service de l'asile de Maréville," 2 vols. (Master's thesis, University of Nancy II, 1987); Christian Mirandol, "Contribution à une étude du concept d'hystérie au 19^e siècle" (Ph.D. diss., Aix et Marseille II, 1987); Jann Matlock, "Scenes of Seduction: Prostitution, Hysteria, and Reading Difference in Nineteenth-Century France" (Ph.D. diss., University of California, Berkeley, 1988); Marie E. Addyman, "The Character of Hysteria in Shakespeare's England" (Ph.D. diss., University of York, 1988); Susan Ferry, "Lives Measured in Coffee Spoons? A Study of Hysteria, Class and Women in Nineteenth-Century Britain" (Master's thesis, University of Toronto, 1989); Jacques Gasser, "Jean-Martin Charcot (1825–1893) et le système nerveux: Étude de la motricité, du langage, de la mémoire et de l'hystérie à la fin du XIX^{ème} siècle" (Ph.D. diss., École des hautes études en sciences sociales, 1990); Angelika Oberkönig, "Die Hysterie als Frauenkrankheit in den frühen Schriften von Freud und im Vergleich zum Hysteriebegriff heute" (Ph.D. diss., Institute for the History of Medicine, Münster, work in progress).

¹⁶ D. M. Thomas, *The White Hotel* (New York: Simon and Schuster, 1981). In the Author's Note, Thomas describes the "terrain" of his novel as "the landscape of hysteria." More recently, see Peter Michalos, *Psyche: A Novel of the Young Freud* (New York: Doubleday, 1993).

¹⁷ Elaine Showalter provides a good introduction to the concept in "On Hysterical Narrative," *Narrative* 1 (January 1993): 24–35.

have been published, forming by now a veritable sub-literature in its own right.¹⁸ As we will see in the ensuing discussion, the feminist historiography of hysteria is multifaceted. However, the work of historians and critics in this tradition shares the view that hysteria may be read as a kind of metaphor both for women's position in past patriarchal societies and for the image of the feminine in the history of scientific discourses. Among psychologists and psychiatrists, hysteria, in the words of one scholar, has become "a kind of frontier neurosis" in a wide-ranging critical reassessment of the clinical and theoretical status of Freudian theory and in a systematic effort to formulate a feminist-informed psychology and psychiatry in the future.¹⁹

Equally noteworthy has been the upsurge of interest in hysteria's history within the medical profession. Interestingly, the progressive semantic suppression of hysteria by official psychiatric organizations during the past half century has given rise to a preservationist effort within select medical circles in Britain, Canada, and the United States. Limiting the list again to monographic studies, three substantial works by physicians in each of these countries have appeared since 1980.²⁰ Important earlier studies have been reissued.²¹ And Phillip Slavney's book represents the most comprehensive survey of the English-language medical literature to date.²² In the United Kingdom, Eliot Slater's cry to abolish hysteria produced an elegant reaffirmation of the concept by some of the most distinguished psychiatric and neurological figures in the country,²³ while other physicians have continued to defend delimited formulations of the concept.²⁴ A team of Canadian medical researchers has even attempted to

¹⁸ See "Feminist Histories of Hysteria" below.

¹⁹ Evans, *Fits and Starts*, 171.

²⁰ Harold Merskey, *The Analysis of Hysteria* (London: Baillière Tindall, 1979); Alec Roy, ed., *Hysteria* (Chichester: John Wiley and Sons, 1982); Michael I. Weintraub, *Hysterical Conversion Reactions: A Clinical Guide to Diagnosis and Treatment* (New York: SP Medical and Scientific Books, 1983).

²¹ D. Wilfred Abse, *Hysteria and Related Mental Disorders*, 2d. ed. (Bristol: Wright, 1987).

²² Slavney, *Perspectives on "Hysteria."*

²³ Sir Aubrey Lewis, "The Survival of Hysteria," *Psychological Medicine* 5, no. 1 (February 1975): 9–12; C. D. Marsden, "Hysteria—A Neurologist's View," *Psychological Medicine* 16, no. 2 (May 1986): 277–88.

