THE POETICS OF PATHOLOGY:
HYSTERIA FROM NEUROLOGY TO PSYCHOLOGY

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Abstract

The dissertation explores the influence of literary fiction and the visual arts on nineteenth-century medical treatises of hysteria. I argue that in often depicting a psychological portrait of hysteria, fiction intimates to the sciences the repositioning of the diagnosis of hysteria into the psychological sphere. The dissertation enters into a dialogue with innovative criticism that engages in dynamic ways the exchange between the two disciplines: Janet Beizer’s *Ventriloquized Bodies* (1993), Jacqueline Carroy’s *Les personalités doubles et multiples : Entre science et fiction* (1993), Mark Micale’s *The Mind of Modernism* (2004), and most recently published, Bertrand Marquer’s *Les romans de la Salpêtrière* (2008) and Asti Hustvedt’s *Medical Muses* (2011). As a project that is equally interested in the historical and literary trajectories of hysteria, the dissertation situates itself at the juncture of literary criticism, medical and cultural history, medical philosophy, and art criticism. In Chapter One, I explore how the use of photography, the revival of Mesmerian hypnotic techniques, and the *grande attaque hystérique* defined Charcot’s neurological diagnosis, but also fueled the literary and the medical imagination. Chapter Two investigates the role of painting and painterly discourses in Charcot’s readings of hystero-epileptic attacks and in Charles Richet’s depiction of psychological interpretations of hysteria. In Chapter Three, I show how Richet’s diagnosis of Emma Bovary departs from neurological approaches to hysteria. In Chapter Four I consider the legacy of Charcot’s neurological diagnosis of hysteria and show how hysteria arises from a physiological tableau to transform into a psychological portrait in the works of Pierre Janet. I conclude with a brief reading of hysteria in Freud’s and Breuer’s *Studies of Hysteria.*
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INTRODUCTION

Hysteria and the Salpêtrière of Jean-Martin Charcot:
Nineteenth-Century Literary Diagnosis and Modern Medical Literariness

As people grow up, then, they cease to play, and they seem to give up the yield of pleasure which they gained from playing. But whoever understands the human mind knows that hardly anything is harder for a man than to give up a pleasure which he has once experienced. Actually, we can never give anything up; we only exchange one thing for another. What appears to be a renunciation is really the formation of a substitute or surrogate. In the same way, the growing child, when he stops playing, gives up nothing but the link with real objects; instead of playing, he now phantasies. He builds castles in the air and creates what are called daydream. I believe that most people construct phantasies at times in their lives. This is a fact which has long been overlooked and whose importance has therefore not been sufficiently appreciated. ¹

(Freud, 1907)

In the last decades of the nineteenth century, groundbreaking scientific discoveries gave rise to the flourishing of literature in the fields of neurology, psychology, philosophy and phrenology. The new sciences that permeated the turn of the century influenced the styles, structure, and themes explored in nineteenth century fiction and early Modernism. Fictional narratives became a veritable literary laboratory that, in analyzing the end of an era, formulated the beginning of another, and in the process, absorbed, mimicked, or parodied the language of pathology. The aestheticization of pathology and perversion in decadence, the minute descriptions of realism, the pseudo-scientific narratives of naturalism, and finally the internalized gaze of modernism, submitted objects, landscapes, interiors, and bodies to a narrative diagnosis à la loupe regimented by the tyranny of the clinical eye. Zola’s Rougon-Macquart series has been read as a linguistic laboratory for social experiments in the sciences, Flaubert “wielded the pen as

surgeons do the scalpel” with his “coup-d’oeil medical,” and stream of consciousness techniques in Modernism gave artistic expression to the intricacies of the human mind, which psychology begins to uncover in the therapeutic process.² Conversely, medical texts published during the nineteenth-century did not remain immune to the language of fiction. While the assimilation of medical discourses by fiction has generated much interest, fewer critics have looked at the influence of fictional accounts of pathology on scientific treatises. ³

In the fields of psychiatry and psychology, the cross-fertilization between fiction and the sciences reinvented the notion of medical diagnosis from within the genre of narrative fiction, with the result that medical cases read much like fictional tales. As Mark Micale notes, “[…] Western psychiatry’s subject of study, method of inquiry, and case-historical style became much more ‘literary’ and narrative.” ⁴ Case histories like Anna O. read like a short story and, indeed, under the pseudonym Anna O., Bertha Pappenheim has become the heroine of psychoanalysis.

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³ Because of the divergent meanings of the terms hysteria, pathology or illness, often historians of medicine use the term hysteria in quotation marks. In this dissertation, I choose to use pathology and illness, like Mark S. Micale in Approaching Hysteria: Disease and its Interpretations (Princeton, New Jersey: Princeton University Press, 1995), that is, in the neutral sense of those words, which is the descriptive sense of the words. I do so because throughout the dissertation my discussion of illness and pathology is informed by medical historians and cultural critics who use the two words in this way. The works of literary critics relevant to my research in this project derives medical terminology from the same historians of medicine and cultural critics of medicine whose works are cited in this project and that has informed my research. When referring to hysteria, unless specified otherwise (historically, literary, or medically speaking), I am referring to the nineteenth-century diagnosis of hysteria, and specifically to Jean-Martin Charcot’s diagnosis of hysteria at the Salpêtrière between the 1870s and 1890s in France.
⁴ Mark S. Micale, The Mind of Modernism: Medicine, Psychology, and the Cultural Arts in Europe and America, 1880-1940 (Stanford, California: Stanford University Press, 2004), p. 7. The use of the term “fiction” in the dissertation refers to the novel and short stories, and in Chapter 1 also encompasses some aspects of the ways in which the visual arts contributed to the diagnosis of hysteria. The dissertation is interested specifically in the mutually enriching exchange between works of sciences and fictional works. This inevitably raises the question of how to differentiate between the two genres, since at the core of my argument is the increasing indistinguishability between scientific and fictional genres when discussing the diagnosis of hysteria. I take as a point of departure “scientific” and “medical” texts to mean works produced by practitioners of medicine during the nineteenth-century and “fiction” for works produced by novelists and creative writers. One of the difficulties is precisely to distinguish between the two, since as we shall see, many medical practitioners authored works of fiction. The confounding of fictional and scientific treatises lie at the center of the argument I develop here. Moreover, I will use the term “poetic,” particularly in Chapters 1 and 4. Here, I understand both the literary and artistic ramifications of the illness of hysteria and I use this term like Bertrand Marquer does in his analysis of the ways in which narratives of hysteria travel from scientific into fictional discourses.
Medical literature further borrowed styles and techniques elaborated by the nineteenth century novel. Yet, these emprunts (and empreintes) are not mere artifacts that practitioners of medicine used to embellish the scientific treatises they produced or to appeal to a wider audience of readers. Rather they served to help translate and convey the language of pathology their patients express.

While medicine turns to fiction, scientific treatises approach diagnosis with literary criticism. Richard von Krafft-Ebing’s work is a case in point. As he catalogues hundreds of sexual perversions in his Psychopathia Sexualis (1886), Krafft-Ebing finds scientific evidence in fiction. His readings of Sade’s oeuvre and Leopold von Sacher-Masoch’s Venus in Furs culminate in his analysis of sadism and his coining of the term masochism. Moreover, in his treatise Le Bovarysme (1892), Jules de Gaultier identifies “bovarysme” as a pathology characterized by one’s desire to conceive oneself as other. Gaultier’s medical-philosophy Le Bovarysme highlights the dissipating divide between the arts and the sciences. His test case is none other than Flaubert’s Madame Bovary, and not unlike Krafft-Ebing’s medical interpretation of Sade and Masoch’s novels, Gaultier articulates the philosophy of bovarysme in his reading of fiction.

In the unique phenomenon of the physicians-littérateurs, there occurred a further cross-pollination between artistic and scientific ventures. During the nineteenth century, the discipline of philosophy was intricately connected to the practice of medicine. As Jan Goldstein notes of this development: “All Enlightenment-inspired physicians liked to think of themselves as médecins-philosophes. But the psychiatrists were, and throughout the nineteenth century

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would remain, the most relentlessly philosophical breed. Their interest in philosophy derived in part from the fact that their own subject matter, the human mind, was also the philosopher’s subject matter par excellence.”⁶ Perhaps more telling, Pierre Janet a psychologist working under Jean-Martin Charcot’s supervision at the time, published works of psychology in literary journals. Equally noteworthy, was the appearance of works of literature and fiction in medical journals. Théodule Ribot’s *L’Hérédite psychologique* (1873) was Ribot’s dissertation in both literature and philosophy, yet became an influential work on scientific theories of degeneration widespread amongst psychiatrists. Not coincidentally, Ribot also founded the *Revue philosophique*, which had a complete monopoly of both psychological and philosophical publications.⁷

Medical doctors often led a double life as creative writers, using different pen names. Charles Richet, a psychologist who worked on medical cases of hysteria with Charcot, was also a successful novelist who wrote *Soeur Marthe* (1889) and *Possession* (1887), two novels on somnambulistic personalities, under the pseudonym of Charles Epheyre. Both novels were acclaimed by Maupassant and met with much praise in literary circles.⁸ Gabriel Tarde began his career with the publication of *Contes et poèmes* (1879) and even later, as a scientist, would still express his interest in both art and sciences. Henry Beaunis, a physiologist and psychologist, published *Madame Mazurel. Contes physiologiques* (1895) under the pseudonym of Paul Abaur, and these tales describe scenes of vivisections and hypnosis. Psychologist Alfred Binet co-
authored plays with André de Lorde for the Théâtre du Grand Guignol. 9 Claude Bernard, whose Introduction à la medicine expérimentale (1865) inspired Zola to compare the novelist to the scientist in his treatise Le roman expérimental (1880), wrote fictional pieces for La revue des deux mondes. 10

Conversely, creative writers took as their source of inspiration contemporary doctors. Janet himself was the model for the main protagonist of Marcel Prévost’s L’Automne d’une femme (1891) and Charcot for Léon Daudet’s Les Morticoles (1894). In Jules Claretie’s novel Les amours d’un interne (1891), the setting is none other than Charcot’s Salpêtrière. 11 Freud likened the creative writer to a “growing child” who no longer plays but begins to fantasize a world of his/her own; and never has medicine sparked the imagination as it did at the end of the nineteenth-century. This fertile exchange between fictional and medical pieces precedes Freud’s reading of literature, as well as his own interpretation of Greek mythology, which informed many of the seminal terms of psychoanalysis. Nineteenth-century psychological investigations that paved the way to psychoanalysis are themselves intimately intertwined with the discourse of narrative fiction. After Freud’s readings of Greek tragedies and after Jacques Lacan’s reading of Freud, which places psychoanalysis within linguistic inquiries, one may retrospectively ask how the act of telling a story has also shaped preceding psychological investigations that led to the discovery of the Freudian unconscious.

Freud’s most famous recourse to fiction is of course his interpretation of Sophocles’ *Oedipus the King*, of which Rachel Bowlby writes, “Starting with a famous few pages in *The Interpretation of Dreams*, Freud made the myth of a single Greek tragedy into a universal pattern of human experience: the story. The Oedipus complex became the cornerstone of psychoanalytic theory, its paradigmatic account of the typical emotional configurations of early childhood, supposedly echoing events in the ancient history of humanity.” \(^{12}\) Sophocles’ story becomes “the” story at the origin of the human mind and its emotional paths. Developed later in the twentieth-century, Jacques Lacan’s *Seminars* and “return to Freud,” re-positioned the psychoanalytic experience within Saussurian linguistics. To speak or to narrate one’s story is also to enunciate the unconscious experience as language: “[...] what the psychoanalytic experience discovers in the unconscious is the whole structure of language. Thus from the outset I have alerted informed minds to the extent to which the notion that the unconscious is merely the seat of the instincts will have to be rethought.” \(^{13}\) The unconscious from Freud to Lacan remains linked to language and to literary interpretations. To uncover the unconscious is also to look at the art of storytelling. As such, psychoanalysis epitomizes the relationship between narrative and the medical case history. With Lacan’s own return to Freud, the unconscious not only tells a story, but also mirrors the very structure of language. The return to narrative unearths the origins of repressed desires and the wilderness of instincts, as much as it speaks the rigidity of a linguistic structure from which the unconscious originates.

While the scientific assimilation of fictional accounts of mental illnesses and psychological inquiries greatly influenced Freud’s predecessors, no illness has fascinated men of


letters and scientific practitioners like hysteria. Not unlike the tragedy of *Oedipus Rex*, hysteria too, travels history to meet its de-mythologization (and often its re-mythologization) in modern science. As Micale relates, disturbances in women’s behavior were first recorded in an Egyptian medical papyrus dating from 1900 B.C. The origin of such female disorders was believed to be caused by an impromptu movement of the uterus; classical Greek medical theories of hysteria derived the notion of a “wandering womb” from Egyptian texts and associated the dislocation of the uterus to an unsatisfactory sexual life. During the Renaissance, hysterical symptoms similar to those described in the *Corpus Hippocraticum* became associated with demonic possessions and, innovative developments in neurological sciences during the seventeenth-century opened up new medical interpretations for hysteria. When hysteria reached Charcot’s Salpêtrière and even before Freud’s and Breuer’s *Studies in Hysteria* (1895), hysteria was a neurological condition. While the neurological diagnosis also suggests that hysteric patients are neither witches, nor suffer from the mysterious wanderings of the womb, nineteenth-century hysteria, with its many medical facets, nonetheless continued to invite imaginary tales into its case history. In fact, so much so, that reading novels and medical cases on hysteria written during the Charcotian era seems to induce a kind of literary vertigo. The reader enters a *mise-en-abyme* structure in which s/he loses sight of where the sciences begin and where fictions end. During the social gatherings of Charcot’s *salons*, for example, literary figures such as Goncourt eagerly

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14 Brief history of hysteria directly informed by Mark S. Micale’s *Approaching Hysteria: Disease and its Interpretations* (Princeton, New Jersey: Princeton University Press, 1995), pp. 19-32. As Helen King points out in “Once Upon a Text,” since the publication of Ilza Veith’s *Hysteria: The History of a Disease* (Chicago: Chicago University Press, 1965), many critics follow Veith’s historical assessment of hysteria to conclude that Hippocratic writings diagnose hysteria as an illness of the uterus that encompasses a variety of symptoms. King explains how Veith’s reading of the Hippocratic corpus is flawed as she refers not to the *Aphorisms*, where the term presumably was first coined, but to Emile Littré’s nineteenth-century translation. For King, Littré’s translation wishes to look at the diagnosis of hysteria from the perspective of nineteenth-century medical diagnosis of hysteria and fails to differentiate between “hysteria” (not mentioned in Hippocratic texts) and “hysterikos,” which means “coming from the womb” or “suffering from the womb.” See Helen King, “Once Upon a Text,” *Hysteria Beyond Freud*, Edited Sander L. Gilman, Helen King, Roy Porter, G.S. Rousseau and Elaine Showalter (Berkley: University of California Press, 1993), pp. 3-91.
hoped to gain knowledge of medical accuracy. Zola diligently read Valentin Magnan to offer his reader a thorough description of delirium tremens. However, Charcot and his circle also embraced fictional depictions of the hysteric. Numerous medical treatises published at the time relied on fictional hysterical characters to detail and construct the diagnosis of the illness. Moreover, artistic media such as photography, painting, and drawing used at the Salpêtrière helped the sciences construe an image of the hysteric for the medical and literary worlds that often emerged from both perspectives of the illness. Hystera prompted the literary imagination, as much as it encouraged a medical imagination.

Charcot’s neurological examinations of hysteria became a scientific response to persisting beliefs dating from the seventeenth and eighteenth centuries that hysterics were mad women, or worse, that hysteric symptoms embodied demonic possessions. His diagnosis helped determine specific neurological symptoms that only pertained to hysteria. Nonetheless, the wide and divergent selection of methods Charcot explored to investigate and to classify hysteria did contribute greatly to the new fantasies hysteria spurred in the mind of those who encountered the illness. The complex co-dependence hysteria has generated between the arts and the sciences cannot be reduced to looking at examples in literature of the assimilation of scientific terms or hysteric motifs. Nor can one indulge the pleasure of rediscovering characters of fiction in medical texts without questioning how the appropriation of such characters by the sciences modifies the genre of the medical case. The ongoing conversation between scientific diagnosis and novelistic accounts of fictional patients demands that we revisit our understanding of the role such imaginary characters play for the sciences when displaced (rather than misplaced) in medical treatises. The relationship between medical and fictional texts in their quest to understand, to diagnose, and to portray hysteria can be seen as a kind of *vase communicant* that
gave birth to characters of fiction derived from medical treatises, and in turn, to scientific texts, which staged heroines of fiction as the prime vedettes of the diagnosis of hysteria.

The Charcotian model of hysteria undoubtedly belongs to scientific investigations. Charcot’s diagnosis claims the illness as a neurological disorder. But medical case histories on hysteria published during Charcot’s time and his accounts of hypnosis in particular, just like the hysteric characters that populated nineteenth-century fiction, seem to emerge from, if not to validate, medico-artistic research. The legitimacy of the French medico-artistic project, I argue, calls into question the notion of “interpreting” hysteria when one encounters both scientific and literary depictions of the illness. The validity of medico-artistic studies asks that we rethink what it means to read medical cases through the lens of fiction. We need to question the meaning of references to works of fiction found in medical cases and to re-evaluate the scientific implications of the stylistic inclinations in medical treatises to mimic the rhetoric of fiction. Medico-artistic studies intimate that formulating the diagnosis of hysteria is also speaking from (and about) fictional narratives of the same illness.

Similarly, imaginary portraits of the hysteric patient cannot be read as mere aesthetic artifacts inspired by the proliferating scientific discourse on hysteria. Rather, those portraits in literature and art engage and challenge the sciences to formulate and even to reshape the image of the hysteric in the medical sphere. Imaginary representations of the hysteric reveal to the sciences a different representation of the hysteric, and one, which radically departs from neurological studies. While nineteenth-century fictional portrayals of the hysteric have emerged from the neurological discourses of the illness, typified by Charcot’s Salpêtrière’s at the time, literature, rather than the sciences, re-invents the hysteric into a psychological character.
The artificial symptoms of hysteria Charcot was often accused of inducing in his patients, the compilation of photographs and sketches that captured hysteric patients, the vast productions of literary works on the illness, all contributed to the perception of hysteria as an illness whose study was shaped by artistic and aesthetic aspirations. It is thus tempting to look at hysteria in Charcot’s work as an artificial construct that found new definitions in distinctive art forms and to forget the scientific investment the medical community showed in their attempt to define hysteria as a neurological condition. Understanding hysteria as an aesthetic expression seems itself dangerously reductive. Marveling at the artistic inclinations of the illness, one forgoes the medical legitimacy of hysteria. Yet to ignore the role of the visual arts and of literary fiction when looking at hysteria is also to undermine how the arts and the sciences, together, contributed to the study of hysteria and to its medical and historical trajectories from neurology to psychology.

Charcot’s dramatic staging of the hysterics, in conjunction with his cataloguing of physical symptoms of hysteria through photography, drawing, and painting, opened up creative interpretations for the literary world. Similarly, the assimilation of hysteric motifs in literature instigated psychological portraits of the hysteric in fiction. As we will discover, those fictional and psychological depictions re-emerge in scientific texts. Such imaginary accounts of the hysteric clearly result from the cross-pollination between fiction and the sciences. But more importantly, as I suggest in this project, in often depicting--and fantasizing-- a psychological portrait of hysteria, literary fiction intimates to the sciences the imminent repositioning of the diagnosis of hysteria into the psychological sphere.

Taking as a point of departure the *rencontre* between hysteria and storytelling at the Salpêtrière, I am interested in the dialogue between descriptions of the hysteric in medical texts
and fictional accounts of hysteria. The role Charcot assigns to visual arts and visual media will be of great importance. In this regard, just as narrative fiction incorporated the imaginary tales of the hysteric, the Iconographie de la Salpêtrière assembled the visual narrative of the symptomology of the hysteric. In both fictional narratives and artistic enterprises, the hysteric of neurology discovered the fantasy of its imaginary double. I investigate the following questions: When do medicine and fiction collide with and interpenetrate each other and how does the rhetoric of fiction become the privileged discourse for the medical practitioner of psychology? What becomes of the language of psychology as the medical case gathers, details, and chronicles a patient’s history? How can the nature of hysteria be said to account for its “de-naturalization”? The way in which descriptions of hysteria oscillate between medical treatises and fiction narrative is not a mere accident that developed from occasional collaborations between scientists and novelists, or between scientists and visual artists. Such definitions are the outcome of scientific investigations that were undertaken at a time when the arts were perceived as a necessary lens through which scientific practitioners could conceive of hysteria. If one may speak of a de-naturalization of hysteria insofar as its descriptions often travel from scientific to fictional discourses, I argue that while hysteria came into its own during the nineteenth-century to become legitimized as a medical condition, it is the clinical permeability of its diagnosis that paradoxically allowed for the validation of illness as such.

With Freud’s visits to the Salpêtrière in 1885 and 1886, and later with his works on hysteria and Anna O. in collaboration with Breuer, hysteria would become an illness that presents psychological as well as physical symptoms. Such psychological investigations of hysteria were burgeoning towards the end of Charcot’s career. But while one may locate psychological speculations to the diagnosis of hysteria in Charcot’s late works, we must
remember that associations between Charcot’s neurological diagnosis and the psychological hypotheses that will later develop belong to Charcot’s followers, as much as they do to the reader of Charcot in a post-Freudian era. Charcot acknowledged that his theories on hysteria were “obsolete” not long before his death and he did mention on a few occasions possible connections between physical symptoms of hysteria and psychological ailments. But Charcot’s neurological work did not (at least not directly) point to a specific psychological origin for the illness. Still, as we shall see, Charcot’s scientific methods in the Salpêtrière, particularly hypnosis, paved the way to psychological interpretations of the illness.

The repositioning of hysteria from physical observations into psychological interpretations is central to understanding how the arts appropriated the illness in the 1880s. Nascent psychological approaches to hysteria occurred before Freud’s resurrection of the illness. As such, interactive discourses between the arts and the sciences began to influence the diagnosis of hysteria before the establishment of psychoanalytic investigations into the illness. Looking at the medico-historical displacement of hysteria from the neurological to the psychological sphere sheds light on the pivotal roles both literature and the visual arts played in the metamorphosis of hysterical diagnosis. The arts revealed to the sciences the psychological underpinnings of the illness that Charcot silenced in his quest to establish hysteria as a neurological condition.

While artistic media at the Salpêtrière were visual testimonies to hysterical symptoms observed in patients, they also became illustrations of hysterical attacks that modeled the hysteric symptoms Charcot wished to have his patients mimic during his demonstrations. The inclusion of such media at the Salpêtrière seem to confound the boundaries between the arts and the sciences, thus casting hysteria as an artistic phenomenon, even as it maintains its interest as a neurological illness. Photography, painting, and drawing became the mechanical and artistic eye
that could attest to such physiological symptoms. However, such artistic media also were iconic templates that taught the hysterics how to appear as hysterics.

