THE HEROIC AGE OF HYSTERIA

For two decades in the late nineteenth century, the disorder called hysteria became a major focus of serious inquiry. The term *hysteria* was so commonly understood at the time that no one had actually taken the trouble to define it systematically. In the words of one historian, "for twenty-five centuries, hysteria had been considered a strange disease with incoherent and incomprehensible symptoms. Most physicians believed it to be a disease proper to women and originating in the uterus."[3] Hence the name, hysteria. As another historian explained, hysteria was "a dramatic medical metaphor for everything that men found mysterious or unmanageable in the opposite sex."[4]

The patriarch of the study of hysteria was the great French neurologist Jean-Martin Charcot. His kingdom was the Salpêtrière, an ancient, expansive hospital complex which had long been an asylum for the most wretched of the Parisian proletariat: beggars, prostitutes, and the insane. Charcot transformed this neglected facility into a temple of modern science, and the most gifted and ambitious men in the new disciplines of neurology and psychiatry journeyed to Paris to study with the master. Among the many distinguished physicians who made the pilgrimage to the Salpêtrière were Pierre Janet, William James, and Sigmund Freud.[5]

The study of hysteria captured the public imagination as a great venture into the unknown. Charcot's investigations were renowned not only in the world of medicine but also in the larger worlds of literature and politics. His Tuesday Lectures were theatrical events, attended by "a multi-colored audience, drawn from all of Paris: authors, doctors, leading actors and actresses, fashionable demimondaines, all full of morbid curiosity."[6] In these lectures, Charcot illustrated his findings on hysteria by live demonstrations. The patients he put on display were young women who had found refuge in the Salpêtrière from lives of unremitting violence, exploitation, and rape. The asylum provided them greater safety and protection than they had ever known; for a selected group of women who became Charcot's star performers, the asylum also offered something close to fame.

Charcot was credited for great courage in venturing to study hysteria at all; his prestige gave credibility to a field that had been considered beyond the pale of serious scientific investigation. Prior to Charcot's time, hysterical women had been thought of as malingerers, and their treatment had been relegated to the domain of hypnotists and popular healers. On Charcot's death, Freud eulogized him as a liberating patron of the afflicted: "No credence was given to a hysteric about anything. The first thing that Charcot's work did was to restore its dignity to the topic. Little by little, people gave up the scornful smile with which the patient could at that time feel certain of being met. She was no longer necessarily a malingerer, for Charcot had thrown the whole weight of his authority on the side of the genuineness and objectivity of hysterical phenomena."[7]

Charcot's approach to hysteria, which he called "the Great Neurosis," was that of the taxonomist. He emphasized careful observation, description, and classification. He documented the characteristic symptoms of hysteria exhaustively, not only in writing but also with drawings and photographs. Charcot focused on the symptoms of hysteria that resembled neurological damage: motor paralyses, sensory losses, convulsions, and amnesias. By 1880 he had demonstrated that these symptoms were psychological, since they could be artificially induced and relieved through the use of hypnosis.

Though Charcot paid minute attention to the symptoms of his hysterical patients, he had no interest whatsoever in their inner lives. He viewed their emotions as symptoms to be cataloged. He described their speech as "vocalization." His stance regarding his patients is apparent in a verbatim account of one of his Tuesday Lectures. where a young woman in hypnotic trance was being used to demonstrate a convulsive hysterical attack:

CHARCOT: Let us press again on the hysterogenic point. (A male intern touches the patient in the ovarian region.) Here we go again. Occasionally subjects even bite their tongues, but this would be rare. Look at the arched back, which is so well described in textbooks.

PATIENT: Mother, I am frightened.

CHARCOT: Note the emotional outburst. If we let things go unabated we will soon return to the epileptoid behavior. . . . (The patient cries again: "Oh! Mother.")

CHARCOT: Again, note these screams. You could say it is a lot of noise over nothing.[8]

The ambition of Charcot's followers was to surpass his work by demonstrating the cause of hysteria. Rivalry was particularly intense between Janet and Freud. Each wanted to be the first to make the great discovery.[9] In pursuit of their goal, these investigators found that it was not sufficient to observe and classify hysterics. It was necessary to talk with them. For a brief decade men of science listened to women with a