²⁴ Harold Merskey, "The Importance of Hysteria," *British Journal of Psychiatry* 149 (July 1986): 23–28; idem, "Does Hysteria Still Exist?" *Annals of the Royal College of Physicians and Surgeons of Canada* 16, no. 1 (January 1983): 25–29; Geoffrey G. Lloyd, "Hysteria: A Case for Conservation?" *British Medical Journal* 292, no. 6557 (November 15, 1986): 1255–56; Edgar Miller, "Hysteria: Its Nature and Explanation," *British Journal of Clinical Psychology* 26, part 3 (September 1987): 163–73; Robert E. Kendell, "A New Look at Hysteria," in Roy, *Hysteria*, 27–36.

synthesize traditional psychodynamic ideas and insights about the neurosis with the new neurosciences.²⁵

Pertinently for our purposes, the work of recent "hysterologists" has often been couched in specifically historical terms. The most significant medical initiative in recent years to provide more systematized diagnostic criteria for hysteria under a new and less pejorative label—the St. Louis School's concept of "Briquet's syndrome"—drew its name from a leading nineteenth-century French physician.²⁶ Two British doctors have provided an intelligent defense of the Charcotian theory of hysteria.²⁷ And a clinically and theoretically sophisticated defense of Freudian hysterical conversion appeared in the *British Journal of Psychiatry* in 1992.²⁸ More noteworthy still has been the renaissance of professional interest in Janet's early psychological work, especially his research on hysteria, dissociative states, and traumatic psychopathology. Since 1970, many of Janet's early writings have been republished, older English translations of his books have been reprinted, and international symposia have been held in a major ongoing rediscovery of his work.²⁹

Last but by no means least has been the resurgence of hysteria studies in France. This has occurred simultaneously in the French humanities and medical sciences. While to some degree interest in the hysterical neuroses never subsided there, hysteria in the French medical world is again today *en grande vogue*. In *Fits and Starts: A Genealogy of Hysteria in Modern France* (1991), Martha Noel Evans observes that "contemporary French psychiatrists and psychoanalysts have recently initiated a sweeping reassessment of hysteria, its causes, diagnoses, and manifestations. The reevaluation indeed has become one of the central issues through which French psychiatry and psychoanalysis are measuring and redefining themselves."³⁰ During the 1980s and early 1990s, a raft of works written from

²⁵ P. Flor-Henry, D. Fromm-Auch, M. Tapper, and D. Schopflocher, "A Neuropsychological Study of the Stable Syndrome of Hysteria," *Biological Psychiatry* 16 (1981): 601–26. See also Arnold M. Ludwig, "Hysteria—A Neurobiological Theory," *Archives of General Psychiatry* 27, no. 6 (December 1972): 771–77; and Malcolm Lader, "The Psychophysiology of Hysteria," in Roy, *Hysteria*, 81–87.

²⁶ P. Briquet, *Traité clinique et thérapeutique de l'hystérie* (Paris: J. B. Baillière, 1859). For more on Briquet, see below, 50–53.

²⁷ E.M.R. Critchley and H. E. Cantor, "Charcot's Hysteria Renaissance," *British Medical Journal* 289, no. 6460 (December 22–24, 1984): 1785–88.

²⁸ C. J. Mace, "Hysterical Conversion I: A History," and "Hysterical Conversion II: A Critique," *British Journal of Psychiatry* 159 (1992): 369–77.

²⁹ For accounts of this development, consult J. C. Nemiah, "Janet Redivivus: The Centenary of *L'automatisme psychologique*," *American Journal of Psychiatry* 146 (1989): 1527–29; and Paul Brown, "Pierre Janet: Alienist Reintegrated," *Current Opinions on Psychiatry* 4 (1991): 389–95.

³⁰ Evans, *Fits and Starts*, 6.

traditional psychoanalytic, Lacanian, post-Lacanian, and feminist Lacanian perspectives, appeared.³¹ Two provocative collections have been published and earlier studies republished.³² Several French psychiatric journals have devoted special issues to hysteria.³³ The diagnostic concept of "hysterical psychosis" is undergoing a revival.³⁴ And hysterical pathology was the central theme of the 1988 annual conference of the Association française de psychiatrie.³⁵ A computerized search of dissertations written during the period 1980–93 at French medical schools reveals no fewer than fifty-five titles dealing centrally with the neurosis.³⁶ As in the Anglophonic world, contemporary French medical authors are delving deeply into hysteria's past in order to advance their cases about contemporary theory and practice.³⁷ Furthermore, perhaps because psychoanalysis in France is less medicalized than in the English-speaking world and occupies a more conspicuous position within the university, the continuing French controversy about hysteria and its history has spread beyond the confines of the medical community into many nonmedical academic areas and even into the public domain.³⁸

Like the historical object it takes as its subject, then, the new hysteria studies are diverse, protean, and polymorphous. Perhaps most notable is the sheer diversity of disciplinary discourses that are being brought to

³¹ Jean-Claude Maleval, *Folies hystériques et psychoses dissociatives* (Paris: Payot, 1981); Gérard Wajeman, *Le maître et l'hystérique* (Paris: Navarin, 1982); Jacques Chazaud, *Hystérie, schizophrénie, paranoïa* (Paris: Privat, 1983); Monique David-Ménard, *L'hystérique entre Freud et Lacan: Corps et langage en psychanalyse* (Paris: Éditions universitaires, 1983; trans. 1989); Charles Melman, *Nouvelles études sur l'hystérie* (Paris: Joseph Clims Denoël, 1984); Jean Guetta, *Un type de couple névrotique: L'hystérique et l'obsessionnel* (Paris: Mémoire pour le CES de psychiatrie, 1985).