Much of the recent scholarly criticism on hysteria and literature incorporate medical texts into their readings only to derive a scientific lexicon that applies to fiction. Though many interesting readings have shown how literature integrates medical discourses, the importance of the empreintes of fiction on psychological treatises, has often been minimized or ignored all together. As a project that considers the influence of fiction in medical treatises, the dissertation enters into a dialogue with innovative criticism that engages in dynamic ways the cross-fertilization between the two disciplines. Such works include Janet Beizer’s *Ventriloquized Bodies* (1993), Jacqueline Carroy’s *Les personalités doubles et multiples : Entre science et fiction* (1993), Micale’s *The Mind of Modernism* (2004), and most recently published, Bertrand Marquer’s *Les romans de la Salpêtrière: Réception d’une scénographie clinique: Jean-Martin Charcot dans l’imaginaire fin-de-siècle* (2008) and Asti Hustvedt’s fascinating *Medical Muses: Hysteria in Nineteenth-Century Paris* (2011). Moreover, in showing how literary fiction guides the sciences away from neurology and toward the psychologization of the diagnosis of hysteria, I read imaginary accounts of hysteria, both visual and narrative, as a contre-discours that respond to scientific treatises. What literature and the visual arts can make us see in medical texts is one of the questions this project seeks to answer. If medical discourses and literary fiction are mutually enriching, can one speak of a sacrifice of poetics for the sake of scientificity in fiction and conversely, is scientific precision sacrificed for the sake of poetics in medical texts? Or, perhaps, is it impossible to conceive of the nineteenth-century diagnosis of hysteria outside of a fictional model?
In looking at how the novelistic and artistic accounts are imported and assimilated in the diagnosis of hysteria, my methodology follows Micale’s, Beizer’s, Hustvedt’s, Marquer’s and Carroy’s. However, the argument I develop on the shift between neurological and psychological interpretations of hysteria à travers fictional accounts of the illness, also situates the dissertation at the juncture of medical and cultural history, and art and literary criticism. I show how the assimilation of fiction and art by the sciences did not only modify the nineteenth-century scientific treatise, but has also influenced the medical history of hysteria at the end of the nineteenth-century. I thus investigate hysteria from two distinct, yet interconnected perspectives: through the lens of literature and through the lens of medical history. To retrace the redefining of the diagnosis of hysteria from neurology to psychology, I am interested as much in the history of hysteria across nineteenth-century medical discourses as I am in the metamorphosis of the diagnosis of hysteria in literature, art, and sciences.

In Chapter One, “The Diagnostic Imagination: The Wanderings of Hysteria in Charcot’s Artistic and Scientific Laboratories,” I show how the use of photography, the revival of Mesmerian hypnotic techniques, and the grande attaque hystérique defined Charcot’s neurological diagnosis and fueled the literary and the medical imagination. I argue that the very methods Charcot hoped would ground the diagnosis of hysteria within a strictly neurological discourse paradoxically propelled the diagnosis toward literary and artistic queries. I begin with the relationship between Charcot and the arts and elaborate upon the nature and significance of the “Charcot poétique” (to follow Bertrand Marquer’s observation). What are the specific scientific investigations to have “poeticized” Charcot’s work on hysteria? What is a poetic illness, and how can hysteria become poeticized. These are central questions addressed in this first Chapter. The term “poeticized,” as we shall see, will refer to the different ways in which
Charcot’s work takes on great interest to the literary and artistic spheres in the 1880s. Further, I examine how artistic media catalogued the vast symptoms of hysteria, while they also molded the diagnosis of hysteria. I show how photography begins as a clinical device that records hysteric symptoms, yet soon succumbs to theatrical and staged representations of the symptoms of hysteria, which problematized the medical use of the photographic device. Chapter Two, “Portraits of the Medical Case: Emma’s Hysteria and Charcotian Landscapes,” explores the role of painting and painterly discourses in Charcot’s readings of hystero-epileptic attacks and in Charles Richet’s depiction of psychological interpretations of hysteria. Charcot’s clinical observations of artworks generates a painterly discourse, which also initiates the psychological portrait of the hysteric in Richet’s “Les démoniques d’aujourd’hui.”

In Chapter Three, “Poetic Characterologies: Medical Appropriations of the Case of Emma and the Hysterical Temperament,” I consider how Richet’s reading of hysterical symptoms in fictional characters, particularly in Flaubert’s Emma, departs from neurological approaches to hysteria. Examining the translation of hysteria from physiological into psychological symptoms, I read the medical motif of the pied bot in Madame Bovary and in Charcot’s neurological observations of the hysteric. I argue that “l’hystérique de roman” (to use Hippolyte Bernheim’s term) prompts the psychological investigations of hysteria through the assimilation of characters of fiction into scientific treatises. In Chapter Four “L’envers de l’Hypnose in the Epic of Diagnosis: Pierre Janet’s Psychological Laboratories,” I move away from the novel to read psychological cases of hysteria in the works of Pierre Janet. While Charcot’s hypnosis revealed a tableau of physiological symptoms in the hysteric patient, it also opened up the path to psychological inquiries. Here, I am interested in the legacy of Charcot’s neurological diagnosis to illustrate how Pierre Janet’s studies on hysteria, specifically his
theories on *dédoublements* and Charcot’s hypnosis, arise from a neurological understanding of the illness, yet are reinvented into psychological studies. The poetic turn of Janet’s own descriptions of his patients, as one that reveals the psychological ramifications of the Charcotian model of hysteria, and also foreshadows the Freudian psychoanalytic model for the diagnosis of hysteria, will be of particular importance to this last chapter. I end this project with “Hysteria, ‘des songes et des mensonges,’” a brief account of the case of Anna O. A case, which has validated the birth of psychoanalysis, yet has not ceased to cast suspicion on the legitimacy of the illness of hysteria. A conclusion that perhaps further mystifies “l’hystérique psychologique” more than it elucidates the diagnosis of her mind, or helps determine with certitude exactly who is the “hystérique psychologique,” taking the *devant de la scène* from the hysteric of neurology. The enigma of the hysteric perhaps resides in Janet’s own words: she is always a “fabulatrice,” whose narrative translates her “pensée colorée.”
CHAPTER ONE

The Diagnostic Imagination:
The Wanderings of Hysteria in Charcot’s Artistic and Scientific Laboratories

“L’hystérie n’est pas une de ces inconnues où l’on voit tout ce qu’on veut; n’en déplaise aux sceptiques et aux hystérophobes, ce n’est pas un roman.”

(Charcot) 15

The Poetics of Hysteria: Medical Art

At a time when the neurological studies of hysteria became a prominent part of scientific discoveries in Europe, especially in France, Britain, and Germany, Jean-Martin Charcot, whose medical observations and lectures at the Salpêtrière were regarded as the most important contributions to the diagnosis of hysteria, carefully warns the reader that “l’hystérie n’est pas un roman.” With these words Charcot resists, but also reveals how the neurological condition of hysteria, beyond its scientific scope, provokes and nourishes the artistic imagination of the time. Hysteria became both a legitimate and recognized neurological disease by scientific practitioners that affected thousands of patients (most prominently but not only female) and at the same time, a poetic trope for men of letters. Still, as Bertrand Marquer remarks, today one often remembers the “Charcot poétique,” rather than the rigorous scientist who discovered numerous neurological

disorders. Marquer points out how the memory of Charcot’s work first brings to the reader’s mind “la contamination entre esthétique et médecine [the contamination between aesthetics and medicine].”  

Marquer’s title, *Les romans de la Salpêtrière: réception d’une scénographe clinique: Jean-Martin Charcot dans l’imaginaire fin-de-siècle*, highlights the immediacy with which the reader of Charcot’s treatises associates hysteria with fictional tales and even more so with the genre of the *roman*. Indeed, Charcot’s neurological diagnosis of hysteria became inseparable from novelistic accounts of the illness and from artistic endeavors in a wide variety of genres. Charcot cultivated a great passion for the arts; he befriended artists, novelists, actors, playwrights, poets, and was himself an accomplished caricaturist. In his home, he gathered artworks and figurines and he drew countless pictures representing physical distortions or incongruities he observed in his patients.  

Charcot’s work was at once that of a neurologist and that of an artist. So too, did the descriptions of the symptoms of hysteria came to find a multiplicity of definitions that travelled between the language of the sciences and the language of the arts.

The *fin-de-siècle* witnessed the proliferation of publications on hysteria in neurology, psychology, medical-philosophy, and philosophy as well as hysterical narratives in plays, novels, short stories, paintings, and photography. Fictional accounts of hysterical patients found more than a sympathetic reader at the Salpêtrière. And artistic media, painting, photography, and drawing in particular, played an important role in visually recording the bodily symptoms observed in the hystéric. This variety of media further allowed the sciences to control the types of hysterical

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representations they wished to highlight in the medical world. Consequently, the Salpêtrière also projected a particularly tailored image of the hysteric to the literary spheres, which in turn, mirrored back to the sciences their own imagined representation of the hysteric. Medical treatises often relied on fictional hysterical characters to detail the diagnosis of the illness. The role the sciences assigned to fictional descriptions of hysteria was the result of a scientific discourse that couched the diagnosis of the illness within nineteenth-century aesthetics. Indeed, while reclaiming a medical validity for hysteria through neurological observations, Charcot and his medical circle drew upon the image of the hysteric implicit in artistic underpinnings of the diagnosis, in a transdisciplinary process that it had helped to shape.

Doctor Henri Meige, a former student of Charcot, was greatly interested in the artistic ramifications of Charcot’s scientific universe. In 1904, he published an article in the Bulletin de la Société Française d’Histoire de la Médecine, which directly addressed the merging of scientific and artistic inquiries in Charcot’s work. In this article, “A propos des études médico-artisques,” Meige begins with a discussion of the hostile and competitive relation between France and Germany as it pertained to the studies in medicine and art. Meige was interested in Charcot’s studies on the “critique médicale des œuvres d’art” and wrote extensively on the significance of art in Charcot’s work, publishing in 1925 a short book by the title of Charcot Artiste. In “A propos des études médico-artisques,” however, Meige shares with the French reader of sciences and art, recent research by M. Holländer from Germany in an article published that same year, “La médecine dans la peinture classique.” Meige relates that in his article, Holländer lists German works published prior to Charcot’s Nouvelle Iconographie de la

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Salpêtrière that Charcot apparently ignored. Meige further conveys how Holländer is adamant in showing that “les prétensions des auteurs français pour l’originalité de l’oeuvre médico-artistique sont sans fondements [the pretenses French authors claim on the origin of the medico-artistic oeuvre have no real foundations].” 19 He then cites examples from Holländer’s recently published book on how German doctors had been publishing works on the relation between medicine and art since 1715. Meige concludes with Holländer’s last example, a collection of works of art that relate to medicine, gathered for the Société Royale des sciences de Göttingen.

There was indeed a long medico-artistic tradition in Europe. Charcot was not the first to represent, through drawing or painting, physical symptoms of pathology. For example, striking resemblances appear between Charcot’s artistic pathography and Franz Xaver Messerschmidt’s eighteenth-century sculptures, and Cesare Lombroso’s criminal physiological portraits. 20 Messerschmidt’s “character heads” (mostly sculptures, but also sketches) echo Charcot’s own artistic-medical repertoire. In the sciences, Lombroso, a nineteenth century criminologist, compiled a series of drawings that were perceived as psychiatric art; like Charcot, Lombroso looked to physiological indications in establishing a diagnosis. However, Lombroso’s observations catalogued a psychological portrait of the criminal mind, whereas Charcot’s neurological pathography did not correlate physiological characteristics to mental disturbances. Rather, Charcot’s nosological oeuvre revealed only those physiological characteristics that provided evidence of the neurological origin of hysteria.

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19 Ibid., 341
20 I am grateful to Peter Brooks for pointing out the example of Messerschmidt’s work to further exemplify the correlation between art and medical inquiries that precede Charcot’s own nosological tableaux. Interestingly, while Charcot published extensively on the works of Rubens and ecstatic convulsions, there is, to my knowledge, no record of Charcot’s possible research into Messerschmidt’s works. This partly confirms the origins of Holländer’s attacks of Charcot’s claim to originality when it comes to medico-artistic studies.
As Meige explains, Holländer’s research undermines the claim to originality that both the publication of the *Nouvelle Iconographie de la Salpêtrière* and of Paul Richer’s *L’Art et la Médecine* hoped to make in France. In Holländer’s argument, when one speaks of medico-artistic studies, one is obliged to recognize its true historical trajectory: “Quand on veut labourer ce champs fleuri d’une façon savante et sérieuse, on doit au moins connaître son histoire…[When we want to explore this rich field in a scholarly fashion, we must at least know its history….]” 21 Meige’s article points to an apparently ongoing and lively debate between German and French scientists over the origins of medico-artistic studies. But just as importantly, if not more, what Meige’s writings reveal is that the fin-de-siècle attempts to consolidate the study of the arts and sciences as one valid and unified field of investigation. Moreover, Meige intimates that medico-artistiques studies are not the product of an accidental convergence of the arts and the sciences; medico-artistiques studies result from specific research that medical practitioners originated and intended to nourish and explore.

Hoping to legitimize the convergence of artistic and scientific discourses, Charcot and his circle, also demonstrated the relevance of such hybrid examinations to scientific investigations. In Meige’s words: “Nous sommes tous d’accord pour reconnaître qu’en matière d’Histoire, d’Art et de Science, il ne devrait pas exister de frontières [We all agree to recognize that when it comes to History, Art, and Science, there should not exist any borders].” 22 If during the nineteenth-century the debate over the birth of medico-artistiques studies remained a point of contention between France and Germany, Meige makes it clear that the legitimacy of cross-disciplinary research like that of medico-artistiques studies, was not. As an authentic and widespread area of both medical and artistic investigations, medico-artistiques questions shaped and informed

21 Ibid., Meige citing Holländer, p. 343.
22 Ibid., p. 342. Italics mine.
Charcot’s works on hysteria at the Salpêtrière. The existence of such inquiries included both the diagnosis and the portrayal of hysteria into a specific scientific framework; one, it appears, which could not do (nor wished to do) without an aesthetic agenda.

1. “Character Heads.”

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2. “Portraits and skulls of criminal women, collected by Lombroso and reproduced in his *Atlas de l’homme criminal* (1878).”

In his article “Charcot Artiste” from 1898, Meige specifically correlates Charcot’s sense of perception as an artist to his ability to diagnose patients: “What we can conclude is that at the

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24 Because the dissertation in its present shape will not be published, I have allowed myself to reproduce images I have scanned from different works that I believe exemplify the correlation between hysteria and art and that are important to developing my argument in this project. I will carefully revisit the legalities of reproducing such images without a prior permission from the author when the time will come to consider turning the dissertation into a book.

first glance he was able to recognize some oddity or other of the human habitude. Now, to be able to discern a comic anomaly and to project it in relief, that is the very essence of the art of the caricature. But, aside from the comic, does not the physician’s art have as one of its goals the discovery of physical anomalies and making them perceptible to others? That is why it is not presumptuous to say that Charcot’s talent for drawing caricatures served him well in his profession as a clinician.”

In producing caricatures, Charcot tackled the art of discerning and revealing anomalies; the caricature results from a perception “saillante” that characterizes one’s observations. And Meige intimates that the success of medical practice, especially one that requires attentive physiological examinations, is also the triumph of art. To be a good observer is to be a talented artist.

In Les difformes et les maladies dans l’art, co-authored with Paul Richer, Charcot and Richer offer not a series of caricatural sketches, but artworks from across the centuries, that depicted physical anomalies. A true “cabinet de curiosités,” Les difformes et les maladies dans l’art catalogue “nains, bouffons, pouilleux” in paintings, sculptures, sketches, and frescos. Here, Charcot associates representations of the “grotesque” types of characters that populate Les difformes et les maladies dans l’art with a form of caricatural work. For Charcot, even Velasquez’ Las Meninas is a kind of pictorial caricature. As he looks into the grotesque as caricature, Charcot writes:

Lorsque dans une intention caricaturale, avec l’idée de rendre grotesque, l’artiste a trouvé dans une difformité naturelle un modèle qu’il a su saisir au passage, et dont la copie fidèle a suffi pour atteindre le but qu’il se proposait, on serait peut-être surpris (c’est le cas pour le mascaron que nous venons de citer), de reconnaître, preuves en main, que telle œuvre, qui ne

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semble être le produit du hazard ou de l’imagination déréglée, n’est en somme que l’intention scrupuleuse, réaliste, servile d’un modèle.

When, with a caricatural intention, with the idea to render grotesque, the artist has found in a natural deformity a model that he was able to capture in passing and whose faithful copy was sufficient to reach the goal he had set for himself, one may be surprised (it is the case for the mascaron we just cited), to recognize, with proofs in hands, that such art work, which does not seem to result from pure accident or from a deregulated imagination, is in short only the meticulous, realist, and servile intention of the model. 26

Charcot found this particular “mascaron” at the Santa Maria Formosa Church in Venice. In it, he sees “des caractères d’une déformation morbide parfaitement définie.” While the function of mascarons was to scare evil spirits away from the Church, Charcot draws an analogy between the mascaron in Venice and “types” of ill patients shown at a clinical conference at the Salpêtrière not long before his trip to Italy. As important as Charcot’s comparison between the mascaron and the depictions of clinical types, is Charcot’s highlighting of the realistic nature of grotesque and caricatural works. Such works, in drawing attention to a particular deformity, and even in taking a grotesque form, illustrates physical distortion accurately and vividely. Caricature is not an artistic genre. Rather, caricature becomes a clinical device. Just like a microscope, caricature relève the incongruities of the body.

Freud was particularly impressed with Charcot’s artistic eye. He praised Charcot’s acute perception and his relentlessly minute somatic observations. In his obituary of Charcot, he writes:

He was not unduly reflective, not a thinker: he had the nature of an artist—he was, as he himself said, a ‘visuel,’ a man who sees. Here is what he himself told us about his method of working. He used to look again and again at the things he did not understand, 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

Charcot’s nosology made a strong impression on Freud. He admired how Charcot developed a neurological understanding of hysteria within an artistic framework and recognized Charcot’s “visuality” as central to the neurological diagnosis of hysteria. The nosology of hysteria soon became a veritable “musée pathologique,” which illustrated and classified the symptoms Charcot observed in his hysteric patients. Unlike Freud and Pierre Janet, whose psychological inquiries into hysteria made the speech of their patients the object of study, Charcot completely silenced his patients to portray a somatic landscape of hysteria, just as vivid as his repertoire of the arts plastiques in his medico-artistic studies. To understand the neurological portrait of the hysteric is also to embrace Charcot’s clinical visuality and his efforts to divulge nosological depictions of hysterical symptoms.

Of Charcot’s minute examinations of bodily symptoms and his infamous refusal to listen to patients, Nicole Edelman notes:

[T]he hysteric is only a subject of experiment, rather than a subject as a whole. What is important for Charcot is to extract and then to confirm a type of neurological illness. Charcot does not listen, nor does he hear his patients. On the occasion of one of his Tuesday lessons, he remarks of one of the hysterics who just screamed, Oh Mom!: ‘Can you see how the hysterics shout. We can say that there is a lot of noise for nothing.’ 28

“Beaucoup de bruit pour rien,” in Charcot’s clinic became, of course, très peu de bruit pour tout on Freud’s couch. Nonetheless, Freud’s visit of the Salpêtrière from October 1885 to February

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1886 was a decisive moment in his career. It is during that time that Freud’s “interest shifted from neuropathology to psychopathology—from physical science to psychology.”

Clinical Methods and Historical Trajectories of A Neurological Diagnosis

Charcot’s neurological examinations of hysteria was first a scientific response to persisting beliefs dating from the seventeenth and eighteenth centuries that hysterics were madwomen, or worse, that hysteric symptoms embodied demonic possessions. Charcot’s diagnosis attributed neurological symptoms to hysteria. His passion for the arts and his talents as a “visualist” and minute observer of pathological symptoms influenced the ways in which he formulated the neurological diagnosis of the illness. Charcot’s own artistic inclinations framed the manner in which he decided not only to interpret, but also to portray hysteria. One may even speculate that in provoking hysteric attacks in his patients while under hypnosis, Charcot began to draw his own grotesque caricature of hysteric symptoms onto the body of the hysteric. Until Charcot, hysteria was a kind of clinical vortex; hysterical symptoms could have belonged to any other illness in the nineteenth-century: “toujours soupçonnable, l’hystérique imite presque toutes les maladies [always suspicious, the hysteric imitates almost all other illnesses].”

Charcot’s diagnosis gave a specifically detailed explanation for hysteria to an otherwise “inextricable maze” (in Charcot’s words). But to elucidate this “maze,” was also to map out and to mold the body of the hysteric according to Charcot’s own designs.

Charcot’s diagnosis could not have been more specific: hysteria was caused by a lesion in the cerebral cortex. For some time, Charcot’s theory convinced the medical community. In the

29 Ibid
1870s and 1880s, hysteria was none other than a neurological condition, the cure for which resided in finding the lesion Charcot imagined to be located in the cerebral cortex of the patient. This somatic diagnosis, for which Charcot gave a neurological assessment, completely dissociated hysteria from madness and propelled hysteria into modern scientific discourses.

By the same token, neurological examinations allowed Charcot to dissociate himself from the “médecins aliénistes” at the Salpêtrière and thereby gained a complete monopoly over hysterical patients; this is an important facet of the medical history of hysteria. Charcot’s distancing from the aliénistes also meant that hysterical and epileptic patients alike were entrusted in his care. Interestingly, the aliénistes, even if they were “proto-psychiatrists,” did not have a particular interest in the psychology of hysteria. They did formulate the hypothesis that hysteria was a hereditary condition, but most hysterical patients were not necessarily considered mentally ill by the médecine aliénistes. Charcot’s inheriting of both epileptic and hysterical patients from the wards of the aliénistes partly explains his interest in a neurological diagnosis of the illness. Indeed, Charcot developed a neurological theory that differentiated between epilepsy and hystero-epilepsy. While he did recognize the validity of a non-hysteric epileptic attack, he was also convinced that many of the epileptic crises witnessed in patients, were in fact the expression of hysterical symptoms.32

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32 As Jacqueline Carroy reminds us, it is important to note that development of psychology in France originates not from medicine, but from philosophy. Maine de Biran and later Taine with the publication of De l’intelligence in 1870 opened up the path to looking at psychology as a science of facts. During the nineteenth century, the médecins aliénistes were greatly influenced by psycho-philosophical treatises. The alienists were proto-psychiatrists, so to speak, who began to look at scientific interpretations of mental illnesses. The médecine aliéniste started with Philippe Pinel in the eighteenth century and continued with his successor Étienne Esquirol. Esquirol, like Pinel, believed that the insane should be in the care of physicians. He inspired the French law of 1838 that established asylums for mentally ill citizens. This section of the history of the aliénistes in France and the relationship between medicine and philosophy is informed by the following readings in history of medicine: Jan Goldstein, Console and Classify: The French Psychiatric Profession in the Nineteenth-Century (Chicago: University of Chicago Press, 1987), see pp. 67-89, pp. 242-245; Henri Ellenberger, The Discovery of the Unconscious: The History and Evolution of Dynamic Psychiatry (New York: Basic Books, 1970), see pp.94-97 and his reference to Charcot as the “Napoléon of Neuroses,” p. 97; Jacqueline Carroy, Annick Ohayon, and Régine Plas, Histoire de la psychologie en France.
However, towards the end of his career, after many failed attempts to find the lesion he believed to be the physiological origin of hysterical symptoms, Charcot revisited the neurological model for the illness. He did acknowledge on several occasions a possible psychological origin for hysteria and encouraged Pierre Janet, his student at the time, to pursue psychological investigations of the illness. In 1892, shortly after Charcot’s death, Janet published “L’oeuvre psychologique de J.-M. Charcot.” In this essay, which we will read closely in Chapter Four, Janet attempts to retrace Charcot’s psychological inquiries into the diagnosis of hysteria, referring to specific instances in Charcot’s career when he mentioned a possible connection between psychology and hysteria. By the time Janet published “L’oeuvre psychologique de J.-M. Charcot,” psychological investigations into hysteria had superseded Charcot’s neurological hypotheses. It is thus unlikely that Janet’s essay was an attempt to validate psychological approaches to hysteria.