³² *Hystérie et obsession*, in the Bibliothèque des Analytica series (Paris: Navarin, 1986); *Au lieu de l'hystérie I* (Paris: Cartels constituants de l'analyse Freudienne, 1984); Lucien Israël, *L'hystérique, le sexe et le médecin*, 2d ed. (Paris: Masson, 1985).

³³ *Études psychothérapeutiques* 2 (1981); *Revue du praticien* 32, no. 13 (March 1982); *Confrontations psychiatriques* 25 (1985); *Revue française de psychanalyse* 49, no. 2 (January–February 1985); *Psychiatrie française* (May 1988).

³⁴ For a review of the literature, see Nourradine Bel Bachir, "La psychose hystérique? Revue bibliographique et réflexion personnelle" (Ph.D. diss., University of Paris, 1990).

³⁵ *Hystérie, cent ans après—résumés* (Abstracts of papers delivered at the seventh annual conference of the Association française de psychiatrie, Paris, January 22–24, 1988).

³⁶ This tabulation is based on the "Pascal" computer service available today at the Bibliothèque de la Faculté de médecine in Paris.

³⁷ Monique Schneider, *De l'exorcisme à la psychanalyse: Le féminin expurgé* (Paris: Retz, 1979); Jacques Nassif, *Freud; L'inconscient: Sur les commencements de la psychanalyse* (Paris: Galilée, 1977), part 1; Elisabeth Roudinesco, *La bataille de cent ans: Histoire de la psychanalyse en France* (Paris: Seuil, 1982), part 1; J. D. Nasio, *L'hystérie, ou l'enfant magnifique de la psychanalyse* (Paris: Rivages, 1990).

³⁸ See, for example, the issue of *Frénésie: Histoire, psychiatrie, psychanalyse* entitled *Hystérus*, no. 4 (Autumn 1987).

bear on the subject today. The history of science and medicine, classical studies, literary history and literary criticism, art history, gender studies, discourse analysis, and cultural studies, British neurology, French Lacanian and post-Lacanian psychiatry, American and French feminist theory, Anglo-American women's studies, and European and American psychoanalytic studies—all have of late converged dramatically on the history of hysteria. Not surprisingly, they have varied enormously in what they have to say.

At the same time, the new hysteria studies as a body of scholarly writing have to date been disparate, fragmented, and uncoordinated. The record indicates unmistakably that, despite its volume, the historical scholarship on hysteria is being pursued concurrently along several very active but almost wholly isolated lines of investigation. Scholars have tended to be closely familiar with the writings of others in their own field; but, with a few exceptions, there has been little familiarity, much less substantive dialogue, across national and disciplinary boundaries. Even specialists often appear unaware of writing on the topic outside their domain. This lack of communication has become particularly acute between scientists and humanists, with both groups evolving easy rationalizations for their intellectual isolationism. Physicians, keen to find historical support for current medical perspectives and with little time to read outside their specific concerns, either remain unfamiliar with the most significant writings of critics and historians or reject this work out of hand as faddish, uninformed, and irrelevant. Conversely, many investigators within the humanities, ignorant of the basic clinical and scientific dimensions of the subject, have been content to cultivate the latest themes and methodologies of their field and to dismiss the work of doctors as uncritical, self-serving, and unsophisticated. In a parallel pattern, other scholars have been absorbed in intense local or national debates while remaining unaware of relevant contemporaneous controversies in other countries.

It is the premise of the present study that the ongoing explosion of interest in the history of hysteria is not simply an event in specialized academic historiography but a development of contemporary cultural significance, a historical phenomenon in its own right. At times, historical commentary on a given topic may become part of the social, cultural, and intellectual history of its time. The new hysteria studies, I want to propose, may usefully be regarded in this manner.³⁹ This book takes as its

³⁹ For other interpretive historiographies that may be read in broad cultural terms, see Wallace K. Ferguson, *The Renaissance in Historical Thought: Five Centuries of Interpretation* (Boston: Houghton Mifflin, 1948); Pieter Geyl, *Napoleon: For and Against*, trans. Olive Renier (New Haven: Yale University Press, 1949); Edward Bellomy, "Social Darwin-

subject the emergent textual traditions that constitute the new hysteria studies and the many contexts—social, cultural, and political; personal, professional, and ideological—that have contributed to the formation of these traditions. The volume is centrally concerned with the ways in which a range of past authors, inside and outside of medicine, and a still greater diversity of present-day commentators have interpreted a single historical object. When viewed side by side, the major literatures of historical hysteria bear many instructive similarities and differences. A kind of unacknowledged cross-commentary runs between the traditions, a complex of complements and contradictions. Interdisciplinary research in a new area of inquiry, I am aware, entails certain difficulties; but with the subject in question, I believe that the advantages to be gained by pursuing an ambitious interdisciplinary agenda greatly outweigh the dangers. A unique opportunity exists today within hysteria studies for moving beyond a dozen isolated and specialized commentaries to an integrated interdisciplinary discourse. By bringing together in one place ideas, sources, methodologies, and interpretations that have previously remained separate, *Approaching Hysteria* seeks to record, capture, and create that interdisciplinary moment.

I begin below with a brief intellectual history of hysteria. This section is based on a compilation of descriptive materials from the historical scholarship on hysteria that appeared *before the mid-1970s* (i.e., before the appearance of the new hysteria studies) and provides a compact narrative account of medical theories of the disorder from the ancient Greeks to the 1960s. A kind of didactic historical prologue, these pages stand outside the main theoretical body of the work. They are intended solely to educate readers about the basic factual and thematic content of the subject so as better to highlight the critical, interpretive discussions of the new hysteria studies that follow. I have indicated the independence of this section from the central analytical project of the book, and its ironic relation to that project, by citing the term “history” in quotations.

Following this, the body of the book forms a two-tiered analysis. Part One, “Hysteria as Medical Disease,” deals with the historical literatures about hysteria viewed as a natural, somatic or psychological malady, that is, as an actual pathological entity. In Part One, chapter 1, titled “The Major Interpretive Traditions,” I gather together as wide a range as possible of the past writings on the history of hysteria as a medical disease and consider them in a close and comparative way. Here I review the sub-

ism Revisited,” *Perspectives in American History*, n.s., 1 (1984): 1–129; and Norman F. Cantor, *Inventing the Middle Ages: The Lives, Works, and Ideas of the Great Medievalists of the Twentieth Century* (New York: W. Morrow, 1991).

stance of these writings as evenhandedly as possible with an emphasis on the most recent and important scholarship. I have made an effort to convey to readers a sense of the scope and richness of the work under consideration. In presenting this material, I trace the consolidation of past writings about hysteria into textual sequences and of these sequences into longitudinal interpretive traditions. To this end, I separate the new hysteria studies into five main categories: intellectual histories of hysteria, Freud and the history of hysteria, feminist historical criticism, Charcot and the history of hysteria, and nonfeminist social and political accounts. These groupings are obviously general and approximate with overlaps among them. Moreover, this taxonomy is by no means intended to restrict studies to a single disciplinary identity but rather to coordinate heuristically a large and far-ranging body of commentary. Within the five categories I then reconstruct chronologically the development of the tradition, underscoring the disciplinary, methodological, and ideological factors that have given rise to distinctive readings of hysteria's history. I also highlight the contrasts and clashes among the different schools of interpretation as well as the ways in which the traditions elaborate, revise, and subvert one another.

In chapter 2 of Part One, titled "Theorizing Disease Historiography," the book moves more boldly from description to prescription. In this chapter, I advance a conceptual blueprint for future hysteria studies. The investigative agenda that I set out consists of ten methodological and interpretive guidelines for the prospective study of the history of hysteria in particular and for the historical study of disease generally. This discussion draws on the secondary literature presented in the preceding section and introduces many additional publications. My ten points deal variously with the social, intellectual, theoretical, clinical, therapeutic, and epistemological aspects of hysteria and its past. Several points, such as the one concerning hysteria and social class, draw on established lines of inquiry within historical studies, while others report on the most active areas of research among medical historians today. Still others—for example, my discussions of the role of the neurotic patient in theory production, of hysteria in men, and of the historical cyclicity of psychopathological forms—attempt to break new ground. Necessarily, this portion of the book is more critical and interpretive. However, in those places where I have dealt critically with a given piece of scholarship, I have done so because the work embodies an idea or approach found widely in the literature. Furthermore, by specifying a concrete research program for the future, I by no means seek to exclude other designs.