Rather, this essay underscores Janet’s effort to restore Charcot’s by then much tarnished reputation. Indeed, towards the late 1880s, Charcot’s most loyal devotees, such as Joseph Babinski began to refute the Charcotian model for hysteria. Following the “anatomo-clinical” type of clinical investigation, inherited from Claude Bernard, Charcot had relentlessly searched for the lesion he believed would prove hysteria to be a neurological disorder. Autopsies were routinely performed. But no trace of such lesion was ever found. Moreover, Charcot’s re-introduction of hypnotic techniques as a cure to hysteria generated heated debates between the Salpêtrière’s doctors and the Nancy school. After Charcot’s death, the Nancy school refuted Charcot’s theory on hypnotism even more strongly. The Nancy school proclaimed Charcot used

_XIXe-XXe siècles_ (Paris: La Découverte, 2006) pp. 7-83. Pages 14-16 of this chapter are informed by the works cited above.
hypnosis for the sole purpose of sensationalism and their virulent attacks discredited his diagnosis of hysteria and earned him the reputation of a charlatan.

While Charcot’s diagnosis of hysteria may have harmed his reputation towards the end of his career, it was also responsible for the unprecedented fame he experienced in the 1870s and 1880s. In France and abroad, he was known as the “Napoléon of Neuroses,” and at the time, there was no greater attraction than Charcot’s Tuesdays lectures at the Salpêtrière. But while one associates Charcot’s neurology with hysteria, it is important not to forget the many other neurological discoveries the medical world owes to Charcot such as his work on “general paralysis” and multiple sclerosis. Equally important, is situating Charcot’s work within the contemporary medical scene. In a post-Freudian era, one cannot help but associate hysteria with psychoanalysis and psychological studies. Nineteenth-century psychology underwent numerous transformations and Charcot’s diagnosis of hysteria is critical to understanding the metamorphosis of psychology at the end of the nineteenth-century.

Charcot revived Mesmer’s theories of hypnotism and incorporated them in a neurological model. Like the neurological diagnosis of hysteria, which outlined specific stages of the hysterie’s attacks, Charcot’s practice of hypnosis could be divided into different stages: cataleptic, lethargic, and somnambulistic. Through a clearly defined model for hypnosis, Charcot wished to accomplish two tasks: to “detach” and thus show neurological symptoms that occurred.

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34Carroy, p. 74. Hippolyte Bernheim, who presided the Nancy school, was particularly critical of Charcot’s “suggestions” during hypnosis. Bernheim believed such methods did not demonstrate in any shape or form the existence of a neurological lesion at the origin of hysterical symptoms. For Bernheim, Charcot was merely giving directives to hysteric subjects who were actually conscious of their actions. Bernheim suggests other kinds of hypnotic experiences and puts forward a “psychologie expérimentale” that focuses on “post-hypnotic” suggestions. Also see Carroy, pp. 68-69.
35For a very interesting reading of the role of hypnosis in Mesmer to its role in Charcotian neurological investigations and later in Freud, see Adam Crabtree, *From Mesmer to Freud: Magnetic Sleep and the Roots of Psychological Healing* (New Haven: Yale University Press, 1993).
during the first two phases and to control the hysteric’s actions during the somnambulistic and last phase. In the somnambulistic phase, Charcot claimed he could guide the hysteric’s actions and also produce the hallucinations he wished to spark in her mind. In catalepsy and lethargy, Charcot would conduct experiments to either provoke hysterical attacks or to demonstrate how the hysteric was a kind of automaton, devoid of any will or sensations. The pseudo-magical and charlatanesque world of Mesmer’s hypnotic techniques was to find scientific validation and accuracy in the Charcotian neurological universe of hysteria.

Interestingly, catalepsy and lethargy likened the hysteric to a corpse, and one on which Charcot could virtually perform any kind of autopsy. In such stages, Charcot seemed to perform his own magic, turning the body of the hysteric into a lifeless corpse and an object of observation. The figure of the hysteric as an unliving creature that could come to life during Charcot’s public demonstrations represented the scientific response to the neurological study of hysteria. It was also the inspiration for many fictional accounts of the hysteric. Not surprisingly, one encounters one of the most accurate descriptions of the cataleptic hysteric in Alphonse Daudet’s “À la Salpêtrière”:

C’est le mannequin de l’atelier, plus docile encore et plus souple. ‘Et pas moyen de nous tromper, affirme Charcot, il faudrait qu’elle connût l’anatomie aussi bien que nous.’ Sinistre, l’automate humain, debout dans le cercle de nos chaises, docile à tout commandement qui amène sur son visage l’expression correspondante au geste qu’on lui impose! […] ‘Nous pouvons même faire ceci…’ et le professeur lui lève le poing pour frapper, en donnant un geste de caresse à la main droite.

It is the model from the atelier, even more docile and more flexible. ‘There is no way to make a mistake, Charcot affirms, she would have to know anatomy as well as we do.’ Sinister, the human automaton, standing in the circle of our chairs, docile to any commands, which bring
to her face the expression that corresponds to the gesture imposed on her! […] We can even do this…” and the professor lifts his fist to strike, while stroking her right hand. 36 The making of the hysteric body into an automaton revealed to the medical community Charcot’s visual symptomology of hysteria, and also thus spurred the imagination of its viewers. In an effort to render scientific the methods of hypnosis, Charcot’s hypnotic subjects nonetheless became objects of fantasies and literary studies. As a kind of wax doll, the hysteric patient epitomized male fantasy for Charcot’s circle. At once a corpse brought to life, that could submit herself to Charcot’s anatomico-clinical methods of investigations, and an object of desire for the literary and the scientific spheres, the hysteric became the embodiment of Charcot’s medico-artistic project.

Medical Scenes and Literary Salons

In “Le siècle de Charcot,” Octave Mirbeau captures the enticing appeal of Charcot’s hysteric for the imaginative reader:

L’impression est singulière tout d’abord. Cette figure qui est devant vous est bien une figure humaine et, de plus, vivante; et on le croit à peine. En la voyant de profil s’agiter, remuer docilement un membre sur l’injonction de Charcot, on croirait plutôt voir un automate. Cette figure prend des aspects d’ombre chinoise coloriée; elle a des gestes hésitants, comme mal graissés. 37

The impression is at first quite distinct. The figure that is before us is human, and also alive; yet we can barely believe her. Seeing her move from the side, obediently move one part of her body as directed by Charcot, one believes he sees an automaton. This figure takes on the aspects of a Chinese shadow that is colored; her gestures are hesitant, as if poorly oiled.

As if posing in Charcot’s museum of pathological symptoms, the hysteric becomes a creature whose physique resembles an immobile wax doll and whose every gesture is under Charcot’s command. For Mirbeau, like for Daudet, the animated body of the hysteric cannot escape the rhetoric of imaginative dexterity. Even when seemingly alive, the hysteric’s gestures remain encaged within artistic discourse: “[c]ette figure prend des aspects d’ombre chinoise coloriée.” She appears neither fully human, nor completely man made, but rather as an “ombre,” forever trapped in the scientific canvas Charcot designs for her.

Of the figure of the hysteric, Marquer further notes that “la cataleptique—‘poupée de cire vivante’ et ‘jouet de rêve: une femme sans conscience, un pur corps’—devient alors l’incarnation enfin totalement aboutie d’une vénus anatomique, effigie érotisée et inquiétante du mannequin de laboratoire [the cataleptic---‘a living wax doll’ and ‘a dream-like toy: a woman without a conscience, a pure body’---becomes the finalized incarnation of the anatomical venus, the eroticized effigy and the worrisome model from the laboratory].” 38 Just as the symptoms of hysteria can be seen as echoes of symptoms associated with other illnesses, so too, the re/presentation of the hysteric becomes an echo and a shadow of the image she is meant to reflect, albeit eroticized by her will to submit her body to total domination. This erotic aura of the hysteric accounts for the ways in which, according to Marquer, “[l’] hystérie demeure associée à une Clinique d’amour, et d’un amour volontiers sadique, nourrissant le dessein d’une transparence, totale quoique paradoxe, par surimposition de calques [hysteria remains associated with a love clinic, and with a love that often is sadistic, nourishing the drawing with a transparence, complete yet paradoxical, with a superimposition of layers].” 39 It is difficult to ignore in this analysis of the hysteric, captured in her sadistic “Clinique d’amour,” Marquer’s

38 Marquer, p. 149.
39 Ibid., p. 142
indirect reference to yet another Venus, Sacher-Masoch’s *Venus in Furs*. Just as Charcot’s *desseins* seem to be the *destin* of the hysteric, Marquer’s echoing of *Venus in Furs*, reminds the reader of the immediacy with which Charcot’s neurological diagnosis of hysteria perhaps also divulges the irremediable return to the imaginary world of narrative fiction.

And one finds yet another literary destiny for Charcot’s hysteric. As the incarnation of a “venus anatomique,” she is reminiscent of Edison’s Hadaly in Villiers de l’Isle-Adam’s *L’Éve future* (1886), whose soul is a mosaic and the paraphernalia of others’ voices and others’ thoughts, and whose body too, comes to life as Edison carefully assembles all of the distinct pieces that make up “la chair andréidienne.” Lord Ewald’s first encounter with the “andreid” underscores the acts of collecting and re-piecing objects that lie at the core of Edison’s creation and resembles the Charcotian hysteric described by Mirbeau. In *L’Éve future*, “c’était le bras humain posé sur un coussin de soie violâtre […] c’était le bras et la main gauche d’une jeune femme. Autour du poignet délicat s’enroulait une vipère d’or émaillé: à l’annuaire de la pâle main étincelait une bague de saphir […] les chairs étaient d’un ton demeuré si vivant, le derme si pur et si satiné que l’aspect en était aussi cruel que fantastique.”

Thus with Charcot, the hysteric no longer was the embodiment of an unknown demonic force, but did become an object of fascination and aesthetic indulgence. Charcot’s Tuesday lectures were public, and seduced the *crème de la crème* of Paris. In the 1870s and 1880s, intellectuals, writers, artists, politicians, and scientists alike were as eager to rush to Charcot’s amphitheatre and see the spectacular attacks of the hysterics as they were, beginning in 1889, to watch the French *can-cans* at the *Moulin Rouge*. Coincidentally and perhaps not surprisingly, Jane Avril, one of the *Belle Époque* dancing stars of the *Moulin Rouge* had been a hysteric

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patient herself at the Salpêtrière. Jane Avril may have stepped onto Charcot’s stage before she shone at the Moulin; many distinguished figures from the artistic and literary spheres were also amongst those present at Charcot’s lectures. Sarah Bernhardt attended the Friday lectures, the Daudets, both father and son, and Edmond de Gourmont were close friends of the Charcots. Moreover, acclaimed female patients at the Salpêtrière, such as Blanche Wittman or Augustine, were treated like stars, and often compared to actresses. With their dramatic overtones, Charcot’s commands to the hysterics often resembled stage directing more than they suggested scientific demonstrations.

Although Charcot claimed that “l’hystérie n’est pas un roman,” one cannot ignore how medical practitioners compulsively reverted to works of fiction, to the aesthetics of performance theatre, and to the visual arts in order to both convey and to validate the symptoms of hysteria. One cannot ignore either the accuracy with which, novelists portrayed the Salpêtriére’s hysterics. It is thus impossible to investigate the Charcotian model of hysteria without also remembering the “Charcot poétique” and the poesis with which hysteria is depicted in fictional narratives. The medico-artistic discourse from which hysteria re-emerges in Charcot’s Salpêtrière intimates the poetics of its pathology. Artistic media too, soon assumed a creative turn. Illustrations of hysterical attacks began to serve as iconic models. Patients could see those symptoms Charcot wanted them to mimic during medical performances. Charcot’s interest in the neurological origins of hysteria surprisingly propelled the illness toward creative definitions and interpretations. The diagnosis of

41 I am grateful to Maria DiBattista for first introducing me to the story of Jane Avril and for pointing out to me sources that discussed the relationship between her art of dancing and her neurological condition. For further reading on Jane Avril, see Toby Gelfand and Michel Bonduelle, “Hysteria Behind the Scenes: Jane Avril at the Salpêtrière,” Journal of the History of the Neurosciences 8.1 (1999): 35-42. Reference cited in Hustvedt’s Medical Muses, p. 95, endnote 71.

42 Hustvedt points out: “We know that Sarah Bernhardt came to Charcot’s demonstrations and, while preparing for her role in Adrienne Lecouvreur, a lay by Eugène Scribe, one of France’s most popular dramatists, she did more than simply attend a lecture. In an interview she gave to La Chronique Médicale, she discussed how she spent time locked inside of one of the Salpêtrière’s cells in order to prepare for the role,” Hustvedt’s Medical Muses, p. 93.
hysteria as a neurological condition, whose symptoms were physical, rather than psychological, led Charcot and his circle to rely on artistic media to attest to such physiological symptoms. But in confounding the boundaries between scientific examinations and creative enterprises, Charcot’s Salpêtrière often cast hysteria as an artistic phenomenon, even as it maintained an interest in the illness as a neurological condition.

The death of Claude Bernard, whose work Charcot greatly admired, in 1878 marked Charcot’s debut into the literary sphere. At Bernard’s funeral, Charcot meets Edmond de Goncourt and Alphonse Daudet: “[I]e grand Charcot est devenu le maître de l’hystérie et de l’hypnose—et curieusement on veut le voir, l’entendre parler de ces folles de la Salpêtrière, et on l’invite dans les salons et à des diners [The great Charcot has become the master of hysteria and of hypnosis—and interestingly, everyone wants to see him, to hear him speak about those insane women at the Salpêtrière, and he is invited to the salons and to social dinners].” 43 The Tuesday salons Madame Charcot hosted in their apartment at the hôtel de Chimay, like the public lectures, opened up another venue for medical discourses to converge with literary inquiries. The medical Leçons du Mardi at the Salpêtrière found at the home of the Charcots, a place of continued conversations in an informal social environment:

Réunion d’hommes chez un grand ‘médecin des dames,’ le salon du Maître réalise en quelque sorte l’idéal de la conversation de fumoir, et l’espace médico-mondain mis en place doit être certainement une partie de son pouvoir attractif à l’espoir d’y trouver une parole libérée par la caution scientifique du cadre. Objet de curiosité autant qu’intermédiaire vers le monde pathologique, sûrement plus observé qu’interrogé directement, Charcot devait apparaître pour la plupart de ses convives comme un initiateur aux secrets de la femme, le spectacle de l’amphithéâtre trouvant au salon sa prolongation informelle.

43 Jean Thuillier, Monsieur Charcot de la Salpêtrière (Paris: Laffont, 1993), pp. 141-142. (translation mine). My reading of Thuillier’s biography of Charcot has been invaluable to this chapter.
As a male gathering at a well known ‘doctor of the ladies,’ the salon of the Master seemed to achieve the ideal of the smoking room conversation merged with a medical-social sphere which perhaps owed its power of seduction to the hope one had to hear a secret revealed due to the scientific agenda of the space as it was established. An object of curiosity as well as an intermediary space towards the world of pathology, Charcot was observed rather than directly interrogated, and must have appeared to most of his guests as the instigator into the secrets of the woman, as the spectacle of the amphitheatre found in the salon a casual extension. At the salons, Marquer remarks, Charcot remained as he was in the amphitheatre. The social space of this weekly gathering increased Charcot’s popularity among those whose interest in hysteria did not strictly belong to the scientific sphere. Equally important was how the salons exposed the medical community to literary inquiries into the diagnosis of hysteria. Literary figures regularly present at the rendezvous included Zola, Maupassant, Edmond de Goncourt, Edouard Pailleron, the son-in-law of François Buloz who founded the literary-scientific journal the Revue des Deux Mondes, and Alphonse Daudet, who was both a friend and a patient of Charcot. Mirbeau, Taine, and even characters such as the préfet de police Lépine or the grand-duc de Russie were also amongst the Charcots’ guests.

Jean Thuillier, one of the most important of biographers of Charcot, relates a conversation that took place on the occasion of one of the Charcots’ weekly gatherings. One evening, Charcot and Goncourt discussed a passage from Zola’s L’Assommoir. Their conversation illustrates how medicine and literary queries were growing indistinguishable:

Goncourt qui, jaloux de Zola, lui reproche dans son Journal de s’être inspiré de son roman La Fille Elisa, pour certains passages de L’Assommoir, propose à Charcot de vérifier si la crise de delirium tremens de Coupeau, dans L’Assommoir, ne comportait pas d’erreurs. Après lui

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44 Ibid., p. 84. (translation mine). M. Dottin-Orsini elaborates upon the notion of female secrets revealed through the character of the doctor in Cette femme qu’ils disent fatale. Textes et images de la misogynie fin-de-siècle, (Paris: Grasset, 1993).
45 Here, I am indebted to Marquer, pp. 82-83 for his detailed accounts on Charcot’s salons and guests and I translate this information almost word for word from Marquer’s.
avoir résumé le livre il lui donne à lire le dernier chapitre. La scène du cabanon matelassé où l’on enferme Coupeau fait sourire Charcot. Il a reconnu la description du pavillon des alcooliques du docteur Valentin Magnan à Saint-Anne, dont le traité, L’Alcoolisme, les diverses formes du délire alcoolique et leur traitement, a largement été utilisé pour la narration du delirium de Coupeau. Charcot reconnaît que Zola se documente aux meilleures sources, et les plus récentes, car le livre de Magnan publié chez Delahaye date de deux ans au plus, avant la sortie du feuilleton de Zola. Charcot confirme donc à Goncourt que la ‘scène est bien décrite,’ un peu longue à son goût, avec beaucoup trop de bêtes féroces dans les hallucinations, mais ‘dans l’ensemble,’ c’est tout à fait ça.

Goncourt, envious of Zola, blames him in his Journal, of having been inspired by Goncourt’s novel La Fille Elisa, for some passages in L’Assommoir. Goncourt thus suggests to Charcot to verify if the attack of delirium tremens of Coupeau in L’Assommoir, does not contain any mistakes. After having summarized the book to Charcot, he gives him the last chapter to read. The scene of the quilted shed where Coupeau is sequestered makes Charcot smile. He recognized here the description of the pavillon of the alcoholics at the hospital of Saint-Anne, of the Docteur Valentin Magnan, whose treatise, L’Alcoolisme, les diverses formes du délire alcoolique et leur traitement, much inspired Zola for the narrative of Coupeau’s delirium. Charcot admits that Zola’s research is from the best and most recent sources, for Magnan’s book, published by Delahaye, dates from only two years before the publication of Zola’s serial. Charcot confirms to Goncourt that “the scene is well described,” slightly too long for his taste, and with way too many ferocious beasts appearing in his hallucinations, but ‘all and all,’ this is exactly it. 46

The intellectual exchange between Goncourt and Charcot, in which Goncourt hopes to invalidate this particular passage from Zola’s L’Assommoir, strangely casts the cabanon scene as a medical case for which Charcot’s expertise is required. To Goncourt’s disappointment, Charcot confirms that the “scène est bien décrite.” “Bien décrite,” as the passage from Goncourt’s Journal suggests, does not refer to Zola’s style, but rather to the exactness with which Zola describes Coupeau’s “delirium,” thus establishing that the scene in question “ne comporte pas d’erreurs.”

46 Thuillier, p. 146; my translation.
The mistakes would have been attributed to Zola’s possible lack of medical accuracy, in the transposition into fiction of the scientific “delirium” detailed by Charcot’s colleague, Magnan.

Goncourt had wished Charcot’s medical expertise to undermine the quality of the scene Zola describes in his novel. But in response to his attempt to subject Zola’s narrative to the microscope of the sciences, Goncourt receives an assessment by Charcot that could have very well been the answer of a literary critic: “un peu longue à son goût, avec beaucoup trop de bêtes féroces dans les hallucinations, mais dans l’ensemble, c’est tout à fait ça.” Whether Charcot’s statement looks at the inclusion of such beasts as an oddity to the accuracy with which Zola paints the scene of the delirium or whether Charcot expresses here his literary taste as a reader of Zola’s depiction is ambiguous. Still, as Goncourt opens the door for Charcot to exercise his power as a reader of fiction, Charcot seems to fulfill the roles of both medical examiner and literary reviewer. Even more striking is the role Goncourt assigns to Charcot in this reading of Zola’s L’Assommoir. In requesting that Charcot read an excerpt from Zola’s novel, Goncourt exposes the novelist’s concern with scientific accuracy. Just as Zola and Goncourt diligently researched medical sources to inform novelistic descriptions of pathologies in the most accurate fashion, Charcot embraced the reading of fictional narratives of pathologies.47

47 Jacqueline Carroy also notes that in Lourdes (1894), Zola presents Bernadette Soubirous as a hysteric, which scandalized the Church. Moreover, “les symptôms de paralysie de l’héroïne de fiction du roman, Marie de Guersaint, suivants fidèlement les informations que Gilles de la Tourette, un disciple de Charcot, a fournies à l’écrivain. Cependant, contrairement aux descriptions orthodoxes de l’école de la Salpêtrière, la guérison de Marie est explicitement présentée par Zola en termes sexuels et génitaux: lorsqu’elle est ‘miraculée’ à Lourdes, Marie redevient femme en ayant enfin ses règles,” p. 55 in Histoire de la psychologie en France. Carroy also notes Zola’s own interest in medico-psychological investigations. He accepts in 1895 to be the subject of a study on the relationship between madness and genius conducted by the psychiatrist Étienne Toulouse, Ibid., pp 75-76.
Hysteria Between Ateliers and Laboratoires

While Charcot’s neurological approach to hysteria fueled the literary imagination, with the result that fictional accounts of the hysteric became embedded in the scientific discourses of hysteria, photography encouraged the Salpêtrière to produce a visual narrative of pathological symptoms. With the development of photography, the medico-artistic model for hysteria found a way to merge scientific proof and art. Visual testimonies of bodily symptoms materialized into photographic prints, and with each print, the Iconographie of the Salpêtrière assembled a narrative of the hysteric’s pathography. The so-called organic origins of the hysterical symptoms seemed accessible to the naked eye, even as a chain of photographic reproductions. But the use of photography at the Salpêtrière was not immune to aesthetic seductions, which made each photograph a scientific document as much as the product of an artistic project. Charcot commissioned Regnard and Bournevillé to compile photographs of hysterics’ bodily attacks; the staging of many of the most impressive attacks of the hysterics remains suspicious. Equally dubious were the actual photographs representing the attacks.

The spatial organization of the hospital of the Salpêtrière, which Charles Richet describes in his article “Les démoniaques d’aujourd’hui,” published in the Revue des deux mondes in 1880, perhaps best epitomizes what Marquer perceives as a “contamination” between the arts and the sciences. It also demonstrates how the use of photography came to serve both the artistic and the scientific ambitions of the Salpêtrière. Of the prominent role photography played in observing and cataloguing the diagnosis of hysteria, Richet writes:

Ce savant médecin [Charcot], désireux d’appliquer à l’observation des affections nerveuses les méthodes exactes qui sont employées en physiologie, a fait établir à côté des salles réservées aux maladies un laboratoire où peuvent êtres faites des études précises sur les phénomènes les plus délicats de la pathologie du système nerveux. A ce laboratoire est annexé
un atelier de photographie. On a pu reproduire ainsi avec une exactitude indiscutable les principales phases des attaques d’hystérie, d’épilepsie et de somnambulisme.

This knowledgeable doctor [Charcot], wanting to apply to the observation of nervous affectations, the exact methods, employed in physiology, established next to the rooms reserved for illnesses a laboratory where specific studies can be done on the most difficult phenomena of the pathology of the nervous system. Next to this laboratory, one finds an atelier of photography. Hence we could reproduce with indisputable exactness the main phases that constitute the attacks of hysteria, epilepsy, and somnambulism. 48

In this fascinating article, Richet’s central argument aims to show how nineteenth century medical progress in the study of hysteria proved that women who were labeled “witches” in medieval times were in fact hysterics. Richet begins by mapping out the spaces of the Salpêtrière, noting that adjacent to the “laboratoire” in which Charcot studies pathologies of the nervous system, is located an “atelier de photographie.” The “atelier” is a space that allows for the reproduction in print of the various phases that constitute hysteric attacks. In French, the word “laboratoire” can both refer to the location where one conducts scientific experiments, as well as to a place in which one can develop photographic prints. Interestingly, Richet chooses the term “laboratoire” to define the “salles réservées aux maladies” yet gives preference to the word “atelier” when referring to Charcot’s laboratory of photography. Richet’s choice to distinguish Charcot’s scientific laboratory from his artfully crafted “atelier” of photography at once highlights an effort to distinguish the dual nature of the study of hysteria and stresses the impossibility of discussing hysteria without taking into consideration the aesthetic inclinations of Charcot’s diagnostic language.

Henri Meige locates the dual nature of the hysterical diagnosis in the character of Charcot himself:

Comme son oeuvre de science, l’oeuvre iconographique de Charcot ne doit-elle pas être mise en lumière? Assurément oui, car ce n’est pas une des moindres raisons de sa fortune scientifique que d’avoir su mettre au service de ses études médicales le tempérament d’artiste dont il était naturellement doué.

Just as for his scientific work, should not Charcot’s iconographic work, also be brought to light? Assuredly, yes, because it is not one of the lesser reasons for his scientific success that Charcot knew how to use the artistic temperament with which he was naturally gifted to serve his medical studies.  

Richet’s mapping out of the laboratoire and the atelier at the Salpêtrière embody Meige’s description of Charcot’s temperament. The adjacent positioning of scientific and photographic laboratories exemplifies how the iconography is a medical project with artistic ambitions. The photographs are neither solely instructive, nor completely faithful to the pretenses of realism:

“Ce sont ces photographies, si instructives pour l’histoire des maladies nerveuses, qui forment la belle publication de MM. Bourneville et Regnard, intitulée *Iconographie photographique de la Salpêtrière*. Those are the photographs, so instructive for the history of nervous illnesses, which form the beautiful publication by MM. Bourneville and Regnard, entitled *Iconographie photographique de la Salpêtrière*.”

Richet’s footnote is unsettling. Indeed, with its insertion, Richet seems to diminish the scientific role of photography at the Salpêtrière; the instrument of photography is relegated to a device for beautifying the compilation of visual testimonies of the hysterical attacks.

The result can be seen in Bourneville’s and Regnard’s “belle publication,” in which the aesthetic quality of the picture appears to overshadow the medical relevance of the photograph.

50 Ibid., p. 342.
Richet, it appears, nearly reduces the usage of photography to a scientific method of knowledge that is merely “instructive.” The true appeal of the *Iconographie*, Richet suggests, lies in the “beauty” such instructive photographs can convey to the viewer. While at the Salpêtrière Charcot’s *laboratoire* and *atelier* exist côté à côté as two distinct, yet interconnected spaces of knowledge, Richet divulges his own attempt as a man of science to privilege the “l’atelier” over the “laboratoire.” The “atelier” precisely points to the materialization of medico-artistic studies at the Salpêtrière, thus underscoring how the compilation of photographic prints hysterical attacks is as much the result of scientific inquiry as it is the crafted selection of prints that compose the “belle” publication of Bourneville’s and Regnard’s *Iconographie*.

It was Guillaume Benjamin Amand Duchenne de Boulogne who first saw in photography the potential to further scientific investigations. For Duchenne de Boulogne, photography was an unprecedented opportunity to record the reality of physiological observations, but his ambitions did not include beautifying medical photography. Duchenne de Boulogne, like Charcot, was a French neurologist who later became a pioneer of photographic experiments in medicine. In the mid 1850s, when Charcot was his student, he expressed to Charcot how only photography could “rendre exactement le relief qui permet de diagnostiquer la maladie [render exactly the relief that allowed to diagnose the illness].” 51 Duchenne de Boulogne believed that photography could capture the truth of pathological symptoms. Following his recommendations, Charcot began the publications of the *Revue photographique des hôpitaux* in 1869, which soon became the *Revue médico-photographique des hôpitaux* in 1873, published by Bourneville and Montmeja.

Bourneville was a student of Charcot taking pictures of the hysterics during their attacks, but

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51 Here, I am greatly indebted to Jean Thuillier’s *Monsieur Charcot de la Salpêtrière*, (1993), pp. 109-118 for his excellent biography of Charcot, which relates in much detail Charcot’s works of neurology, his early works on hysteria, and the beginning of the usage of photography at the *Salpêtrière* discussed in this section; my translation.
when Charcot realized the importance of the photographic work for the Salpêtrière, he decided that Regnard, an intern at the time who was knowledgeable in both medicine and photography, should be the one photographing the patients.

The photographic “laboratory” at the Salpêtrière thus was created and instigated the publication of the famous *Iconographie photographique de la Salpêtrière*. In 1875, Charcot also commissioned Albert Londe, a medical researcher and chronophotographer (a precursor to the technique of cinematography) as medical photographer of the Salpêtrière. Londe continued the publication of the *Iconographie photographique de la Salpêtrière* along with Paul Richer and Gilles de la Tourette in France and abroad, both of which greatly increased Charcot’s notoriety. Charcot’s shared belief with Duchenne de Boulogne that the origin of pathology could be revealed through minute observations further rendered the diagnosis of hysteria inseparable from the art of photography. But as the visual narrative that illustrated the nosological aspirations of the Salpêtrière, the *Iconographie photographique de la Salpêtrière* also produced photographs that inspired more fictions than truths.
If Duchenne de Boulogne claimed that only photography could “rendre exactement le relief qui permet de diagnostiquer la maladie,” one discovers that at the Salpêtrière, photography does


\textsuperscript{52} Unnumbered pages. Scanned from a reprint (Nabu Public Domain).
not always equate to visual testimony or proof of existing bodily symptoms. Often, the photograph was a conduit to a kind of ekphrastic caveat that dictated the hysteric’s pose to model her image. The anecdote related by Arthur Gamgee, Professor of Physiology at Owens College in Manchester, reveals the dual nature of the photographic print at the Salpêtrière:

One of his [Charcot’s] patients was suspected of stealing some photographs from the hospital, but she indignantly denied the charge. One morning Richer, after having made some experiments upon other subjects, found the suspected thief with her hand in the drawer containing the photographs, having already concealed some of them in her pocket. Richer approached her. She did not move; she was fixed—she was transformed into a statue, so to speak. The blows of the gong made in the adjoining ward had rendered her cataleptic at the very moment when, away from the observation of all, she committed the theft. At first, this anecdote may make the reader smile. But while the patient’s theft of the photograph seems rather comical, the motivations behind it could not be more serious. The photograph possesses for the hysteric patient the medical image she was supposed to become for the medical community. Gilman further explains that the photographs stolen by this particularly obedient and talented patient were those taken by Albert Londe himself. Ironically, Londe praised the scientific relevance of the photographs published in the *Iconographie Photographique de la Salpêtrière*: “Ces documents impartiaux et rapidement recueillis donnent aux observations médicales une valeur considérable en ce sens qu’ils mettent sous les yeux de tous l’image fidèle du sujet étudiée [These impartial and promptly collected documents give medical observations a considerable value in the sense that they display in front of everyone’s eyes the faithful image of the subject under study].” The anecdote related above thus raises the question: what exactly is faithful in the image of the study of hysteria? In stealing the photograph, the hysteric aspires to

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become the image of hysteria Londe has preserved in print. This act reveals how the hysteric at the Salpêtrière is not a passive object of study; just like Londe or Richer, she too, observes the photographic narrative of hysterical symptoms and partakes in the making of the iconographical subject of hysteria. And like Londe and Richer, the hysteric patient scripts once more, the desseins that determine her destiny, in the visual narrative of her symptoms.

Perceptions and Diagnosis

Elaborating upon Gamgee’s story for the British Medical Journal, Gilman relates that it was Richer, “the creator of the archetypal image […] who captures the ‘cataleptic’ woman, a figure so mired in her internalization of his idea of the hysteric that she literally freezes as an incidental occurrence to the ‘experiment’ taking place just beyond her ken.” 55 Following Gilman’s observations, it becomes striking how photographic documents were both impartial, as Londe suggests, and pedagogical artifacts instructing the patient to strike her best hysterical pose. They provided evidence to images of the symptomology of hysteria, and at the same time, stirred the hysterics to imitate bodily poses deemed worthy of capturing in photographs. As such, the photographic image of the hysteric corroborates the existence of hysterical symptoms, as much as it produces the return of those same symptoms, even if artificially mimicked by the hysterics. The patient whose symptoms were mainly photographed was Augustine. In fact, the photographs of Augustine make up for most of the Iconographie published between 1878 and 1879 and display her in ecstatic and passionate poses. As Hustvedt remarks in her exemplary biographical account of Augustine, “[l]ike Duchenne’s actress playing Lady Macbeth, Augustine acted out a drama--her passionate poses--while she was photographed.” In some

55 Gilman, p. 350.
photographs, Hustvedt observes, “[...] Augustine would have had to have held her position for several seconds in order for Regnard to achieve such clear prints.” 56 Those photographs, representing Augustine’s range of “passionate attitudes,” (“Mockery,” “Menace,” “Delirium” are amongst the captions Bourneville and Regnard provided for each photograph) were taken in the Salpêtrière’s atelier. To imagine Augustine’s posing in the atelier is also to renounce Londe’s claim that the photographic documents, in their aspirations to remain “faithful to the image,” had been “rapidement recueillis.” The atelier bridges the gap between the physiological reality of the symptoms of hysteria and the artificial symptoms, either induced by the scientist or intentionally created by the hysteric herself. It is in the atelier indeed, that the Salpêtrière’s laboratoire scripts the narrative of Charcot’s nosological diagnosis.

56 Husvedt, p. 178-179. Hustvedt brilliantly merges her biographical account of Augustine to the use of photography and its artistic ramifications at the Salpêtrière. Her book is by far the most impressive account to date of three of the most interesting cases at the Salpêtrière. Her research in medical history and into the cases of Blanche, Augustine, and Geneviève has been of invaluable help in guiding my research.

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57 Scanned from same reprinted version of the *Iconographie*. Unnumbered page.
If the photographic laboratory of the Salpêtrière claims to produce a realist narrative of hysterical symptoms, it also breeds the repetition of those same symptoms. Gilles de la Tourette, a student of Charcot at the time and a neurologist himself, reveals a similar anecdote to the one Gamgee discusses. In *L'hypnotisme et les états analogues au point de vue médico-légal*, Gilles de la Tourette’s story divulges how Londe encouraged patients to study the model for the hysteric captured in photography:

Nous endormons W… [Blanche Wittman] ‘Quand tu seras réveillée, tu iras prendre dans ce tiroir une photographie: je te la donne; cependant, prends garde qu’on te voie, car elle n’est pas à moi. Maintenant, écoute bien: tu ne te souviendras pas que c’est moi qui t’ai donné cet ordre, et, de plus, si l’on t’endort à nouveau, tu ne te rappelleras même pas que je t’ai endormie.’ Nous réveillons W… Elle prend toutes ses précautions et ouvre, sans qu’on paraisse s’en apercevoir, le tiroir où sont des photographies qu’elle convoite depuis longtemps. A ce moment, notre ami L…, [Albert Londe] directeur du laboratoire de chimie et de photographie à la Salpêtrière, la saisit par le bras: ‘Ah! Je t’y prends; c’est toi qui me dérobes mes photographies.

We put W…[Blanche Wittman] to sleep ‘When you will wake up, you will take a photograph in this drawer: I give it to you; however, be careful no one sees you, because it does not belong to me. Now, listen carefully: you will not remember that I am the one who gave you this command, and also, if we put you to sleep again, you will not even remember that I put you to sleep.’ We wake up W…She takes all precautions and opens, without anyone noticing, the drawer in which the photographs she had been coveting for a long time were placed. At this moment, our friend L…, [Albert Londe] directeur of the chemical and photographic laboratories at the Salpêtrière, seizes her by the arm: ‘Ah! I caught you; you are the one to steal my photographs. 

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58 Gilles de la Tourette, *L'hypnotisme et les états analogues au point de vue médico-légal* (Paris: Plon, 1887), pp. 155-156; my translation. Gilles de la Tourette dedicates this book to Charcot and to M.P. Brouardel. Brouardel was professor of legal medicine and a doctor at the hospital. Both were Gilles de la Tourette’s mentor and was an intern at the Salpêtrière in 1884 and at La Pitié in 1885. Today, we mostly remember Gilles de la Tourette for the discovery of a neurological disorder consisting of nervous tics named after him, Tourette syndrome. However, Gilles de la Tourette’s works also portray his great interest in hysterical patients, and especially in hypnosis. He looked at the legal implications crimes committed under hypnosis. Gilles de la Tourette was amongst those who believed Charcot had revived hypnosis in the sciences. In his dedication to Charcot, he writes: “C’est M. Charcot qui, le premier, a fait entrer l’Hypnotisme dans la voie véritablement scientifique […]” [It is Mr. Charcot, who first allowed hypnotism to enter into a truly scientific path]. For further reading on Gilles de la Tourette’s work on hypnosis and its legal implications, see Julien Bogousslavsky’s “Hystéria after Charcot: back to the Future,” *Following Charcot: A Forgotten History of Neurology and Psychiatry* Edited by J. Bogousslavsky J (Basel: Karger,
When Blanche wakes up, she continues to follow Gilles de la Tourette’s directions à la lettre. Even more revealing than her suggestibility, or the power Gilles de la Tourette holds over her, is Londe’s participation in setting up her crime. Her crime is of particular importance because it involves photographs, which Gilles de la Tourette notes, Blanche greatly desired to possess. Whether Blanche is deceiving her audience into believing she has no recollection of her actions under hypnosis is unclear at this stage. What remains clear is how Londe willingly participates in a scenario, which, at best, problematizes his scientific framing of photography. Accepting to invite the hypnotized Blanche into stealing a photograph, he also divulges to the audience the desirability of the photographic print for both doctors and patients.

Painting and drawing played a similar role at the Salpêtrière. In “The Image of the Hysteric,” Gilman discusses the ways in which the hysterical patient learned from visual representations how to “appear” as a hysterical. Gilman specifically discusses two paintings, André Brouillet 1887 painting of Charcot presenting his star patient, Blanche Wittman, and Tony Robert-Fleury’s Pinel Freeing the Insane of 1876.

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59 Hysterics were believed to be the only neurological patients to fully respond to hypnotic states. Suggestibility to hypnosis was thus a defining criterion in the diagnosis of hysteria. Moreover, because of the very dramatic staging of hypnotically induced hysterics and the rather creative scenarios they were asked to participate in, many started to doubt the scientific validity of hypnosis and the authenticity of Charcot’s demonstrations. Many also doubted the hysterics’ authenticity, speculating that they simply responded to predetermined directions so as to impress Charcot’s audience and to gain Charcot’s favors at the Salpêtrière.
As Gilman explains, Brouillet’s painting shows all of Charcot’s staff as male, with the exception of one nurse, and of course Blanche, the somnambulistic female patient. He elaborates:

Only these two women are placed in such a manner so as to see the rear of the hall; all the male figures have their backs (or sides) to the rear. And on the rear wall is an enlarged drawing by Charcot’s colleague Paul Richer of the *arc-en-cercle* stage of the “grand” hysteria [...] In Brouillet’s engraving, Richer literally sits at Charcot’s right hand, sketching the patient who is replicating his own drawing. Only the women see (and “know,” that is, act upon) the image of the hysteric. Their image of the hysteric, both as patient and as health-care practitioner is consciously formed by the visual image of the hysteric as created by a male physician.  

Brouillet’s painting has come to canonize the image of Charcot’s acclaimed lectures at the Salpêtrière. But perhaps more importantly, as Gilman notes, another work of art is contained within the painting: a sketch from Richer. In Brouillet’s painting, Richer’s sketch depicting the *arc-en-cercle* stage of the *grande hystérie* comes to mirror and to define the pose for the hysteric.

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60 Sander L. Gilman, “The Image of the Hysteric,” pp. 345-346 in *Hysteria Beyond Freud* (1993), pp. 345-452. The *arc-en-cercle* stage, as Gilman notes, is described by Charcot in a 1877 lecture as such: “The patient suddenly falls to the ground, with a shrill cry; loss of consciousness is complete. The titanic rigidity of all her members, which generally inaugurates the scene, is carried to a high degree; the body is forcibly bent backwards, the abdomen is prominent, greatly distended, and very resisting.” See J.-M. Charcot, *Lectures on the Disease of the Nervous System delivered at La Salpêtrière* (1877), translation by George Sigerson, p. 271.
to assume in the painting. Brouillet’s insertion of Richer’s drawing foreshadows how his own work of art would become a visual icon for the illness of hysteria. By including Richer’s sketch, Brouillet also demonstrates within his painting the pivotal role the arts played into the diagnosis of hysteria. The sketch in this painting fulfills a similar role to that of the stolen photograph. Depicting Blanche in a position analogous to that of the female patient in Richer’s sketch, Brouillet shows the drawing to be a witness to the hysterical attack and the artistic replica she sought to become. By reverting back to Blanche as the image of the hysterical, Richer’s sketch inspires, and even directs Blanche’s body to match the hysteric’s body on display. Just as Blanche is the subject of study in Richer’s sketch, the sketch is the object of study for Blanche.

In *The Order of Things*, Foucault’s reading of Velázquez’s “Las Meninas” illuminates how Velázquez challenges the notion of representation and authorship by offering the self-inclusion in a painting as the subject of the painting. Unlike Richer’s sketch in Brouillet’s painting, the self-image depicted on the canvas of Velázquez’s painting remains concealed. The canvas in the painting is indeed placed in such a way that does not allow the viewer to see directly the image represented within the painting. Moreover, the mirror hung on the wall in which the viewer sees the reflection of the King and the Queen stands directly in front of the viewer, thus implying that on the canvas in Velázquez’s painting could be represented the King and the Queen, as well as perhaps the viewer standing outside of the painting. The shift in perspective in Velázquez’s painting symbolizes for Foucault a shift in representation from the Classical period. Here, the author of the painting, as well as its viewer, both become subjects of representation. In Brouillet’s painting the artist *per se* Brouillet himself, remains absent from the content of the painting. Yet, Brouillet’s insertion of Richer’s sketch in the upper right side of

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the canvas, that is, facing the female patient and the nurse, but hidden from the gaze of Charcot’s male staff, seems to serve a purpose similar to the hidden canvas in Velázquez’s painting. Richer’s sketch is not an invisible artwork, but perhaps is a hyper-visible one. The sketch is *all too present* in the eye of the beholder, as well as in the eyes of the two female characters. In fact, so visible is Richer’s sketch that it comes to act as a mirror for Charcot’s hysteric patient and for her bodily pose in the dramatic *arc-en-cercle*. Unlike the actual mirror shown in Velázquez’s painting, Richer’s sketch does not reflect an image. Rather, the sketch constructs an image. One that is reflected by and embodied in the person of the hysteric. Like Velazquez’s painting, Brouillet’s intimates to the viewer a change in the order of representation; perhaps Brouillet suggests that in Charcot’s Salpêtrière, the image of hysteria *precedes* hysteria as an illness.

**Nosological Tableaux of the Grande Attaque Hystérique**

Brouillet’s painting further calls attention to Charcot’s famous patient Blanche, and with the depiction of the hysterical *arc-en-cercle*, Brouillet also chooses to depict the *grande attaque hystérique*. Staging specific patients, Charcot often demonstrated in his amphitheatre symptoms of the *grande attaque hystérique*. Through the diagnosis of *la grande attaque hystérique*, Charcot hoped to consolidate the image of the hysteric. However, except during those scheduled demonstrations in Charcot’s amphitheatre, the symptoms of the *grande attaque hystérique*, which materialized themselves into spectacular bodily convulsions, were very seldom seen in Charcot’s patients. And quite mysteriously, those same symptoms were never to be seen again outside of Charcot’s Salpêtrière. Because the symptoms that typified hysteria appeared as a synthesis of a variety of illnesses, Charcot saw in *la grande attaque hystérique*, the opportunity to provide a clear definition of hysteria that would emphasize the neurological origins of the
illness. Through very detailed depictions of the dramatic bodily convulsions that constituted each stage of such attacks, Charcot could delineate a coherent diagnosis for the illness.\(^6^2\)

As Nicole Edelman notes, the symptoms of the hysterics were numerous and often belonged to the gynecological field. Examples of such symptoms were irregular menstruation, ovarian pain, as well as changes in one’s ability to sense (“hémianesthésie” and “hyperesthésie”). Other symptoms, however, also included migraines, speech blockages (“mutismehystérique”), interference in one’s ability to see, coughs, yawns, trembling, paralysis, or digestive problems.\(^6^3\) Charcot wished to dissociate the diagnosis of hysteria from symptoms that were known as typically female and which, in his eyes, undermined the neurological diagnosis he wanted to outline. Gynecological symptoms indeed echoed those described by Hippocrates in his medical writings, which associated hysteria with a “wandering womb.” Moreover, the multiplicity of other symptoms diffused and thus invalidated the diagnosis of hysteria as a particular neurological condition by likening its symptoms to those found in typhoid, or syphilis, among other illnesses that were widespread in France during the nineteenth-century.\(^6^4\) With Richer, Charcot defined the *grande attaque hystérique* so as to mettre de l’ordre (to use Edelman’s term) in the diagnosis of hysteria.