The second half of *Approaching Hysteria*, "Hysteria as Metaphor," studies the many figurative traditions of commentary on hysteria. Outside of its existence in medical history, hysteria over the centuries has

generated exceptionally rich popular and cultural folklores. Indeed, I know of no nonfatal disease that boasts a more extravagant mythopoetic heritage. This part of the book, then, moves beyond the many medico-psychological discourses of hysteria to explore hysteria tropically in a multiplicity of nonmedical media. Throughout this section, I pay particular attention to the historical and conceptual relations between past cultural representations of hysteria and contemporaneous nonmetaphorical, medical-historical traditions of commentary.

While still comparatively small in quantity and very scattered, scholarly writing about the cultural history of hysteria has become one of the most exciting and fastest-growing areas of research within the new hysteria studies. In Part Two, chapter 3, titled "Cultures of Hysteria: Past and Present Traditions," I review straightforwardly the extant scholarship about hysteria's cultural history in different times, countries, and media from the European Renaissance to the early twentieth century. I here emphasize the descriptive figurative uses of hysteria in creative literature (novels, poetry, and drama) and social and political criticism. While in the first half of the book I am at pains to isolate the precise past medical definitions of hysteria, I found in this section that a substantially different reading strategy was necessary. Popular nonmedical usages of the hysteria concept have been so vague and diverse that the historian can at best acquire only a sense of the range of meanings and associations and connotations that the term has carried. In my discussions of fictional texts, I have studied these sources not for their formal, internal literary qualities but as cultural artifacts, for their value as illustrations of—or, perhaps better, symptoms of—larger historical realities. This portion of the book, I believe, may be read as a kind of empirical elaboration of Susan Sontag's well-known essay *Illness as Metaphor* and as a parallel study to Louis Sass's recent ambitious study, *Madness and Modernism: Insanity in the Light of Modern Art, Literature, and Thought*.⁴⁰

In Part Two, chapter 4, "Cultures of Hysteria: Future Orientations," I again move from a critical literature survey to a looser and more interpretive discussion, presenting a number of my own readings of original historical evidence. However, instead of ten short, prescriptive points for the prospective medical-historical study of hysteria, I here offer lengthier, exploratory excursions into three conceptual and methodological issues that are crucial for writing the cultural history of disease. These, to be specific, concern the historical dynamics of cultural influence, past cultural constructions of hysteria and male gender, and the structure of

⁴⁰ Susan Sontag, *Illness as Metaphor* (New York: Viking, 1978); Louis A. Sass, *Madness and Modernism: Insanity in the Light of Modern Art, Literature, and Thought* (New York: Basic Books, 1992).

historical relations between medical and theological (particularly Catholic) conceptions of hysterical illness. In these three sections, I concentrate overwhelmingly on a single chronological and geographical segment of hysteria's cultural history—namely, France during the second half of the nineteenth century. In part, this focus reflects my personal historical interests and knowledge. Also, the fin-de-siècle era in Europe represents the famous golden age of the neurosis for which the available primary and secondary materials are abundant. In France in particular, hysteria during these decades became part of the general cultural vocabulary, one of the master metaphors of the age. Furthermore, moving in this final quarter of the book from a diachronic to a synchronic historical approach provides an opportunity to explore comparatively the ways in which a nosographical concept has operated as a “cultural signifier” in contemporaneous media within a single culture.

A major theme that I develop in this final chapter is the great intellectual value of abandoning past disciplinary chauvinisms and pursuing creative, cross-disciplinary approaches. On this score, I have attempted to follow two outstanding precedents in writing the cultural history of psychology and psychiatry: *Saturn and Melancholy: Studies in the History of Natural Philosophy, Religion, and Art* (1964), by the trio of Warburg Institute scholars Raymond Klibansky, Erwin Panofsky, and Fritz Saxl, is a richly learned and unprecedentedly interdisciplinary study of the ways in which a psychodiagnostic category was represented in medical, scientific, astrological, philosophical, theological, mythological, poetic, literary, and visual texts from the ancients to Albrecht Dürer.⁴¹ In an altogether different analytical mode are the historical essays of the Genevan literary historian and cultural critic Jean Starobinski; these offer evocative and highly perceptive studies of disease as themes in French poetry, fiction, and philosophy from the seventeenth to the nineteenth centuries.⁴²

⁴¹ Raymond Klibansky, Erwin Panofsky, Fritz Saxl, *Saturn and Melancholy: Studies in the History of Natural Philosophy, Religion, and Art* (New York: Basic Books, 1964). See also the 1989 French edition of the work, *Saturne et la mélancolie: Études historiques et philosophiques: Nature, religion, médecine et l'art*, trans. Louis Évrard and Fabienne Durand-Bogaert (Paris: Gallimard, 1989), which includes significant revisions by Klibansky.