In *Charcot: Constructing Neurology*, Christopher G. Goetz, Michel Bonduelle, and Toby Gelfand look at the origins and specific stages of the *grande attaque*: “Charcot and Richer

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\(^6^2\) In *Charcot: un grand médecin dans son siècle* (Paris: Michalon, 1995), Michel Bonduelle points out that Paul Richer’s work entitled *Etude descriptive de la grande attaque hystérique ou attaque hystéro-épileptique et de ses principales variétés* from 1879 and published by Delahaye and Lecrosnier in 1881 becomes the work of reference on the topic of hysteria and leads Charcot and Richer to delineate the four phases that they believed defined such a crisis, pp. 173-174.


\(^6^4\) Ibid.
introduced the concept of the four-stage attack, thus defining a canonical general type of *grande hystérie* in terms of regularly recurring phases.”  

65 The phases include:

1. Epileptoid (tonic seizures often preceded by an aura)
2. Contortions and acrobatic postures [*grands mouvements*] or ‘clownism’ (*la double entendre*) coined by Charcot in reference to spectacular postures, such as the arching of the body in a semi-circle (arc-en-circle) leaving only the head and the feet touching the ground, which recalled circus clowns as well as clonic seizures).
3. Emotional gestures and verbalization [*attitudes passionnées*] (another term popularized by Charcot with explicit theatrical imagery).
4. Final delirium.

66 Goetz, Bonduelle, and Gelfand note that the *grande hystérie* was “rarely present in its complete or ideal form.” Still, Charcot’s and Richer’s definition of the four stages “provided a unifying model for understanding the imperfect but more common partial versions (*formes frustes*) of the ailment seen in patients.” 67 Richer’s *Études cliniques sur l’hystéro-épilepsie ou grande hystérie*, considered one of the most relevant studies on the *grande hystérie* at the time of its publication, is accompanied by drawings and engravings that depict the bodily contortions typifying the four stages of the attack. Through the art works selected, Richer had hoped, like Charcot, to offer the reader visual proofs of the physiological observations conducted at the Salpêtrière in order to classify hysteria as an illness whose organic origins were visible.

But as one discovers in Richer’s *Études cliniques sur l’hystéro-épilepsie ou grande hystérie*, the physiological symptoms often remain related to the ovarian system, and thus

66 Ibid., pp. 196-197.
67 Ibid., p. 197. Charcot writes Richer in a “preface-letter”: “You have shown in your studies of the hysterical attack that nothing occurs at random but, on the contrary, all follows certain well-determined rules which are common to cases seen in both hospital and private practice. These apply to all countries and all races; even the variations in these rules do not lessen their universality, since these variations, no matter how numerous they appear to be, can always be logically related to the fundamental type,” Charcot’s preface in Richer’s *Études Cliniques sur la Grandehystérie ou Hystéro-épilepsie* (Paris: Delahaye et Lerosnier, 1881), p. viii. Cited in *Charcot: Constructing Neurology*, p. 197. In *Approaching Hysteria: Disease and its Interpretations*, Mark S. Micale
aligned with the ancient Greek definition of hysteria as a female malady. Still, by framing those symptoms within the specific neurological diagnosis of the *grande hystérie*, Richer, like Charcot, attempts to dissociate any ovarian pains from the mysterious and undefined implications of the wandering womb by looking at what he calls “hypersthésie ovarienne” or “ovarie” from a neurological perspective. One may say that Charcot demystifies the relation between hysteria and the female reproductive organs by assigning them specific roles in the neurological diagnosis of the illness. In fact, both Richer and Charcot diagnose the “ovarie” as a “local” symptom of hysteria. Localizing the “ovarie,” as well as the defined zones that comprise “l’hypersthésie ovarienne,” further gives the medical practitioner a precise physiological point of investigation on the body, which strangely seems to act as barometer with which to measure and to assuage the intensity of the attacks of *grande hystérie*.

Of “hypersthésie ovarienne,” Charcot exclaims to the public:

Cette douleur, je vous la ferai pour ainsi dire toucher du doigt, dans un instant; je vous en ferai reconnaître tous les caractères, en vous présentant cinq malades qui forment la presque totalité des hystériques existant actuellement parmi les 160 malades qui composent la division consacrée dans cet hospice aux femmes atteintes de maladies convulsives, incurables, et réputées exemptes d’aliénation mentale.

This pain, I will have you touch it with your finger, so to speak, in a moment; I will show you all its characters, presenting to you five patients who form the quasi totality of the hysterics who exist amongst the 160 patients composing the division devoted in this hospital to the women suffering from convulsive illnesses, incurable, and reputed to be exempt from mental aliénation.” 68

Charcot’s use of the term *toucher du doigt* underscores how he intends for his audience to experience in the most direct fashion the illness of hysteria. “Toucher” also allows Charcot to emphasize the organicity that connotes the illness of hysteria. Moreover, while hysteria is

characterized as an “accès” to bodily convulsions, often accompanied by a foaming of the mouth, laughter, or screams and cries, Charcot’s medical diagnosis becomes itself a kind of “accès”: just as the patient enters a state of hysteria, so Charcot too, can penetrate the body of the hysteric in order to locate, touch, and even feel the pain of the hysterics:

Il me reste, Messieurs, à établir ce point particulier où reside la douleur iliaque des hystériques correspond au siège même de l’ovaire, et j’aurai par là rendu très vraisemblable, sinon démontré d’une façon absolue, que le corps ovalaire, douloureux, d’où partent les irradiations de l’aurahystérique spontanée ou provoquée, est bien l’ovaire lui-même.

There only remains, Gentlemen, to establish this particular point where in resides the pain iliac of the hysterics and which, corresponds to the seat of the ovary itself, and I would have here rendered plausible, if not demonstrated in an absolute way that the ovarian body, painful, from which depart the irradiations of the hysterical aura, spontaneous or provoked, is indeed the ovary itself. 69

It is interesting to note that Charcot describes hysteria as a momentary “accès” that is both preceded and followed by a variety of bodily symptoms. To determine the “ovaire” as the cause of the hysteric “accès,” and to show the ovary as the palpable core from which the elusive and undefined “aura” of hysteria may emanate, makes the body of the hysteric the primary source of her ailments. Charcot’s display of bodily proof for hysteria gives him the opportunity to exhibit a physiological origin for the illness, and one, which lies within the body of the hysteric.

Charcot further describes the search to locate the origin of the hysteric aura in very graphic terms: “[l]e médecin, alors, ayant un genou sur terre, plongé le poing fermé dans celle des fosses iliaques que l’observation antérieure lui aura démontré être le siège habituel de la douleur ovarienne [t]he doctor, then, with one knee on the ground, diving with a close fist into the iliac pits that prior observations have demonstrated to be the usual seat of the ovarian

69 Ibid., p. 47; my italics, my translation.
The extremely invasive searches into the hysteric’s body establish the path to proving the symptoms of the illness and their divergent manifestations. Observing a case of “ovarie” in his patient Juliette Dub…, Richer writes that she “possède, sans compter l’hyperesthénie ovarienne, trois zones hyperesthésiques capables, par leur excitation, de donner naissance aux attaques [possesses without taking into consideration the ovarian hypersthenia, three hypersthenic zones, capable, when stimulated of engendering attacks].” 71 Some of the zones Richer discusses are detected on parts of the body that suggest simply erogenous, rather than “hystérogenous” zones: “Ernestine Pil…possède une zone hystéro-gène sur la partie antérieure de la poitrine et du côté gauche seulement. Elle est située sur le sein, à deux centimètres environ audessus de mamelon [Ernestine Pil…has one hysterogeneous zone located on the anterior part of her chest and only on the left side. It is situated on the breast, approximately two centimeters above the nipple].” 72 The abdomen, like the patient’s breasts, becomes of particular relevance to Charcot’s diagnosis of the hysteric attack.

Pressing on the abdomen of the hysteric patient during a crisis of “hypersthésie ovarienne” could indeed help suppress the symptoms of the grande attaque:

Vous avez certainement saisi, Messieurs, les analogies qui existent entre cet arrêt des convulsions hystériques ou hystéro-épileptiques, déterminé par la compression de l’abdomen et l’arrêt qu’on obtient quelquefois des convulsions par la compression ou la ligature des membres d’où partent, en pareil cas, les phénomènes de l’aura […] You have certainly grasped, Gentlemen, the analogies that exist between ending the hysterical convulsions or the hystero-epileptic convulsions determined by the compression of the abdomen and the end of the convulsions we sometimes obtain through compression or through the ligatures of the bodily parts from which such auratic phenomena depart […] 73

70 Ibid., p. 51; my translation.
71 Richer, p. 37; my translation.
72 Ibid
In thus exhibiting the symptoms of the *grande hystérie* to his audience, Charcot’s nosology frames the body of the hysteric as an object of study, but also as one often charged with erotic overtones. Moreover, Charcot’s and Richer’s insistence on the so-called “zones hystéro-gène,” which, when stimulated can both engender and put an end to the crisis of “hypersthésie ovarienne” transforms yet again the hysteric patient into a *poupée automate*, whose body can respond to the doctor’s commands at any touch. Charcot’s lectures highlight the visual, but also the very tactile dimensions of the diagnosis of hysteria. Placed in the amphitheatre as an object made of flesh, whose body literally responds *à fleur de peau* to the sciences, the hysteric lends herself to the diagnosis that is projected onto her.

As if crafting the bodily image of the hysteric, medical specialists had only to touch specific zones of the patient’s body to provoke a specific pose, to arrest movement, or to intensify bodily contortions. Even more surprisingly, the Salpêtrière’s doctors sometimes wrote commands and medical information on the body of the hysteric. The practice of engraving the flesh of the hysteric was known as “dermagraphism.” Blanche, the patient Brouillet depicts in his painting *Une Leçon à la Salpêtrière*, frozen in the famous pose of the *arc-en-cercle* of the *grande hystérie* was the subject of such bodily inscriptions. As Asti Hustvedt notes in a section of her fascinating *Medical Muses* devoted to the use of dermagraphism at the Salpêtrière, “Blanche’s body was molded to respond appropriately in a variety of ways, including the bizarre medical art known as ‘dermagraphism.’ Indeed, Charcot’s plans for Blanche were literally spelled out on her body in an early experiment. Dermagraphism involved the literal inscription of words and images on the patient’s skin.” 74

74 Asti Hustvedt, *Medical Muses: Hysteria in Nineteenth-Century Paris*, (New York: W.W. Norton&Company, 2011), pp. 55-58. Hustvedt’s book is the only one I found that retraces in great detail the biography of Charcot’s famous patient Blanche Wittman and her stay at the *Salpêtrière*. Many of the precious and rare primary sources
Neurology into the Imagination and Towards a Psychology of Hysteria

While Charcot’s demonstrations of hysteric symptoms emphasize the body over the mind of the hysteric, the organicity that connotes the hysteric diagnosis, even within the context of the *grande attaque hystérique*, is strewn with psychological suggestions. One such example of possible psychological inquiries appears quite strikingly in Richer’s discussion of the third phase of the *grande attaque hystérique*, known as “attitudes passionnelles.” Richer describes this third phase:

Le caractère de cette période se trouve parfaitement défini par le nom que lui a donné M. Charcot, période des *attitudes passionnelles* ou des *poses plastiques*. Et en effet, ce n’est pas ici un simple délire de mémoire ou d’imagination; la malade est en proie à des hallucinations qui la ravissent et la transportent dans un monde imaginaire. Là, elle assiste à des scènes où elle joue souvent le principal rôle; l’expression de sa physionomie et ses attitudes reproduisent les sentiments qui l’animent; elle agit comme si son rêve était une réalité […] Pendant cette période des hallucinations, elle est complètement insensible à toute excitation extérieure. La piqûre, la titillation de la conjonctivite, l’application d’un bandeau sur les yeux, la respiration de l’ammoniaque, un bruit violent aux oreilles, etc., rien ne peut troubler le cours de son délire.

The character of this moment finds a perfect definition in the name Charcot assigned to it, that is, the period of *passionate attitudes* or of *plastic poses*. Indeed, this is not here a simple delirium of memory or of the imagination; the patient is seized by hallucinations, which delight her and transport her into an imaginary world. There she attends scenes in which she often plays the main role; the expression of her face and her attitudes reproduce the feelings that animate her; she acts as if her dream were a reality […] During this period of hallucinations, she is completely insensitive to any outside stimulations. The injection, the titillation of the conjunctivite, the application of a blindfold on the eyes, the breathing of

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gathered by Hustvedt come from the *Charcot Library* at the Salpêtrière, Paris, which sadly seems to have closed permanently in July 2011.
ammonia, a violent noise to the ears, etc., nothing can disturb the course of her hallucinatory delirium.  

The *plastic poses*, many of which, as we have previously seen, were recorded in Londe’s *atelier*, epitomize Charcot’s molding of the hysteric into a physiological tableau of symptoms. Still, Richer’s discussion of the *grande attaque hystérique* reveals, how during those attacks, the patient was also suggestible to imaginary flights of her own. While the body of the hysteric remains insensitive to external stimuli, her mind is not. In fact, it is during those attacks, that the hysteric is most inclined to reveal the workings of her imaginations. Just as Charcot’s artificially provoked symptoms of hysteria fueled fantasies in the literary circles, the mind of the hysteric was also most susceptible to fantasy during her bodily attacks.

Pierre Janet noted the “imagination fabulatrice” of the hysteric: “[a] u lieu d’être terne et abstraite comme chez nous, la pensée est chez elles colorée et vivante, elle est image et presque toujours hallucination.” Londe’s patient confirms Janet’s statement. But if the hysteric’s diagnosis divulges her great mind as a *fabulatrice*, the work of Charcot at the Salpêtrière couches nosology within artistic flights that parallel, if not precede, the hysteric’s power to exhibit a *pensée colorée*. For it is from within the neurological approach to hysteria that Richer and Charcot locate the hysteric’s power of imagination. Charcot’s hysteric is capable of playing a role only during attacks that map out her physical symptoms. More importantly, through hypnosis, Charcot establishes just how suggestible to the imagination the hysteric can become. In Gilles de la Tourette’s example, Londe’s patient is instructed to steal a photograph; a photograph, which also contains the image she wishes to imitate, and thus the narrative of the

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76 Janet, p. 206, my italics.
symptoms she hopes to enact. And in hypnotic states, the hysteric further reproduces the \textit{poses plastiques} she has come to exemplify.

In \textit{Approaching Hysteria: Disease and its Interpretations}, Micale points specifically to the circular \textit{abyme} into which the diagnosis of hysteria captures its reader and its audience:

Symptoms were interpreted not simply as signs of some deeper, unknown dysfunction but as the ‘meaning’ of the disease itself. Equating essence and iconography, pathology and physiognomy, the disease entity hysteria was construed as the visible surface of the patient’s body and behavior, with its schematized postures, hysterical stigmata, and hysterogenic zones […] Doctors first created an appropriate visual idea of the hysteric; then hospitalized patients learned to fulfill this ideal, which further taught the medical profession how to ‘see’ the disease. Finally, widely publicized documents like the \textit{Iconographie photographique} made these images available culturally, which in turn influenced the formation of illness behaviors throughout society.\footnote{Mark S. Micale, \textit{Approaching Hysteria: Disease and its Interpretations} (1995), p. 97.}

Micale here draws attention to the visual emphasis placed on hysteria. The necessity to observe and to reproduce the hysteric symptoms, that is, the nosological nature of the diagnosis of hysteria exposes the physiological and epistemological landscape of hysteria. It is then no accident that the medical practitioner sees those same symptoms the hysteric learned to showcase. Micale intimates that under Charcot, the hysteric is an unparalleled effigy of medical progress as she repeats the convulsive “tricks” she is taught to parade. The truth of hysteria appears to vanish in an infinite spiral of creative commands and demands from doctors, while its artificial symptoms reiterate the very legitimacy of hysteria. The amphitheatre becomes a medico-artistic platform on which an echo of an echo of artificially constructed symptoms mirrors each other \textit{ad infinitum}.

The artificially staged representations of the hysterics inspired literary figures such as Daudet and Mirbeau; it also, however, created suspicion within medical circles, and stirred
mistrust among men of letters. Edmond de Goncourt described Charcot’s work as charlatanism. In his *Journal* (1880), Goncourt elaborates upon the atmosphere at the hotel Chimay and conveys both the fascination and the skepticism provoked by Charcot’s works.

They live in one of those beautiful and spacious apartments of the hotel de Chimay, where the high ceiling windows open up unto the bank of the Seine. It is an apartment enclosed within a verdant setting, onto which lay all sorts of art objects fabricated by women: tables where one can see a Salpêtrière in the background, enamel pendulums, figurines of parents and friends made of terracotta, painted in wax—an archaic bric-à-brac of modern fabrication […] In this milieu of an artificial past, I look at the odd face of Charcot and what I find is the physiognomy of both a visionary and a charlatan.  

In this passage, Goncourt’s description of the Charcots’ domestic interior foreshadows Freud’s own fascination with ancient figurines and statuettes, but also echoes the complex relationship between the artificial and the organic comprised by the hysteric body herself. In hypnotic states, the hysterics seemed to conjure demonic forces that seized the body and provoked convulsions. Hysterics could repeat--and often exaggerate--the symptoms Charcot observed during hysteric attacks. Like the hysteric’s body in a hypnotic state, those figurines at the Charcots’ are “modern fabrications.” Just as Charcot could “produce” hysteric bodies when he commanded attacks in the hysterics, the hysterics themselves fabricated their own “bric-à-brac” of figurines, which their “pensée colorée” could help envision. With the use of terms such as “passé factice” and “bric-à-brac...

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brac archaïque de fabrication modern,” Goncourt communicates the mood of the Charcots’ apartment at Chimay as one whose countless objects crafted by the hysterics make up for the obsolete, yet modern atmosphere of the home. Charcot’s séances on hypnosis make up for a sensational collection of female hysterics at the Salpêtrière, and in his home too, he collects figurines after figurine.

The objets d’art that populate the apartment become imaginative vehicles that at once attest to the legitimacy of hysteria and question its validity. The abundant display of such objects, Goncourt intimates, illuminates the materialization of an already existing illusion. Just as he stages the hysterics to showcase their attacks at the amphitheatre of the Salpêtrière, Charcot frames at home, the hysterics’ art works almost as doppelgängers of his patients; the existence of the hysteric can make itself visible in the guise of carefully crafted figurines and artistic tokens. Both a visionary and a charlatan, according to Goncourt, Charcot artfully fashions and cultivates the perception of his scientific world, even if around illusionary perceptions. Hystera can thus be said to lend itself to creative construction of imaginative landscapes that produce works of art, as well as materialize itself into the embodiment of the art it has inspired in media as diverse as literature, painting, drawing, and photography.

Still, the fertile exchange between scientific observations, novelistic portrayals of hysteria, and visual accounts of hysteria inflect the nosological reading of hysteria with complex re-shapings of the diagnostic process. In discussing hysteria, one is almost asked to see doubly, that is, not to understand hysteria as a dual illness, one, which can be read scientifically or fictionally, but rather to look at hysteria through both a nosological lens and through an aesthetic one. The double vision through which hysteria can be seen raises the question: Does hysteria emerge as such from the medico-artistic project that defines the scientific model at the end of the
nineteenth century or does such a scientific model result from the diagnosis of hysteria as an illness, which cannot but succumb to an aesthetic model? What is certain is that Charcot’s hysteric is neurologically examined, yet comes to life under the auspice of artistic imaginings. She mirrors an image originating with her but which remains incomplete without the final stroke brushed by the sciences.
CHAPTER TWO
Portraits of the Medical Case:
Emma’s Hysteria and Charcotian Landscapes

Portraits of the Hysteric

The hysteric patient was of particular fascination to both the literary and to the medical community and no fictional character is more emblematic of the medico-literary status of the hysteric than Emma Bovary. By the middle of the nineteenth century, the traffic between medical and literary ideas was so frequent that such journals as the Revue des deux mondes, founded in 1829 by François Buloz, very often published articles that related the two discourses. The writings devoted to the research of médico-artistiques studies published in the Revue in the nineteenth century and at the beginning of the twentieth century highlighted, but also evidenced, the new relationship between the sciences and literature. In particular, literary inquiries of psychology no longer were segregated from the scientific developments of psychological studies.

On January 15 1880, Charles Richet published “Les démoniaques d’aujourd’hui” in the Revue des deux mondes in which he offered not a neurological study, but a psychological interpretation of the hysteric character. Richet was a physiologist, a novelist, and a playwright. He also conducted his internship at the Salpêtrière under Charcot’s direction. During that period of time, Richet became interested in the neurological condition of hysteric patients. He also allegedly introduced Charcot to hypnotism. 79 When Richet is about to compare the diagnosis of hysteric females in the nineteenth century to their sixteenth and seventeenth centuries demonic

doubles in the first part of his essay “Les démoniaques d’aujourd’hui,” he cautions the reader that “[…] nous décrirons les symptômes psychologiques de l’hystérie [We will describe the psychological symptoms of hysteria].” In looking at the psychological symptoms of hysteria rather than at the neurological symptoms of the illness, Richet’s methodology and diagnosis depart radically from Charcot’s. Even more strikingly, Richet transposes the fictional character of Emma Bovary and the symptoms Flaubert describes in the novel, into the scientific and historical narrative of “Les démoniaques d’aujourd’hui.” Flaubert’s Emma becomes the central character of Richet’s psychological interpretation of hysteria. Through this medicalization of the fictional character of Emma, Richet signals the shift from the Charcotian nosological reading of hysteria to the psychological analysis of the hysteric personality.

As Jacqueline Carroy remarks, “[i]n 1880, Richet followed Charcot in viewing art as equivalent to a scientific document. But Richet went substantially further, suggesting (in relation
to Madame Bovary) that science could learn from art.” 81 Both medical and fictional genres progressively look at hysteria as an imaginative delirium, rather than as a bodily illness, whose roots are not organic but psychological. And indeed in Richet’s article, the scientific fascination with the hysteric finds its double in literary realism. This emerging allure of the hysteric diagnosis makes medical and literary discourses indistinguishable from each other. Nonetheless, one may wonder if Richet’s psychologization of hysteria does not paradoxically de-medicalize the diagnosis of the illness:

Le caractère des hystériques est fort étrange, comme chacun sait. On pourrait dire, en empruntant une expression à la peinture, qu’il est pittoresque, présentant des points de vue variés et toujours imprévus […] On voit combien l’hystérie diffère de la folie. Dans la folie, l’intelligence est profondément atteinte, tandis que l’hystérie est plutôt une forme de caractère qu’une maladie de l’intelligence. De là l’intérêt psychologique de cet état.

As everyone knows, the character of hysterics is rather strange. One could say, if one were to borrow an expression from painting, that the hysteric’s character is picturesque, thus presenting very varied and unpredictable points of view […] One sees how much hysteria differs from madness. In madness, intelligence is profoundly affected, whereas hysteria is rather a trait of personality than an illness of the intelligence. Hence the psychological interest of hysteria. 82

Richet’s depiction of hysteria highlights the displacing of the illness from the neurological sphere into the psychological arena, from where it will eventually enter the popular imagination of the illness. By describing hysteria as a trait de caractère, Richet can be said to dissociate hysteria both from the neurological and from the medical studies to which hysteria belongs at Charcot’s Salpêtrière. By the same token Richet distances hysteria from the negative sphere of

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81 Jacqueline Carroy, “Playing with Signatures: The Young Charles Richet” The Mind of Modernism, pp. 217-249; p. 225. In this article, Carroy discusses the various careers of Richet and his fictional writings, which he wrote under the pseudonym of Charles Epheyre. As Carroy notes, Richet’s career as both a man of sciences and a littérateur was not uncommon amongst scientists during the nineteenth century. Others include Henri Beaunis, Gabriel Tarde, Alfred Binet.

82 Ibid., pp. 343-345; my translation.
madness altogether, a stigma strongly associated with the illness until the mid nineteenth century, and even during Charcot’s time.\(^{83}\)

More importantly, the relocation of the diagnosis of hysteria into psychological investigations occurs in tandem with Richet’s reliance on an artistic lexicon to describe hysterical symptoms (or the hysterical personality). When Richet “emprunte une expression à la peinture” he also removes hysteria from the clinical and neurological discourses of Charcot’s diagnosis so as to couch the illness in the painterly discourse of the *pittoresque*. The aestheticization of the hysterical diagnosis that had previously characterized hysteria likened the illness to a personality disorder whose psychology overrides any neurological symptoms the hysteric may present at the Salpêtrière. The use of the word *pittoresque* is indeed indicative of the dramatic change in the conception of hysteria; from a bodily and organic phenomenon, for which the medical community searches a neurological origin, to a psychological ailment.

But one may further ask what Richet exactly means by *emprunter une expression à la peinture* in his effort to define the character of the hysterics as *pittoresque*. The pivotal role artistic media played at the Salpêtrière makes it difficult to ignore the painterly metaphor Richet decides to use when he portrays the hysteric’s personality, and one cannot overlook the semiotic and scientific implications of Richet’s use of the term *pittoresque*. At the Salpêtrière, paintings, drawings, photographs, have all contributed to compiling, witnessing, and classifying the hysteric and their symptoms. But if the hysteric’s medical history has left its imprint on paper, canvases, film, and lithographs, the visual testimony those media provided remained relevant to Charcot insofar as they showed in the most memorable fashion (and often in the most sensational

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\(^{83}\) As we have seen in Chapter One, Charcot’s work on proving hysteria to be a neurological disorder distanced the illness from madness. Still, even during Charcot’s time at the Salpêtrière, the hospital “held an annual event called the *Bal de Folles* (Madwomen’s Ball), covered in the press.” See Hustvedt, *Medical Muses: Hysteria in Nineteenth-Century Paris*, p. 15.
way) how the hysteric’s body acted out the symptoms of her illness. If we take Richet’s *pittoresque* in the most colloquial sense of the term, it is clear that he uses the word as a metaphor to evoke the colorful and imaginative mind of the hysterics. But to discount Richet’s own caveat to the reader that states he wishes to “borrow” an expression from the language of painting would mean to dismiss the historical relationship between the diagnosis of hysteria and imagination, and the paraphernalia of artistic endeavors the illness sparked during the nineteenth century. This is how (to recall Carroy’s point on Richet’s belief that art could bring knowledge to the sciences) Richet sees, not in painting, but in the language of painting, the words to depict the hysterics’ *caractère*. In a kind of imaginary *tour de force* Richet *emprunte une expression à la peinture* that painting (and other media) could never quite express themselves of the hysteric. But in the language of painting, Richet locates the image of a hysteric that was invisible to the eye until then: the portrait of her psychological distress.

To look closely at the meaning and implications of such a painterly *emprunt*, I would like to revisit the definition of the picturesque in John Ruskin’s and William Gilpin’s discussions of the term. In 1799, Gilpin originated the term to define landscapes that were worthy of being painted and pleasing to the eye. But the picturesque aesthetics also betrays a fascination for the decayed, motifs of ruins, and irregularities in the depiction of the objects to be observed. The picturesque thus illustrates a landscape whose aim is beauty, yet whose beauty resides in unpredictable and uneven elements. “The essence of picturesque character,” Ruskin writes, “has already been defined to be sublimity not inherent in the nature of the thing, but caused by

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84 In “*Ut Pictura Poesis*, the Picturesque, and John Ruskin,” John Dixon notes that “[t]he three crucial ingredients of picturesque aesthetic and practice that Ruskin seems most to have adopted—though much also of a more peripheral nature was borrowed—were its fascination with ruins, its organization of some fresh alliance of word and image in the wake of eighteenth century rejection of traditions of *ut pictura poesis*, and its use of mirrors.” John Dixon, “*Ut Pictura Poesis*, the Picturesque, and John Ruskin,” *MLN* Comparative Literature Vol. 93, No. 5 (Dec, 1978): 794-818.
something external to it; as the ruggedness of a cottage roof possesses something of a mountain aspect, not belonging to the cottage as such. And this sublimity may be either in mere external ruggedness, and other visible character, or it may lie deeper, in an expression of sorrow and old age, attributes which are both sublime; not a dominant expression, but one mingled with such familiar and common characters as prevent the object from becoming perfectly pathetic in its sorrow, or perfectly venerable in its age.” 85 Ruskin further differentiates between the “noble picturesque” and the “lower picturesque.” The ruins present in Ruskin’s “noble picturesque” result from those “external elements” in nature, which convey history, decay, and memory. Between and through the cracks, so to speak, the “noble picturesque” suggests “sympathy” for the depicted objects, while the “lower picturesque,” devoid of such visible symptoms of the passing of time and nature, is “heartless.” 86

Richet’s most direct appeal to the definition of the picturesque as it pertains to hysteria lies in the striking resemblances between the “unpredictable elements,” the colorful, and the unevenness that one sees both in the hysterical personality and in the picturesque landscapes Ruskin observes. Moreover (and perhaps with the help of a picturesque imagination of one’s own), the image of the ruins of the picturesque echoes the Freudian archeological work of the

86 Ruskin’s definition of the picturesque departs from such eighteenth century theorists as Uvedale Price’s Essay on the Picturesque, As Compared With The Sublime and The Beautiful (1794), for example, who clearly positions the picturesque between the beautiful and the sublime. Ruskin’s view of the picturesque, especially of the “lower picturesque” is ambivalent as he elaborates upon ways in which the picturesque is a form of “parasitical sublimity” as it lacks sympathy towards the depiction of the subjects and objects. Ruskin’s insistence on ruins and irregularities, such as the “external ruggedness” of a cottage caused by some external elements to the object as such further accounts for what Ruskin terms the “unconscious suffering” that lies in the picturesqueness. For a detailed discussion of Ruskin’s theory of the picturesque, see John Macarthur’s, “The Heartlessness of the Picturesque: Sympathy and Disgust in Ruskin’s Aesthetics,” Assemblage 32 (April 1997): pp. 126-141. For an excellent discussion of Ruskin’s aesthetic theories and further analysis of the meaning of the picturesque in Ruskin’s works, see George P. Landow’s The Aesthetic and Critical Theories of John Ruskin (Princeton, New Jersey: Princeton University Press, 1971).
mind that finds in the unconscious the repressed thoughts at the origin of the symptoms of hysteria. Yet even as one sees correlations between Richet’s pittoresque and the eighteenth century model for the picturesque, the subject of picturesque paintings, natural landscapes, sheds a new light on the implications of Richet’s use of the term. The pittoresque, because of its emphasis on representations of nature in painting and the glorification of landscapes, introduces a further paradox into Richet’s discussion of hysteria: on the one hand, Richet relocates hysteria into a psychological sphere through the medium of an aesthetic discourse, and specifically through the language of painting, and on the other, by using the term pittoresque, Richet reverts to the organic phenomenon of hysteria; and to one that belongs to neurology and to the nosological readings of Charcot’s diagnosis.

In empruntant une expression à la peinture to define the psychology of the hysterics, Richet himself, surprisingly carries fragments and ruins of the yet to be obsolete model of hysteria as an organic illness. The picturesque remains intimately intertwined with nature and organicity; picturesque landscapes, just like Charcot’s hysterics, persist as natural objects to be looked at and observed. The pittoresque, in Richet’s article, thus becomes almost an oxymoron. At once pointing towards the psychological diagnosis of hysteria, and at the same time, looking back at the hysteric as an organic bodily entity the medical community observes; Richet’s pittoresque hysteric stands in a double bind, riddled with diagnostic contradictions.

There is yet another tension in the meaning of the picturesque, which suggests one look again at Ruskin’s notions of “heartlessness” and of “sympathy” in the lower and in the noble picturesque. Indeed, another home for Richet’s hysteric in the picturesque landscape appears to emerge from the tension between the “heartlessness” and “sympathy.” In “The Photographic Picturesque,” James S. Ackerman looks specifically at the frame of the picturesque landscape:
While the basic rules of Gilpin’s composition are derived from seventeenth century landscape painting, they also reflect, perhaps unconsciously, the practice of theatre design, in which the proscenium constitutes the outer frame and is frequently, especially in the case of outdoor sets, reemphasized by flats or scrims [...] The procedures of both landscape painting and theatre design tended to distance the observer from the scene, establishing it as occupying a different and distant world. David Punter, in an essay on the Picturesque and the Sublime, has interpreted the aim of Picturesque framing as an attempt to establish defined limits to the experience of nature as a psychological and social defense against the uncontrollability and frightfulness of the Sublime. 87

It is this distancing in the picturesque landscape that Gilpin correlates to the aesthetics of the theatre, and which Ruskin perceives as “heartless” in the lower picturesque. But the theatrical frame delineating the picturesque landscape also resonates strongly with the theatre(s) that accompany the diagnosis of hysteria. We have seen in Chapter 1 how Charcot staged the hysteric at the Salpêtrière to parade their symptoms, making his Leçons on hysteria into spectacles for the audience. In “Les Démoniaques,” Richet also highlights the theatrical nature of the hysteric. The hysteric character is as pittoresque as it is theatrical. The hysteres “[…] ont l’amour du mensonge où plutôt de la tromperie […] possess a love for lies or rather for deceit.”88 The lies and deceits that color the hysteric’s narrative are also the artistic ploys that make up for their dramatic existence.

Richet continues, “[t]out devient sujet de drame. L’existence apparaît comme la scène d’un théâtre [[e]verything becomes a topic of drama. To exist appears like the stage of a theatre].” 89 If at first the definition of the picturesque appears to oppose itself to the theatricality that

88 Richet, p. 344.
89 Ibid., p. 343
characterizes the hysteric personality, the frame of the picturesque landscape is strewn with a similar artificiality to theatre design. This frame not only accounts for the dramatic effect of the picturesque landscape, but also mimics the aesthetics theatricality. At the Salpêtrière, Charcot too, sets up his own “Picturesque framing” when he stages the hysteric patients and their bodily symptoms. Charcot did so perhaps not as “a psychological defense that defines a limit against the uncontrollability of the Sublime,” but as a medico-artistic forum, which naturalized hysteria and perpetuated its nosological interest. Through the frame of the theatre, just as in Picturesque framing, Charcot’s audience could observe the hysteric as a natural object of study. The *pittoresque* in Richet’s article thus does not stand in direct opposition to the theatrical (or rather to the conception of hysteria as theatrical), but coexists with a similar taste for artificiality and drama. When hysteria first attracts medical attention, the artistic metaphors are those, which emphasize the bodily origins of the illness. Bearing and acting out the symptoms of an organic phenomenon, the body of the hysteric herself becomes an organic object of study and examinations; and one, which having a distinct character, like the natural landscape, lends herself to clinical observations. By using a painterly discourse, Richet (perhaps accidently) seems to revert to the dramatic character of hysteria.

The Picturesque Body

This revolutionary appeal to the arts of painting as a key to understanding the hysterical character, rather than the hysteric’s body, distinguishes Richet’s diagnosis from Charcot’s. Yet Charcot himself seems to pick up on Richet’s *pittoresque* and gives great emphasis to the role of the painterly in the study of hysteria. However, Charcot’s interest in painting is aligned with his nosological reading of the hysteric. His reading of painting shifts from the landscape, to the idea
of the depiction of the body itself. With Paul Richer, Charcot published in 1887 *Les Démoniaques dans L’Art*. Charcot and Richer studied the relationship between works of art, mainly religious engravings and paintings produced between the fifteenth and eighteenth centuries, and hysteria. Not unlike Richet in the second part of his essay “Les démoniaques d’aujourd’hui,” Charcot and Richer looked at the correlation between the hysterics’ bodily contortions and the physical poses in the portrayals of individuals presumed to be possessed.

Des miniatures, des plaques d’ivoire, des tapisseries, des bas-reliefs en bronze, des fresques, des tableaux, des gravures ont retracé des scènes d’exorcisme et figuré les attitudes et les contorsions des ‘possédés,’ dans lesquelles la science retrouve aujourd’hui les trait précis d’un état purement pathologique […] Si des œuvres d’artistes ont pu fournir à la science un appoint sérieux pour établir l’existence ancienne de la grande névrose, peut-être nos études techniques peuvent-elles, par un juste retour, être de quelque utilité en fournissant à la critique de nouveaux et solides éléments d’appréciation sur le génie et la méthode de certains maîtres.  

Miniatures, ivory plates, tapestries, bronze bas-reliefs, frescos, paintings, engravings, all have retraced scenes of exorcism, and have represented the attitudes, as well as the contortions of the ‘possessed’ ones, all in which the sciences find today the precise characteristics of a purely pathological state […] If the works of the artists have provided the sciences with a serious source to help establish the ancient existence of the great neurosis, perhaps our technical studies may be, with an appropriate reversion, somewhat useful by giving criticism new and valid elements of appreciation as it pertains to the genius and the methodology of some masters.

One of the functions of art for Charcot is to confirm the ancient history of the illness. The genre of the selection of works in Richer and Charcot’s study, however, remains very remote from Richet’s *pittoresque* landscapes, which denote the character of the hysterics.

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91 Translation mine.
In Charcot’s and Richer’s *Les Démoniaques dans L’Art*, published seven years after Richet’s “Les démoniaques d’aujourd’hui,” the relationship between the works selected and hysteria exists solely to demonstrate the similarities between the body of the hysterics and the body of the possessed. Although a description of the hysterical character that one discovers in the first part of Richet’s article is completely absent from *Les Démoniaques dans L’Art*, nonetheless, Charcot and Richer seem to put in images, seven years later, Richet’s own work on demonic individuals. Perhaps Charcot picks up on Richet’s pittoresque not as the language that defines the hysterical *caractère*, but as an inspiration to visually catalog the observations Richet had already made in the latter part of “Les démoniaques d’aujourd’hui.” In displaying and in comparing the contorted body as such, Charcot draws an analogy between the diagnosis of the hysterical’s body and the artistic representations of the possessed.

Charcot initially goes to religious paintings. In Charcot’s analysis of Déodat Delmont’s *Transfiguration*, a sixteenth century painting inspired by Raphaël’s *Transfiguration* of 1520, Charcot emphasizes Delmont’s interpretation of the possessed individual in the painting. According to Charcot, it would appear that Raphaël “se soit laissé aller à accumuler les invraisemblances et les contradictions / let improbabilities and contradictions accumulate.” 92 In Delmont’s *Transfiguration*, however:

[l]e possédé de Delmont est dans une agitation telle qu’il ne saurait se tenir debout. Il est soulevé de terre par un homme d’apparence athlétique et qui n’a pas trop de toute sa force pour le maintenir. Son membre supérieur droit s’élève comme pour frapper, le poing fermé, pendant que l’autre membre supérieur dont la main cherche à déchirer la draperie qui enveloppe le torse, est emprisonné dans l’étreinte vigoureuse de l’aide qui l’a saisi. Ses membres inférieurs, dont l’un est fléchi, s’agitent dans le vide. La tête penchée à gauche nous montre une physionomie agitée: les globes oculaires convulsés en bas sont en même temps en

92 Charcot, p. 30.
strabisme interne, et la bouche est à demi-ouverte dans un mouvement convulsif bien observe.

The possessed of Delmont is so agitated that he can barely stand. He is lifted from the ground by a man who even though appears to be athletic, does not have enough strength to hold him. His right arm rises, as if he is about to strike, with his fist tightly closed, while his other arm, whose hand attempts to tear apart the draping which envelops the man’s torso, is imprisoned by the strong hold from the aide who grasped him. His lower limbs, one leg is bent, are shaking into a void. His head bent to the left shows us an agitated face; his eyeballs are convulsed in the lower part, while at the same time being in a state of internal strabismus, and his mouth is half open is a convulsive movement one can clearly observe. 93

In Delmont’s depiction of the young possessed, Charcot recognizes immediately bodily symptoms of the *hystero-epileptic* crisis transposed—or transfigured—into a religious experience. The language he uses in analyzing Delmont’s painting belongs entirely to the medical lexicon of hysteria. The scientific observations such as that of the “physionomie agitée” or the “globes oculaires convulsés” bring Delmont’s possessed into Charcot’s medical laboratory.

93 Ibid, p.3; my translation.
Raphaël's *Transfiguration*.  

In *L’Hystérie*, Charcot gives the following description of the symptoms of the epileptic phase of the *hystérie-épilepsie*:

Tout à coup, cris, pâleur extrême, perte de connaissance, chute, distortion des traits de la physionomie; puis une rigidité tonique s’empare de tous les membres. Cette rigidité est, remarquez-le bien, rarement suivie de secousses cloniques, brèves, à courtes oscillations, et prédominant dans un côté du corps, comme dans l’épilepsie vraie. Cependant, la face peut être

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95.“Fragment de la *Transfiguration* de Déodat Delmont,” in Charcot’s and Richer’s *Les Démoniaques dans l’Art*, (1887), p. 32.
à un haut degree tuméfiée, violette; il s’écoule de la bouche une écume quelquefois sanguinolente, occasionnée par la morsure de la langue ou des lèvres. Enfin, il peut y avoir un relâchement general des muscles, du coma et une respiration strenueuse pendant un espace de temps plus ou moins prolongé.

All of a sudden, screams, extreme pallor, loss of consciousness, fall, distortion of the facial features; then a tonic rigidity takes over every limb. Let us observe that this rigidity is rarely followed by clonic shocks, briefs, and with short oscillations, and predominantly on one side of the body, just like a true epileptic episode. Nonetheless, the face can be intensely swollen, purple; bloody foam, provoked by the biting of the tongue, sometimes flows out of the mouth or from the lips. Finally, there can occur a relaxation of the muscles, from the coma and the strenuous breathing during a lapse of time more or less prolonged. 96

This catalog of hysterical symptoms is more complete than Delmont’s visual representation of the possessed. Symptoms such as difficult breathing are impossible to detect in the observation of the image of the young man in Delmont’s painting. Moreover, Charcot’s diagnosis of hystéro-épilepsie specifically centers on the changes of convulsive movements during a determined time.

One will recognize similarities between “la bouche en écume” of the hysteric patient and “la bouche […] à demi-ouverte dans un mouvement convulsive” of Delmont’s possessed character. But the possible “morsure” to come, just like the “rigidité tonique” that may last a few minutes, cannot be fully captured in the painting, which signifies a moment only and is frozen in time.

Interestingly, Charcot’s examinations still lead him to conclude that “[e]n somme, nous retrouvons dans cette figure évidemment prise sur nature, plusieurs signes qui appartiennent sans conteste aux convulsions de l’hystérie-épilepsie [[t]o sum up, we do find in this figure, evidently taken in a natural state, many signs which belong without any doubt to the convulsions of the

96 Charcot, L’Hystérie, ed. Trillat (Paris: L’Harmattan, 1998), p. 80. This section on hystéro-épilepsie selected by Trillat is an excerpt from the following edition: Charcot, Leçons sur ces maladies du systême nerveux, 13, “De l’hystérie-épilepsie” (1877), Tome I, pp. 300-385; my translation.
The “signes” belonging “sans conteste” to the neurological convulsions one finds in the hystero-epileptic patient are registered in a “physionomie agitée” that the young character of Delmont’s *Transfiguration* presents. Charcot’s reading of Delmont’s painting, through the nosological focus on the body of the possessed, relocates the painting into the medical sphere of the hysterical diagnosis, leaving very little space for the *critique d’art*, and even less for any speculations on the hysterical character of the possessed. Indeed, Charcot goes as far as to praise Delmont over Raphaël, precisely because of Delmont’s medical precision, or one should say, for his providing Charcot with a painting that readily yields itself to a medical reading:

Déodat Delmont avait passé plusieurs années à Rome avec Rubens, dont il était l’ami autant que l’élève. Il avait donc pu étudier le tableau de Raphaël, que le cardinal de Médicis avait détourné de sa destination première et dont il avait fait don à l’église San-Pietro in Montorio. N’est-il pas intéressant, sans vouloir établir de parallèle entre les deux artistes, de constater comment le peintre flamand, du moins en ce qui concerne la figure du jeune possédé, s’éloigna résolument du tableau du chef de l’école romaine, et, à la place d’un *personage de convention*, sut dessiner une figure prise sur le vif et toute palpitante de réalité.  

Déodat Delmont had spent several years in Rome with Rubens, whose friend he was as much as he was his student. He thus had the opportunity to study the painting of Raphaël which, the cardinal of Médicis had diverted from its primary destination and which, he had donated to the Church of San-Pietro in Montorio. Is it not interesting, without wanting to establish a parallel between the two artists, to note how the Flemish painter, at least when it comes to the figure of the young possessed, radically departed from the painting of the Roman school, and, instead of a *conventional character*, knew how to draw a figure in an instant and that palpitates with reality.  

97 Ibid., p. 33; my translation. *Italics mine.*  
98 Ibid., p. 33. *Italics mine.*
With these last words, Charcot commends Delmont’s ability to capture in painting, a hystero-epileptic patient. In Charcot’s eyes, “une prise sur le vif et toute palpitante de réalité” makes Delmont an artist capable of representing what the hystero-epileptic crisis should, and in fact does look like. It is important to note, however, that art criticism recognizes numerous representations of epileptic characters in the form of possessed characters in baroque paintings, especially in the works of Rubens and Raphaël. Where Charcot’s interpretation differs is that Charcot sees in Delmont’s character the same crisis of both epilepsy and hysteria as he observes in patients he diagnoses with hystero-epilepsy. In fact, while Charcot recognizes a patient could be suffering from both hysteria and epilepsy as two distinct neurological disorders, he nonetheless insists on his diagnosis of hystéro-épilepsie.

A s’en tenir aux termes mêmes de la dénomination mise en usage—hystéro-épilepsie—il paraît ne pouvoir exister aucune équivoque. Cela veut dire que chez les malades auxquelles ce nom est affecté, l’hystérie se montre combinée avec l’épilepsie, de manière à constituer une forme mixte, une sorte d’hybride compose mi-partie d’hystérie et d’épilepsie.

To maintain the very terms that pertain to the denomination we are using—hystero-epilepsy—it appears that it cannot be equivocal. This means that in the patients whom we label with such a term, hysteria is combined to epilepsy, so that it constitutes a mixed form, a kind of hybrid composed partly from hysteria and partly from epilepsy.