⁴² From a large offering, see Jean Starobinski, “La nostalgie: Théories médicales et expression littéraire,” in *Transactions of the First International Congress on Enlightenment IV, Studies on Voltaire and the Eighteenth Century* 27 (1963): 1505–18; idem, “Sur les fonctions de la parole dans la théorie médicale de l'époque romantique,” *Médecine de France* 205 (1969): 9–12; idem, “The Word Reaction: From Physics to Psychiatry,” *Diogenes* 93 (1976): 1–27; idem, “Sur la chlorose,” *Romantisme: Revue du dix-neuvième siècle* 31 (1981): 113–30; idem, “Brève histoire de la conscience du corps,” in Robert Ellrodt, ed., *Genèse de la conscience moderne* (Paris: Presses universitaires de France, 1983), 215–29; idem, *Le remède dans le mal: Critique et légitimation de l'artifice à l'âge des lumières* (Paris: Gallimard, 1989). On Starobinski as a figure in psychiatric historiography, refer to Fernando Vidal, “Jean Starobinski: The History of Psychiatry as the Cultural His-

In the conclusion of the book, I review the different disciplinary perspectives surveyed in the preceding pages. I then close with a series of general queries and speculations: What do hysteria studies need for their future intellectual and disciplinary development? What can we learn from the textual traditions of hysteria about the important and fascinating, but difficult, project of writing the history of a disease? Why in recent years has the history of hysteria in particular carried such resonance for observers and commentators in the sciences and humanities? Why do academic researchers from disparate knowledge systems converge simultaneously on a subject at a particular historical moment? And what is the broad cultural meaning of the new hysteria studies? This is then followed by a detailed bibliography that should further assist scholars in mapping out the field in the future.

Finally, let me address in this introduction, at least preliminarily, a number of methodological and epistemological matters. First, throughout my study I cite liberally from contemporary medical writings about hysteria. However, while I have drawn on and learned from this literature, I have made no attempt to canvass it as comprehensively as I have the historical scholarship. For interested readers, analyses of this medical work are available elsewhere.⁴³ Similarly, I have made no attempt whatsoever to adjudicate among divergent or conflicting medical models of hysteria today. I have also refrained from trying to formulate a single, uniformly applicable definition of the disorder as well as from attempting to answer the vexed and controversial question of whether hysteria is a "real" disease. To repeat, what interests me in these pages is hysteria and the history of its interpretation; accordingly, I have drawn on the contemporary medical literature only insofar as it illuminates that project.

Second, and on a related point, the need to define one's subject matter accurately, consistently, and rigorously is a challenge to every historian of disease. As I will emphasize below, the obstacles to defining hysteria are especially formidable. Clinically, the disease is highly amorphous and through the centuries has been defined in radically different, if not contradictory, ways. To discuss it at all as a single historical phenomenon may well be largely a heuristic strategy. In his recent excellent study of the

tory of Consciousness," in Mark S. Micale and Roy Porter, eds., *Discovering the History of Psychiatry* (New York: Oxford University Press, 1994), chap. 7.

⁴³ Full and clinically informed accounts of the medical literature in English may be found in Alan Krohn, *Hysteria: The Elusive Neurosis*, monograph 45/46 of *Psychological Issues* 12, nos. 1–2 (New York: International Universities Press, 1978), which discusses the psychoanalytic tradition; Harold Merskey, *The Analysis of Hysteria* (London: Baillière Tindall, 1970), 277–300; and Slavney, *Perspectives on "Hysteria"*. For French sources, see Augustin Jeanneau's monographic "L'hystérie: Unité et diversité," *Revue française de psychanalyse* 49, no. 2, special number (January–February, 1985): 107–326.

British and North American medical literature, Phillip Slavney's solution to this problem is to place the word "hysteria" in quotation marks throughout his book, a procedure that seems to me at once epistemologically correct and visually cumbersome. Therefore, in the ensuing narrative I cite the term without this qualification. However, I adopt this practice only with the important caveat that the present inquiry is, again, historical and historiographical. Therefore, when I use the words "hysteria," "disease," "disorder," "illness," and "pathology," I do so in a neutral, descriptive sense, to denote the human behavioral realities understood as hysteria by doctors in the past and by scholars today.