Charcot’s medical eye brings to painting an appreciation of the difference between the conventional depiction of an ecstatic religious experience and one that “palpitates with reality,” as reality is conceived in Charcot’s medical reading. His diagnosis of Delmont’s young possessed introduces new conceptions of the hysteric tableau. Part of Charcot’s admiration for

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99 For a detailed reading on epilepsy in Raphaël’s Transfiguration, See Bernt. A. Engelson’s “Epilepsy in Pictorial Art,” F. Clifford Rose, Neurology of the Arts: Music, Painting, Literature (Danvers, MA: Imperial College Press, 2004), pp. 141-152.

100 Charcot, (ed. Trillat), pp. 76-77; my translation, my italics.
Delmont’s painting arises from Charcot’s recognizing Delmont’s own interpretation and transfiguration of the *personage de convention*. Richet, not unlike Delmont, performs his own “transfiguration” of a conventional *personage*. If Flaubert had seen in his Emma the heroine of the realist novel, whose grand and delusional romantic *élán* exposed in the most cynical fashion the pitfalls of the romantic narrative, Richet sees yet another face for Emma’s portrait: the face of the nineteenth century heroine of hysteria. And just as the painterly tableau is a medical case for Charcot, the novelistic tableau is a medical case for Richet.

1. Contorsion. *Arc de cercle* (chez un homme)

2. Contorsion. *Arc de cercle*
3. “Période Epileptoïde de la Grande Attaque Hystérique.”

The Case(s) of Madame Bovary:  
Portraits of Emma and the Origins of her Pathology

Il existe au Musée de Rouen, deux jolies portraits du peintre Joseph Court que les tenants de la légende de Ry prétendent représenter l’infortune Delphine Delamare, née Couturier—donc naturellement Emma Bovary en personne. 

There exists, at the Museum of Rouen, two lovely portraits from the artist Joseph Court. Those who believe in the legend of the Ry claim those portrait to represent the unfortunate Delphine Delamare, born Couturier—and thus naturally, Emma Bovary herself.  

Like Richet, Maxime Du Camp, writer and photographer, contributed articles on madness in medieval times and contemporary psychological illnesses to the *Revue des deux mondes*. In “Les Aliénés à Paris: La possession autrefois. La folie aujourd’hui,” published eight years prior to Richet’s “Les démoniaques d’aujourd’hui,” Du Camp offers a historical account of the changing status of mentally ill patients until the nineteenth century.  

In “Les Hospices de Paris: Bicêtre et la Salpêtrière,” Du Camp looks at the evolution of medical institutions in Paris. Even though Du Camp explored different genres in his writings and showed a passionate interest for the medical field, in “Les Aliénés à Paris,” he is surprisingly critical of the role played by both literature and drama in redefining the contemporary understanding of madness: “Non seulement le théâtre et le roman nous ont donné des idées erronées sur la folie réelle mais ils ont accrédité dans la foule ignorante et crédule cette sottise de sequestrations arbitraries [Not only did the theatre and the novel give us erroneous ideas on true madness, but they have also accredited

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amidst the ignorant and naive masses the stupidity of arbitrary sequestrations].”

105 Here, Du Camp resists the intermingling of fictional and medical definitions of madness, which he believes, romanticizes madness to the point of influencing and provoking unethical medical practices. 106 But Du Camp’s own dubious speculations on the origins of Flaubert’s Madame Bovary seem to result from his own romanticization of both fiction and reality. For it is Du Camp indeed, who began spreading the rumor that the case of Delphine Delamare had inspired Flaubert’s portrayal of Emma Bovary.

The legend of the small village of Ry has led many to believe that the unfortunate fate of Delamare was the source of Flaubert’s novel. The fait divers of Delamare, published in 1848 in the Journal de Rouen, had scandalized France. Delamare, herself a native of Rouen, disappointed with the bourgeois life she was living with her husband, a doctor like Charles Bovary, committed suicide, swallowing cyanide potassium. Whether the Delamare affair, as Du Camp suggested, inspired Flaubert to write Madame Bovary remains unclear. Flaubert denied any correlation between the character of Emma and the unfortunate destiny of Delphine. Nonetheless, the ways in which her story has become a pathological case study for many critics who wished to establish a link between Delphine and Emma highlight the medicalized reading the tale instigates in the reader’s imagination. In his Souvenirs Littéraires, Du Camp explains that because Flaubert wished to write on a “sujet terre à terre,” Louis Bouilhet recommended he write on “l’histoire de Delauney,” whom we later learn is none other than the Eugène Delamare, Delphine’s husband. 107

105 Du Camp, p. 809; my translation.
106 For further reading on Maxime Du Camp and Nineteenth-century medicine, see Janet Beizer’s “Hystericizing History: The Commune according to Du Camp,” Ventriloquized Bodies, pp. 205-226.
As told by Du Camp, Delaunay/Delamare was an “officier de santé” who lived nearby Rouen. Du Camp relates that Delamare, “[m]arié en premières noces à une femme plus âgée que lui qu’il avait crue riche, il devint veuf et épousa une jeune fille sans fortune qui avait reçu quelque instruction dans un pensionnat de Rouen. C’était une petite femme sans beauté, dont les cheveux d’un jaune terne encadraient un visage piollé de taches de rousseur [f]irst married to an older woman whom he thought to be wealthy, he became a widow and then married a young woman without much money who had received some education in a Rouen boarding home. She was a woman without any particular beauty, whose hair color was a faded yellow and framed her freckled face].” 108 Delamare’s young wife, “sans beauté” could not have possibly inspired the character of Emma. Yet the ways in which biographical resemblances accumulate still have fueled Du Camp’s narrative:

Accablée de dettes, poursuivie par ses créanciers, battue par ses amants pour lesquels elle volait son mari, elle fut prise d’un accès de désespoir et s’empoisonna. Elle laissait derrière elle une petite fille que Delaunay résolu d’élever de son mieux, mais le pauvre homme, ruiné, épuisant ses resources sans parvenir à payer les dettes de sa femme, montré au doigt, dégoûté de la vie à son tour, fabriqua lui-même du cyanure de potassium et alla rejoindre celle dont la perte l’avait laissé inconsolable.

Overwhelmed by debts and pursued by her creditors, abused by her lovers for whom she would steal from her husband, complete despair seized her and she poisoned herself. She left behind a young daughter whom Delauney tried to raise the best he could, but the poor man, broke, exhausting his last resources without being able to pay back his wife’s debts, ridiculed by people, and now himself disgusted by life, made potassium cyanide et joined the one who left him inconsolable. 109

Whether Bouillet recommended that Flaubert write on the Delamares or not, and whether Flaubert’s Madame Bovary is the story of Delphine Delamare, that is, to assess the truth of Du

109 Ibid., pp. 435-436; my translation.
Camp’s own narrative about the origins of Flaubert’s novel cannot be determined with certainty. In fact, it is of very little significance to the reading of *Madame Bovary*. It is anecdotal. But Du Camp’s relating of the relevance of the story of Delamare to Flaubert’s work, along with the critics’ interest in establishing the genealogy of *Madame Bovary* and her origins are not anecdotal. Just as Richet’s Emma is a case study in “Les démoniaques,” Du Camp’s quest to find the “real” Emma is a case study for the reader of Flaubert. It is as if the character of Emma became herself a metaphor for the medico-artistic studies of the nineteenth-century; impossibly and endlessly entangled between fictions and truths, literary and scientific studies, cases and anecdotes, portraits and treatises.

In *La Genèse de Madame Bovary*, Claudine Gothot-Mersch offers an excellent study of specific anecdotes and sources believed to have contributed to the making of Flaubert’s novel. She is skeptical of Du Camp’s story, arguing that “[d]ans ce récit, Maxime Du Camp mêlait encore une fois le vrai à l’imaginaire [i]n this narrative, once again, Maxime Du Camp confused the real and the imaginary.”

About Du Camp’s somewhat fictional tale of the Delamares’, Gothot-Mersch rightly asks:

Le ‘pauvre homme’ que présentent les *Souvenirs littéraires*, ‘ruiné,’ ‘montré du doigt,’ dégoûté de la vie,’ ne serait-ce pas tout simplement Charles Bovary? […] Et pourquoi les *Souvenirs littéraires* affirment-ils que Delphine Delamare fut éduquée ‘dans un pensionnat de Rouen?’ Une de ses amies d’enfance a dit, au contraire, que la femme du médecin avait été élevée ‘dans le joli bourg de Cailly, chez Mlle Pauline Bisson.’ Là encore, c’est le roman qui a fourni à Maxime Du Camp les détails de la biographie.

Could not the ‘poor man’ depicted in the *Souvenirs littéraires*, ‘broke,’ ‘ridiculed,’ ‘disgusted by life,’ simply be Charles Bovary? […] and why does *Souvenirs littéraires* claim that Delphine Delamare was educated ‘in a boarding home in Rouen’? One of her childhood

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friends said that one the contrary, the doctor’s wife was brought up ‘in a lovely area of Cailly, at Ms. Pauline Bisson’s.’ Here again, it is the novel, which provided Du Camp with the details of the biographie.  

In spite of his criticism of the role theatre and fiction played in medical history, Du Camp seems to have weaved his own fictional web into revisiting the history of Flaubert’s novel. And Goths-Mersch’s reaction to Du Camp’s story isolates the central ambiguity of the novel’s relation to a historical subject: is Emma Bovary a reflection or the source? This ambiguity parallels the role of artistic media at the Salpêtrière. We may recall here Gamgee’s account of how “[o]ne of his [Charcot’s] patients was suspected of stealing some photographs from the hospital […] When Richer approached her, she did not move”: “a figure so mired in her internalization of his idea of the hysteric,” Gilman tells us, that she literally freezes as an incidental occurrence to the ‘experiment’ taking place just beyond her ken.” Just as Emma Bovary’s story gives Du Camp the necessary fictional elements to supplement the biography of the Delamares (even if to validate the “real” origins of Flaubert’s novel), the photographs, paintings, and drawings of the Salpêtrière both reflect and originate the portrayals of the hysteric.

While it is difficult to determine if Emma is a reflection or a source of Du Camp’s own ambiguous narrative, what is more certain is that in Flaubert’s Madame Bovary, Flaubert’s attempt to move away from the romantic narrative is facilitated by his integrating of contemporary medical discourses in his depiction of Emma. Indeed, the fictional Emma has encouraged scientific practitioners to perceive in her character the quintessential example of the hysteric; Like Du Camp, Richet reads Emma’s narrative as a case study. Richet’s reading of Emma illuminates the diagnosis of the illness in patients at the Salpêtrière to formulate his own

111 Ibid., pp. 27-28; my translation
diagnosis of l’hystérie légère; one, we have seen, which outlines the hysterical character. Thus
the story of Emma is not only that of her tragic fate as an adulteress, but also the narrative of
Emma’s descent into hysteria. Flaubert’s efforts to assimilate scientific discourses of hysteria
is so prevalent in his novel that in his review of Madame Bovary, Baudelaire insists that Flaubert
is using not adultery, but hysteria to “serve as the central subject, the true core.” Baudelaire,
not Charcot or Richet, was the first to diagnose Emma with hysteria. However, like Charles’
failure to find an antidote to Emma’s poisoning with arsenic in his medical dictionary, the
narrator in Madame Bovary does not succeed in determining (nor does he wish to) a diagnosis or
a cure for Emma’s condition. Flaubert’s narrator is less concerned with establishing whether
Emma is a hysteric or not, and thus with finalizing her diagnostic than he is with incorporating
all possible symptoms and causes for her behavior. In “Les démoniaques d’aujourd’hui,” Richet
makes Emma’s diagnosis final: she is a hysteric; even better, she is the queen of all the hysterics.

Of course the most famous and cited cause for her behavior is her uncritical reading of
romantic literature, which eventually results in the incurable “perversion” that poisons her

113 When this project first began, I was interested in Flaubert’s assimilation of medical discourses into Madame
Bovary. I am indebted to Jean-Michel Rabaté for pointing out to me the importance of the diagnosis of hysteria in
particular in Flaubert’s novel. Looking specifically at hysteria in Madame Bovary, and at the ways in which Emma
becomes a case study for the medical community have been central to developing my argument on the relationship
between Charcot’s neurological diagnosis of hysteria and how narrative fiction introduces (and in some cases
reintroduces) psychological inquiries of hysteria to the medical community.
Edited by Margaret Cohen. Translation by Eleanor Marx Aveling and Paul de Man (New York and London: W.W.
Norton&Company, 2005), p.339. All English translations of Madame Bovary from this edition. All French citations
115 See Micale, Approaching Hysteria Disease and its Interpretations (Princeton New Jersey: Princeton University
116 In Vital Signs, Lawrence Rothfield details the relationship between the doctors in Madame Bovary and the ways
in which Flaubert’s novel discusses hysteria. For Rothfield, Flaubert’s novel aims at showing a lack of scientific
knowledge that parallels the uncertain and tentative diagnosis of hysteria during the nineteenth century. Rothfield,
Vital Signs: Medical Realism and Nineteenth-Century Fiction (Princeton, New Jersey: Princeton Univeristy Press,
existence. Emma, unlike Flaubert’s narrator, but like those hysterics whose *pittoresque* minds fuel their imagination, views the world through the lens of romance:

Elle se répétait: “J’ai un amant! Un amant!” se délectant à cette idée comme à celle d’une autre puberté qui lui serait survenue. Elle allait donc posséder enfin ces joies de l’amour, cette fièvre du Bonheur dont elle avait désespéré. Elle entrait dans quelque chose de merveilleux où tout serait passion, extase, délire […] Alors elle se rappela les héroïnes des livres qu’elle avait lus, et la légion lyrique de ces femmes adultères se mit à chanter dans sa mémoire avec des voix de soeurs qui la charmaient. Elle devenait elle-même comme une partie véritable de ces imaginations et réalisait la longue rêverie de sa jeunesse, en se considérant dans ce type d’amoureuse qu’elle avait tant envié.

She repeated: “I have a lover! A lover!” delighting at the idea as if a second puberty had come to her. So at last she was to know those joys of love that fever of happiness of which she had despaired. She was entering upon a marvelous world where all would be passion, ecstasy, delirium […] Then she recalled the heroines of the books that she had read, and the lyric legion of these adulterous women began to sing in her memory with the voice of sisters that charmed her. She became herself, as it were an actual part of these lyrical imaginings; at long last, as she saw herself among those lovers she had so envied.\(^\text{117}\)

In this passage, Emma’s compulsive return to reading and particularly her obsession with the heroines of the romantic tradition with their “légion lyrique,” seduces her to the point of dictating her romantic choices. Emma plunges into a romantic *rêverie* from which she finds it harder and harder to emerge. In this dream state she identifies with those romantic heroines, who like Charcot’s paintings and Richer’s sketches, mirror back to her the image she wishes to reflect. More dangerously, her romantic *rêverie* is the only reality she can identify with. Emma no longer perceives reality, but rather enters into “quelque chose de merveilleux où tout serait passion, extase, délire.” If Krafft-Ebing can be said to return to fiction to pursue the diagnosis of perversions, Emma plunges into pathology; thus the dream-state becomes increasingly associated

\(^{117}\) Flaubert, p. 266 ; p. 131

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with perversion, and finally with pathology. Perhaps more importantly, Emma’s perversion locates itself in her vision; every sight takes the form of a hallucination. Flaubert’s “medical realism” paradoxically casts Emma as a heroine whose passion for fiction makes her susceptible to waking dreams.

This is a passion that Flaubert’s narrator also shares. For while the gaze of Flaubert’s narrator resembles that of Doctor Larivière, whose “regard, plus trenchant que ses bistouris, vous descendait droit dans l’âme et désarticulait tout mensonge à travers les allegations et les pudeurs [gaze, more piercing than his medical instruments, descended straight into the soul and disarticulated any lie through allegations and decency],” he is also perversely close to Emma’s way of seeing things. This is the complementary aspect of what Rothfield terms the “medicalized realism” of Flaubert. By which Rothfield means not only Flaubert’s assimilation medical motifs, but his “medicalized” way of seeing and depicting the characters’ world: “[…]

Madame Bovary marks the emergence of a mode of writing in which the real has become medical, in which the relation between author and text is modeled on medical precepts, with the author viewing characters and situations as a doctor views patients and cases.” Flaubert’s narrator finds it necessary to collect scientific information so as to illustrate his/her characters’ ills and struggles. Such scientific inventory of Flaubert’s characters makes the narrator, like Charcot, a medical practitioner in a universe of poetics. Flaubert’s style is the scalpel that probes and dissects the multiple dimensions of Emma’s unease in her stifling province.120

118 Flaubert, Madame Bovary, p. 465.
120 Much has been written on visuality in Madame Bovary. A memorable seminar taught by Maria DiBattista in 2005, “The Regime of Sight,” and criticism on visuality in Flaubert’s novel have greatly influenced the readings of Madame Bovary in this chapter. I am indebted to Maria DiBattista for her superb seminar on visuality and for her extremely helpful comments on readings of Madame Bovary. I am also indebted to Peter Brooks for pointing out specific passages in Flaubert’s novel that would enrich my readings in this chapter, as well as for his excellent advice on further research for this chapter and very helpful comments. The most important readings on visuality,
But Flaubert’s style is also a symptom of the narrator’s inability to maintain a complete clinical detachment. One recalls the opening paragraph of Flaubert’s novel, which begins with the personal pronoun “nous [we],” thus immediately conveying a sense of intimacy with the reader. Yet the accuracy and the precision with which the narrator depicts Charles’ hat reveal an uncanny power of vision, which unsettles the reader’s sense that the narrator is giving an impartial account of his characters.

Ovoïde et renflée de baleines, elle commençait par trios boudins circulaires; puis s’alternai
séparés par une bande rouge, des losanges de velours et de poils de lapin; venait en suite une façon de sac qui se terminait par un polygone cartonné, couvert d’une broderie en soutache compliquée, et d’où pendait, au bout d’un long cordon trop mince, un petit croisillon de fils d’or, en manière de gland. Elle était neuve; la visière brillait.

Ovoid and stiffened with whalebone, it began with three circular strips; then came in succession lozenges of velvet and rabbit fur separated by a red band; after that a sort of bag that ended in a cardboard polygon covered with complicated braiding, from which hung, at the end of a long thin cord, small twisted gold threads in the manner of a tassel. The cap was new; its peak shone. The narrative voice here strikes us as new as Charles’ cap. It is overly attentive to details and almost too impressed with the trivial objects it describes. In its very attentiveness to detail, no matter how minute, it seems to be overacting, almost distorting what it represents.


The heightening of perception subjects every object to a detailed scrutiny under the close watch of a meticulous eye that disrupts the peacefulness of the province of Yonville. As Robert Stam writes, “Madame Bovary is, above all, relentlessly visualist […] Flaubert shapes an artistic universe where things are seen and perceived and felt before they are known.” In so doing, Flaubert stages the clinical gaze of the narrator as a central character in the text. Moreover, Flaubert devises a narrator whose extreme sense of sight both echo and mirror the emerging medical eye, and at the same time, calls attention to the disrupting of the genealogy of doctors which populate Emma’s world: “his [Charles’] father, Monsieur Charles Denis Bartolomé Bovary, retired assistant-surgeon major, compromised about 1812 in certain conscription scandals, and forced at this time to leave the service […]” In the first few pages of the novel, Flaubert thus seems to associate the narrator’s clinical descriptions of objects with the methods of this new clinical style of minute perceptions.

This new clinical style is myopic. In a letter addressed to Louise Colet, Flaubert writes: “I can see things and I see them as the myopic do, down into the very pores, because our noses are thrust right up against them.” The heightened sense of sight that Flaubert establishes in the novel further seems to dismember each character and to fetishize parts of Emma’s body, as when Charles first encounters Emma at her father’s home:

Charles fut surpris par la blancheur de ses ongles. Ils étaient brillants, fins du bout, plus nettoyés que les ivories de Dieppe, et taillés en amande. Sa main pourtant n’était pas belle, point assez pale peut-être, et un peu sèche aux phalanges; elle était trop longue aussi, et sans molles inflexions de lignes sur les contours.

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125 p. 8
Charles was surprised at the whiteness of her nails. They were shiny, delicate at the tips, more polished than the ivory of Dieppe, and almond-shaped. Yet her hand was not beautiful, perhaps not white enough, and a little hard at the knuckles; besides, it was too long, with no soft inflections in the outlines. 127

The narrator, like Flaubert, exhibits a myopic vision that submits Emma’s hands to microscopic scrutiny. Charles no longer sees her body, but only her hands—her nails specifically. Here, nothing escapes the narrator’s gaze, not even the dryness of Emma’s “phalanges” and the lines that contour her hand. Vision, in Flaubert’s novel, is not only a feature of realism, but rather seems to have a life of its own.

The narrator’s myopic focus is further reflected but also perverted in Emma’s increasingly hysterical visions, which resemble waking dreams in which her own longings are magnified and come to replace the dullness and disappointment of her everyday life. 128 When Emma goes to see Donizetti’s opera “Lucia di Lammermoor” in Rouen, she simultaneously stages her own theatre. At the opera, Emma feels transported into yet another fiction, a story that includes the actor of the opera, Edgar Lagardy. The space of the theatre opens up for Emma the possibility for vision to become perverted into a hallucination:

Elle connaissait à présent la petitesse des passions que l’art exagérait. S’efforçant donc d’en détourner sa pensée, Emma voulait ne plus voir dans cette reproduction de ses douleurs qu’une fantaisie plastique bonne à amuser les yeux, et meme elle souriait intérieurement d’une pitié dédaigneuse, quand au fond du théâtre, sous la portière de velours, un home apparut en manteau noir […] Ils se seraient connus, ils se seraient aimés! […] Mais une folie

127 Flaubert, p. 72; p. 16
She knew now how small the passions were that art magnified. So, striving for detachment, Emma resolved to see in this reproduction of her sorrows a mere formal fiction for the entertainment of the eye, and she smiled inwardly in scornful pity when from behind the velvet curtains at the back of the stage a man appeared in a black cloak [...] If only they had met! He would have loved her [...] A mad idea took possession of her; he was looking at her right now! She longed to run to his arms [...] to cry out, “Take me away! Carry me with you! Let us leave! All my passion and all my dreams are yours!”

During this scene at the opera, the narrator first describes Emma’s realization that “art exaggerates” the petty passions which she sadly experiences. Yet, as Emma struggles not to succumb to the “fantaisie plastique bonne à amuser les yeux,” she paradoxically almost immediately is seduced by such fantasy. The space of the theatre grants Emma the gift of unbridled fantasy, and more specifically, with the ability to “amuse her eyes” to the point of experiencing a complete optical delirium: she sees “l’homme en manteau noir” and he “regardait, c’est sûr!” While Emma cannot resist the “fantaisie plastique” the theatre induces, the narrator remains detached from Emma’s romantic projections and it is his clear vision that allows him to warn the reader: “une folie la saisit.” With that concluding sentence, Emma’s impulse to yield to fantasy and phantasmagorical visions strike the reader as pathological symptoms of her “folie.” For it is precisely this “folie,” and one which takes the shape of a hallucination, that transposes the character of Emma into the medical world of Charcot.