Third and last, there is the slippery matter of self-placement. In the discussion below, I reflect as a historian and critic on the cumulative body of writing forming the new hysteria studies. In this analysis, I place a good deal of emphasis on the need continually to contextualize historical scholarship, that is, to view the writing of history as itself a historical act that functions within social, intellectual, ideological, and professional contexts of its own. At the same time, *Approaching Hysteria* is, I trust, a part of that very history I am attempting to study. I have no intention of allowing this work, including its introduction, to founder on the shoals of self-referentiality or to digress into an exercise in metahistoriography. Ultimately, my own investments in writing about the history of hysteria will be judged by my readers. Nevertheless, the postmodernist academic sensibility is nothing if not self-aware. Therefore, let me state plainly that my own disciplinary bases for this study are those of intellectual history and the history of science and medicine. In my review of past scholarship in chapters 1 and 3, I do not, insofar as I can determine, have any major ideological axes to grind. Throughout the work, my rather insistent call to interdisciplinarity is most likely part and parcel of the broad goals of the general cultural studies program of the past decade. Furthermore, since the 1970s a quantity of sophisticated scholarship concerning the methodology and epistemology of the history of science has come into being, and there is evidence of late that the histories of psychiatry, psychology, and psychoanalysis specifically are entering a new, more self-reflective phase.⁴⁴ This book, I suspect, manifests these developments. In addition, my fascination with the multiple meanings read into a single

⁴⁴ Arnold I. Davidson, "How to Do the History of Psychoanalysis," in Françoise Meltzer, ed., *The Trial(s) of Psychoanalysis* (Chicago: University of Chicago Press, 1988), 39–64; John E. Toews, "Historicizing Psychoanalysis: Freud in His Time and for Our Time," *Journal of Modern History* 43 (1991): 504–54; Paul Robinson, *Freud and His Critics* (Berkeley: University of California Press, 1993); Roy Porter and Mark S. Micale, "Reflections on Psychiatry and Its Histories" and Elisabeth Young-Bruehl, "A History of Freud Biographies," both in Micale and Porter, eds., *Discovering the History of Psychiatry*, 3–36, 157–73.

pathological phenomenon no doubt reflects a larger preoccupation within the academic humanities today, and of relativist and postrelativist cultures as a whole, with the centrality of interpretation. Lastly, in the conclusion of the book I have speculated on some of the broad cultural forces that may be at work behind the recent heightening of historiographical interest in hysteria; this analysis applies to all of the new hysteria studies, including to the text that readers hold in their hands.

A SHORT "HISTORY" OF HYSTERIA

THE DISEASE entity hysteria has a history as colorful as it is long and venerable. This history incorporates four major paradigms, or models, of the disorder and is less linear than it is cyclical.

The word "hysteria" derives from the Greek word for uterus, *hystera*, which derives in turn from the Sanskrit word for stomach or belly. Inherent in these simple etymological facts is the meaning of the earliest views on the nature and origin of the disease. An Egyptian medical papyrus dating from around 1900 B.C., which is one of the oldest surviving documents known to medical history, records a series of curious behavioral disturbances in adult women. As the ancient Egyptians interpreted it, the cause of these abnormalities was the movement of the uterus, which they believed to be an autonomous, free-floating organism, upward from its normal pelvic position. Such a dislocation, they reasoned, applied pressure on the diaphragm and gave rise to a battery of bizarre physical and mental symptoms. Egyptian doctors developed an array of medications to combat the disease. Foremost among these measures were the placement of aromatic substances on the vulva to entice the womb back down into its correct position and the smelling and swallowing of fetid or foul-tasting substances to repel the uterus away from the upper parts.

These ancient Egyptian beliefs also furnished the basis for classical Greek medical and philosophical theories of hysteria. The Greeks adopted the notion of the migratory uterus and embroidered upon the connections, only implicit in Egyptian texts, between hysteria and an unsatisfactory sexual life. In a famous and colorful passage from the *Timaeus*, Plato wrote: "the womb is an animal which longs to generate children. When it remains barren too long after puberty, it is distressed and sorely disturbed, and straying about in the body and cutting off the passages of the breath, it impedes respiration and brings the sufferer into the extremist anguish and provokes all manner of diseases besides." Various texts of the school of Hippocrates from the fifth century B.C. explain similarly that a mature woman's deprivation of sexual relations causes a restless womb to move upward in search of gratification. As the uterus rambles destructively through the female body cavity, it causes dizziness, motor paralyses, sensory losses, and respiratory distress (including the sensation of a ball lodged in the throat, or *globus hystericus*) as well as extravagant emotional behaviors. Ancient Greek therapies included uterine fumigations, the application of tight abdominal bandages, and, most to the point, immediate marriage.

Ancient Roman physicians wrote about hysteria too. With the growth

of anatomical knowledge, the literal hypothesis of the wandering womb became increasingly untenable. However, Roman medical authors, such as Cornelius Celsus, Aretaeus of Cappadocia, Galen of Pergamon, and Soranus of Ephesus, continued to associate hysteria exclusively with the female generative system. The principal causes of hysterical disorders, they believed, were "diseases of the womb" and disruptions in female reproductive biology, including amenorrhea, miscarriages, premature births, and menopause. Accordingly, they identified cases of the condition most often in virgins, widows, and spinsters, and they recommended as treatment a regular regimen of marital *fornicatio*.

The ideas expressed in ancient Egyptian, Greek, and Roman sources represent the historical origins of the medical concept of hysteria in Western civilization. Engraved in the *Corpus Hippocraticum*, the uterine hypothesis formed a medical ideology that remained enormously influential for millennia of medical history. Descriptive and theoretical details evolved, but the basic doctrine of gynecological determinism, the crux of the classical heritage in the history of hysteria, endured. Until the early twentieth century, virtually all medical theorists felt the need to define themselves, positively or negatively, against this classical background.

The coming of Christian civilization in the Latin West initiated the first great paradigm shift in the history of hysteria. From the fifth to the thirteenth centuries, naturalistic pagan construals of the disease were increasingly displaced by supernatural formulations. In the writings of St. Augustine, all human suffering, including organic and mental illnesses, was perceived as a manifestation of innate evil, consequent upon original sin. Hysteria in particular, with its shifting and highly dramatic symptomatology, was viewed as a sign of possession by the devil. The hysterical female was interpreted alternately as a victim of bewitchment to be pitied and the devil's soul mate to be despised. No less powerfully mythopoetic than the classical image of the disease, the demonological model considered the hysterical anesthetics, mutisms, and convulsions of hysteria as *stigmata diaboli*, or marks of the devil.

This sea change in thinking about the meaning and origins of hysteria brought with it changes in treatment modalities. The elaborate pharmacopoeia of earlier times was now replaced by supernatural invocations: prayers, incantations, amulets, and exorcisms. Furthermore, with the demonization of the diagnosis came the widespread persecution of the afflicted. During the late medieval and Renaissance periods, the scene of diagnosis of the hysteric shifted from the hospital to the church and the courtroom, which now became the loci of spectacular interrogations. Official manuals for the detection of witches, often virulently misogynistic, supplied instructions for the detection, torture, and at times execution of

the witch/hysteric. The number of such inquisitions remains unknown but is believed to be high.

Happily, the late Renaissance, which witnessed the height of the witchcraft craze in continental Europe, also produced in reaction several substantial efforts to renaturalize the hysteria concept. These efforts, made on scientific and humanitarian grounds, corresponded with the beginnings of the scientific revolution in Britain and western Europe. Paracelsus in Switzerland, Johannes Weyer in the Netherlands, Ambroise Paré in France, and Edward Jorden in England attempted to recapture the disease from the realms of religion and magic by arguing forcefully that hysteria was a medical pathology with naturalistic causes. As such, they urged, it required not religious condemnation or legal punishment but medical ministrations.

The seventeenth century was an era of major intellectual innovation in the history of hysteria. Early in the century, the French royal physician Charles Lepois argued importantly that the seat of hysterical pathology was neither the womb nor the soul but the head. Lepois went on to emphasize the passions as causative agents of the disorder. To similar effect, seventeenth-century physicians began to conduct autopsies on hysterical patients, which repeatedly revealed an absence of postmortem uterine pathology. Furthermore, in 1696, the Roman physician Giorgio Baglivi published his general medical treatise, *De praxi medicina*. An acute clinical observer, Baglivi produced the fullest case histories of hysterical patients to date. He followed Lepois in emphasizing the hysterogenic role of "perturbations of the mind." And he stressed the profound influence of the words and actions of the physician on the hysteric as well as the phenomenon of hysterical contagion. The cumulative effect of these ideas was to begin to loosen the age-old association of hysteria with female reproductive anatomy and physiology.

Without a doubt, the most important seventeenth-century development in the history of hysteria was the emergence of a neurological model of the disease. Advances in understanding the structure and function of the human nervous system during this period provided a new paradigm for many previously baffling disorders, including hysteria. As a consequence, the later seventeenth and the eighteenth centuries were characterized by the waning of the gynecological and demonological theories and the appearance of new and imaginative etiological analyses. The new explanations combined ancient humoral ideas with the growing knowledge of neurology and fashionable mechanical and iatrochemical ideas from the physical and chemical sciences. This was particularly true among British physicians, who throughout the seventeenth and eighteenth centuries dominated in the theorization of hysteria.