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129 Flaubert, pp. 344-346
130 Flaubert, trans., p. 180
CHAPTER THREE

Poetic Characterologies:
Medical Appropriations of the Case of Emma and the Hysterical Temperament

Richet’s Psychological Study of Emma

Thus it is that Flaubert’s Emma becomes the star of Richet’s treatise on hysteria, Les Démoniaques d’aujourd’hui:

Les romanciers ont compris le parti qu’ils pourraient tirer de l’étude de ce caractère. Dans les derniers temps surtout, depuis que le style descriptif est à la mode, depuis qu’on s’est efforcé de mêler l’art et la pathologie, il y a eu de nombreuses peintures d’attaques d’hystérie ou de caractères hystériques […] Mais de toutes les hystériques dont les romanciers ont raconté l’histoire, la plus vivante, la plus vraie, la plus passionnée, c’est Mme Bovary. ¹³¹

Novelists have understood how they could immensely benefit from the study of character. Especially recently, and since the descriptive style is in fashion, and that we have made an effort de mingle art and pathology, numerous portrayals of hysteric attacks or of the hysterical character have emerged […] But of all the hysterics whose story novelists have told, the most alive, the truest, the most passionate, is Mme Bovary.” ¹³²

Although he often wrote about his own “hystéries” during the writing of Madame Bovary,

Flaubert never mentions the word hysteria in his novel, nor did he have a particular interest in the nosological nature of the diagnosis of hysteria. ¹³³ Flaubert, however, gathered scientific information with the help of his friend Louis Bouilhet to gain knowledge of the specific

¹³² My translation. Note that Richet uses the term “peintures” to refer to “portraits,” thus emphasizing the materiality of the medium of painting in the study of the pathological character of hysteria by novelists, but also bringing the reader back to his metaphor of the “pittoresque,” as if the art of painting not only is a prevalent medium in the study of hysteria, but also the frame for Richet’s entire argument on the character of the hysteric.
¹³³ In his correspondance from 1852, Flaubert writes: “Je sais bien qu’il n’est point aisé de dire proprement les banalités de la vie. Et les hystéries que j’éprouve en ce moment n’ont pas d’autre cause […]” Flaubert, Lettre à E. Feydeau, August 5th 1860, in Correspondance, Pléiade, t. 3, 1911.
scientific vocabulary for different parts of the eye, the name of a specific ointment, and the medical facts of the *pied bot*, all of which are motifs that appear throughout the novel. Nonetheless, for the medical community, and particularly for Charcot’s circle, it is hysteria, that is the central subject of Flaubert’s novel, so much so, that Richet makes her the hysterical heroine of his article. For Richet, Flaubert has brilliantly succeeded in merging art and pathology.

In delineating the case of/for Emma and in the hope of casting Flaubert’s novel as a *medico-artistique* piece in *Les Démoniaques*, Richet cites the following passage from *Madame Bovary*:

Emma devenait difficile, capricieuse; elle se commandait des plats pour elle, et n’y touchait point; un jour, ne buvait que du lait pur, et le lendemain, des tasses de café à la douzaine. Souvent elle s’obstinait à ne pas sortir, puis elle suffoquait, ouvrait les fenêtres, s’habillait en robe légère…Elle ne cachait plus son mépris pour rien ni pour personne, et elle se mettait quelquefois à exprimer des opinions singulières, blâmant ce qu’on approuvait, et approuvant des choses perverses et immorales. Est-ce que cette misère durera toujours? Est-ce qu’elle n’en sortira pas? Elle valait bien cependant toutes celles qui vivaient heureuses, et elle exécutait l’injustice de Dieu. Elle s’appuyait la tête aux murs pour pleurer; elle envoyait les existences tumultueuses, les nuits masquées, les insolens plaisirs avec tous les eperdûmens qu’elle ne connaissait pas et qu’ils devaient donner…Elle pâlissait et avait des battements de cœur […] En de certains jours elle bavardait avec une abondance febrile; à ces exaltations succédaient tout à coup des torpeurs où elle restait sans parler, sans bouger […] Elle s’acheta un prie-Dieu gothique et elle dépensa en un mois quatorze francs de citrons à se nettoyer les ongles: elle choisit chez Lheureux la plus belle de ses écharpes; elle se la nouait à la taille par-dessus sa robe de chambre, et, les volets fermés, avec un livre à la main, elle restait étendue sur un canapé dans cet accoutrement. Elle voulut apprendre l’italien, elle acheta des dictionnaires, une grammaire, une provision de papier blanc. Elle essaya des lectures sérieuses, de l’histoire, de la philosophie […] Elle avait des accès où on l’eût poussée facilement à des extravagances.

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Elle soutint un jour contre son mari qu’elle boirait bien un demi-verre d’eau-de-vie, et comme Charles eut la bêtise de l’en défier, elle avala l’eau-de-vie jusqu’au bout.  

Emma was growing difficult, capricious. She ordered dishes for herself, then she did not touch them; one day she drank only pure milk, and the next cups of tea by the dozen. Often she persisted in not going out, then, stifling, threw open the windows and put on light dresses […] Moreover she no longer concealed her contempt for anything or anybody, and at times expressed singular opinions, finding fault with whatever others approved, and approving things perverse and immoral […] She leant her head against the walls to weep; she longed for lives of adventure, for masked balls, for shameless pleasures that were bound, she thought, to initiate her to ecstacies she had not yet experienced. She grew pale and suffered from palpitations of the heart […] On certain days she chattered with feverish profusion, and this overexcitement was suddenly followed by a state of torpor, in which she remained without speaking, without moving […] She bought herself a gothic prié-Dieu, and in a month she spent fourteen francs on lemons for polishing her nails; […] She chose one of Lheureux’s finest scarves, and wore it knotted round her waist over her dressing-gown; thus dressed, she lay stretched out on the couch with closed blinds […] She wanted to learn Italian; she bought dictionaries, a grammar, and a supply of white paper. She tried reading, history, and philosophy […] She had attacks in which she could easily have been driven to commit any folly. She maintained one day, to contradict her husband, that she could rink off a large glass of brandy, and, as Charles was stupid enough to dare her to, she swallowed the brandy to the last drop.

In the page that follows, Richet differentiates between “l’hystérie légère,” which he believes Emma’s character crystallizes to perfection, from la grande hystérie, which he discusses in relation to the demonic characters of the seventeenth century. Although Emma may only suffer from an hystérie légèrè, what remains fascinating is the passage Richet chooses to exemplify how Emma is the most real, the most vivante of all the hysterics created by the romantiers.

Flaubert’s description of Emma in the passage Richet discusses could not be more different from

135 Richet, pp. 348-349. In this passage from Flaubert’s novel cited in Richet’s article, Richet writes: “tasses de café,” rather than “tasses de thé.”
the nosological descriptions of hysteria that defined Charcot’s work throughout his career at the Salpêtrière. And even if Richet picks up on Flaubert’s own reference to the Charcotian neurological diagnosis hysteria with his use of the word “accès,” translated here as “attack,” Emma’s hysteric “attack” does not materialize into bodily symptoms. The symptoms of her attack resemble that of the bored housewife whose shopping sprees and grandiose dreams, become a psychological escape for the monotony of her existence. In this passage, neither Richet nor Flaubert observes Emma’s body, and the organic symptoms she may reveal. What one accesses and observes is Emma’s mind.

Thus in this passage, whose insertion in Richet’s medical treatise posits Flaubert’s description of Emma as the apogee of the medical case transported into fiction, Emma comes to life not as a vénus anatomique, but rather as a vénus psychologique. Flaubert’s portrayal of Emma seems to resist Charcot’s nosological readings of hysteria. Flaubert casts Emma as a hysteric whose symptoms can be looked at from a psychological perspective. In fact, one may speculate that Flaubert’s use of the word “accès,” typically used by Charcot to refer to hysterical bodily symptoms, and which Flaubert associates with the psychological portrait of Emma, is Flaubert’s own perverse allusion to the Charcotian diagnostic of hysteria. In making Emma the heroine of the passionate hysterics, Richet interestingly distances himself too, from the Charcotian diagnostic. Like Flaubert, Richet embraces the psychological analysis that Freud and Janet would later explore, and that will mark the radical shift in the diagnosis of hysteria from Charcot’s era; a new diagnosis Flaubert presaged with his description of Emma’s so-called “attacks.” Thus Flaubert’s Emma is not only a hysteric character in the nineteenth century medical world. In Richet’s text, she becomes a character whose re-discovery helps propel the diagnosis of hysteria from nosology into psychology. In this respect, Richet perhaps takes the
role of art in the sciences even more seriously than Charcot. By making Emma a hysteric patient, Richet exemplifies how the sciences can learn from art. Richet’s reading of Flaubert’s psychological portrayal of Emma Bovary brings Emma into the world of the hysteric diagnosis.

The Sciences and Fictions of Hysterical Characterologies

With Richet’s “Les démoniaques,” the reader steps out of the doors of Charcot’s Salpêtrière, to lie, years ahead of his/her time, on Freud’s couch. For in Madame Bovary, one can recognize the bourgeoise hystérique, so to speak, that is, Freud’s stereotypical Viennese female patient, much more than one sees the emblematic inmate of the Salpêtrière: “Most women who ended up at the Salpêtrière had nowhere else to go. The hospital was an enormous institution, and it still functioned as a warehouse for the women Paris no longer wanted. Many suffered from nothing more than extreme poverty and ended up at the Salpêtrière when every other option had disappeared.” In “Les démoniaques,” one does not find the patient that Richet would have seen when he was an intern at the Salpêtrière, but Freud’s and Janet’s female hysteric, whose symptoms originate in her mind, and thus become relevant to psychological investigations. Like Flaubert’s narrator, Janet “is also the shrewd painter of the commonplace” and “[h]ad he been Emma Bovary’s doctor, he would have shown great interest in her compulsive shopping sprees.”

Marina van Zuylen’s fascinating reading of the case of Simone in Pierre Janet’s Les obsessions et la psychaténie (1903), highlights how the medical case can further learn from its fictional double. Janet was himself a philosopher, psychiatrist, and a physician, who worked on

hysteric patients. He related Simone’s laments: “Alone, I am bored, my husband does not make my head work enough, he knows nothing, he does not astonish me…I know myself, I have exhausted my own circle of thoughts, I need to be given new ideas, new impressions…My husband has good common sense, but that bores me to death…A husband should always be superior to his wife…he does not know how to make me suffer a little. You cannot love somebody who is unable to make you suffer.” As van Zuylen remarks, Simone “is formulating the frustrations voiced by the great adulteresses of nineteenth century European fiction. Like Emma Bovary, she abhors the tedium vitae that has substituted itself for marriage […] She pines for a husband who would feed her a vision that she could never procure herself. Rather than reflecting her thoughts, he would spawn his own, intoxicating her with his fantasy and intelligence.” “These thoughts,” van Zuylen continues, “almost cribbed from Flaubert’s Emma, are tied to the subject’s hollow self-perception.”

Freud’s and Breuer’s famous patient Anna O., whose hysteric diagnosis begins the whole enterprise of psychoanalysis, presents symptoms that echo Janet’s Simone and Flaubert’s Emma. Like Janet’s patient, and similarly to Flaubert’s fictional character, Anna O. is a rêveuse, whose rich and colorful imaginative flights are bitterly at odds with the dullness of her everyday reality. Freud observes: “The girl of an overflowing mental vitality led an extremely monotonous life in her puritanically minded family, a life that she embellished for herself in a way that was probably decisive in the development of her illness. She systematically cultivated the art of daydreaming, calling it her ‘private theatre.’ While everyone believed her to be present, she was

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139 Janet’s work on hysteria is discussed in detail in Chapter 3.
141 Van Zuylen, p. 30.
142 Ibid., p. 30
living out fairy tales in her mind […]” 143 If Emma’s uncritical reading of romantic fiction and unbound imagination are the source of her hysterical symptoms, she is also, in Richet’s reading, the archetype of the hysteric yet to be analyzed.

In his reading of Richet’s “Les démoniaques d’aujourd’hui,” Micale notes: “Richet in this passage cites Madame Bovary as ex post facto evidence of the medical observation of hysterical temperamentality […]” He adds, “[b]ut, given the comparative chronology of composition of the relevant medical and literary texts, I wonder in this instance whether it is not science that imitate art.” 144 As we previously observed, Richet’s psychological interpretation of hysteria does not belong to the zeitgeist of hysterical discourses that prevailed when he published his article. It is thus not implausible to believe that Richet’s interpretation of hysteria was influenced by Flaubert’s own picturing of hysteria in Madame Bovary. Even more interestingly, Micale attributes Richet’s psychological interpretation of hysteria to Richet’s own relation to the arts: “Richet, it will be recalled, was both a physician and a novelist, who during the 1880s wrote about hysteria concurrently in the scientific/empirical and literary/subjective modes. Perhaps because of his dual professional activities and sensibilities, he was able to break through the silence on this matter.” 145 In nineteenth century hysteria, a good physician, it appears, is first and foremost, a good novelist. Richet could not have pinpointed the psychological ailments of hysteria without having himself practiced the art of imagination and without having read Flaubert’s novel. Moreover, “the silence on this matter,” which Micale refers to, is the disappearance of psychological theories of hysteria during Charcot’s years at the Salpêtrière.

As Micale points out, “[i]n the intellectual history of hysteria, the salient development in French medicine between Pierre Briquet’s treatise of 1859 and Charcot’s first case histories was the emergence of the interconnected concepts of ‘hysterical insanity’ and the ‘hysterical constitution.’” 146 But it is not until 1860 that the first medical treatise on “hysterical temperamentality” appears. In this treatise, entitled *Traité des maladies mentales*, Bénédicte Auguste Morel referred to a category of mental illnesses, that he called “folie hystérique [hysterical madness],” and which he associated with nervous and erratic behavior. But one will recognize in Morel’s description of his patient yet another portrait of Emma: “‘[h]er character has always been sulky, capricious, and fantastical…She cried and laughed for no reason and yielded early on to all kinds of bizarreries and eccentricities.” 147 In his writings on neuroses of 1864, Alexandre Axenfeld’s theories seemed to distance themselves from Morel’s treatise, which portrayed the illness as typically female and related psychological symptoms to gynecological issues and to a frustrated erotic life. Axenfeld “followed Briquet in ascribing to hysteria a mixed neurological and psychological,” but “[…] maintained, one could isolate a distinct condition that he proposed to label ‘hystericism,’” and whose clinical signs were “[…] egocentricity, a vivid imagination, emotional lability, and chronic nervousness.” 148

The most precise writings on “hysterical characterology,” Micale notes, appeared in 1866. Jules Falret, the son of the alienist Jean-Pierre Falret, formulates his vision of the

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146 Micale, p. 227.
hysterical character in a lecture to the “Paris Société medico-psychologique.” The excerpt from Falret’s description of “hysterical characterology” reads as follows:

[…] They pass alternately and at very frequent intervals from excitation to depression, just as, on a physical level, they shift erratically from an outburst of laughter to one of tears. They become enthusiastic with ardor and passion for a person or object they want to possess at any cost; […] This is their character in all things: fantastical and capricious, with an extreme mobility of ideas and sentiments […] They make up veritable novels in which they intercalate, often cleverly and in an inextricable manner, the true and the false in a way so as to fool even the most perceptive person […] Finally, hysterical women are generally dreamy and romantic [romanesque], disposed to allow the fantasies of their imagination to predominate over the needs and necessities of real life. 149

The scientific interest in the “characterology” of hysteria almost completely vanished in the 1870s when Charcot replaced the study of the character of hysteria with a complete neurologization of the illness. But one finds in Falret’s outlining of the hysteric character, the mirror of Richet’s description of the hysteric personality. The hysteria of Flaubert’s Emma is the doppelgänger of Falret’s hysteric. As such, Emma’s illness belongs to both the hysteria of characterology that precedes Charcot’s work at the Salpêtrière, and to the hysteria of psychological inquiries, which foreshadows the hysteric diagnosis that begins with Janet’s psychology of the illness and later with Freud’s psychoanalysis. Richet thus stands at a critical juncture in the history of hysteria; between the psychological diagnosis that receded during his time and work at the Salpêtrière, and the future of hysteria, in which psychological interpretations will replace the neurological model of Charcot. In the fiction of Emma Bovary, Richet both locates and revives the vestiges of the medical tradition of the diagnosis of hysteria

that is yet to resurface and to reinvent itself on Freud’s couch with the beginning of psychoanalysis.  

While psychological investigations of hysteria chose Emma Bovary as the *prima donna* of hysteria, Emma’s temperament instigates yet another return to the novel, and the diagnosis of yet another pathology: *Le Bovarysme*. The term was coined by Jules de Gaultier in his essay “Le Bovarysme,” (1892). In Gaultier’s treatise, Emma is not only a character, whose psychology is worthy of examining. Her psychological disposition so brilliantly exposes the symptoms of her pathology that her name comes to designate the disorder she reveals. If Richet makes Emma the star of hysteria, Gaultier’s “bovarysme” similarly scripts her into the discourse of pathology. His reading of Flaubert’s novels leads Gaultier to conclude that “[i]l y éclate en une vue psychologique qui présente tous les personnages sous le jour d’une même déformation, et les montre atteints d’une âme tare [i]t blazes out there in a psychological view which presents all characters in the light of an identical deformation and shows them to be tainted with the same fault].” Gaultier’s philosophical study of Flaubert’s characters, and specifically that of Emma, exposes in the most remarkable fashion the psychological symptoms that define her nature. This examination closely resembles the characterology of Emma’s hysteria among medical practitioners in the nineteenth century. Interestingly, Gaultier’s psychological reading of Flaubert’s characters is rather nosological. Gaultier’s use of terms such as “deformation” and

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“atteints” connote the observation of the body as much as it does that of the mind. While Richet’s reading attempts to remove Emma from the organic discourse of the pathology of hysteria, Gaultier, without directly addressing the diagnosis of hysteria, seems to carry into his treatise the Charcotian nosology. Still, Gaultier’s study of the Flaubertian universe is a psychological inquiry into Emma’s mind.

Gaultier, a philosopher, was not quite the physicien littérateur per se that Richet was. But “Le Bovarysme” reveals itself as a work of both medicine and philosophy. The medico-philosophical genre of *Le Bovarysme* is itself symptomatic of the dissipating divide between the arts and the sciences at the end of the nineteenth century. Thus it is not surprising to discover that Gaultier’s test-case is none other than Flaubert’s *Madame Bovary*. Drawing upon his reading of Flaubert’s characters, and specifically looking at the “deformity” of their psychological attributes, Gaultier outlines the definition of *le bovarysme*:

It would appear that the processes of knowledge are the same, whether they apply to things of the mind or to the physiological world. Now, in this second domain it was most often the distortion of the pathological case that revealed the normal mechanism of the functions and, indeed, to such a point that scientists and philosophers made of this observation a method of investigation. In relying on this method it became apparent that the failing, which characterizes the personages of Flaubert implies in the human being and in a normal state the
existence of an essential faculty. This faculty is the power given to man to see himself other than what he is. It is the one which, from the name of one of Flaubert’s principal heroines, has been designated as Bovarysm.” 152

It would be reductive (and a mistake) to equate bovarysm to hysteria. Still, the pathological symptoms of bovarysm echo hysterical symptoms. And Gaultier indeed, does raise very similar questions as Richet’s inesitigations of Emma’s psychological characteristics. Gaultier’s diagnosis is that Emma undergoes a “souffrance de disproportion [suffering of disproportion]” (to use Paul Bourget’s term).153

It is in Emma’s insatiable imagination that Gaultier diagnoses the pathological “power of creation.” This “pouvoir de creation,” which Emma’s character embodies, ultimately comes to characterize the human mind. As Buvik notes, Gaultier’s bovarysm is a “pensée pour la vie sociale [a thought for social life].” It is in the hope of “growing” that “man sees himself other than what he is.” This faculty, though psychological, remains tied to a somatic lexicon: it is “l’organe du changement [the organ of change].” 154 This organ of metamorphosis, just like Emma’s vision, can engender positive growth, as much as it can become a destructive force. Gaultier shows how Emma experiences the pitfalls of her “erreur créatrice”:

Elle a perdu le pouvoir d’interposer son rêve entre sa vue et les réalités et d’en obscurcir le réel. Son âme ne supporte pas le contact immediate auquel la voici condamné. Impuissante désormais à se concevoir autre qu’elle n’est, impuissante à concevoir les choses et les êtres autres qu’ils ne sont et à les déformer selon le voeu de son désir, elle nie dans le suicide cette réalité indocile dont l’argile durcie ne se laisse plus pétrir et modeler.

She has lost the power to interpose her dream between her view and realities and to obscure the real with it. Her soul does not endure the immediate contact to which she is now condemned. Unable henceforward to see herself other than she is, unable to conceive things

152 p. 10; pp. 3-4.
154 Buvik, p. 223
and beings otherwise than they are and to deform them according to the desire of her heart, she denies in suicide that unyielding reality whose hardened clay is no longer susceptible of being moulded and shaped.  

Gaultier’s reading of Emma’s tragic suicide highlights the ways in which the “erreur créatrice” can propel one to a greater fate, but can also annihilate the self. For Gaultier, it is the loss of Emma’s power to imagine and to envision herself and others as others that precipitate her downfall. Perhaps having abused the pleasures granted by her pathology to see herself as other, Emma loses all sense of reality. No longer capable of distinguishing reality from her dreams, Emma fails to extract from the réel the possible fiction of her fantasies. Moreover, Gaultier’s artistic lexicon further likens Emma to the figure of the artist, whose imagination lies at the core of creation. But Emma’s reality, “like hardened clay” is “indocile” to the artistic manipulations of her mind; because Emma’s reality, no longer is reality. The romantic tableaux Emma once projected in her fantasies have multiplied to the point of framing the only reality she knows. Emma can no longer perceive the “déformité” of her psychology; she no longer is conscious of the “folie,” which “l’a saisie.”

Moreover, Gaultier revisits the artistic discourse when referring to bovarysm. Specifically, Gaultier uses the language of painting to enter Emma’s mind. In *Le Génie de Flaubert*, published in 1913, Gaultier writes:

Le rang du peintre se reconnaît à la façon dont il ordonne les objets du monde visible en fonction d’un unique élément, la lumière, qui attribue à chacun sa valeur et sa forme […]

Mais si, dans le domaine des arts plastiques, le fait essentiel qui ordonne et qui spécifie est le fait de l’espace lumineux, l’atmosphère psychologique remplit, dans le domaine de toute représentation dramatique, la même fonction prépondérante. Or, dans cette atmosphère psychologique, l’élément créateur de toute réalité et qui tient ici le rôle suprême de la lumière,

155 Gaultier, p. 21; 17
c’est l’élément aussi en fonction duquel l’œuvre de Flaubert est toute entière ordonnée, c’est l’Erreur, l’erreur sur soi, inhérente à toute activité qui a connaissance d’elle-même.  

The rank of the painter can be recognized in the way in which he orders the objects of the visible world according to one unique element, the light, which attributes to each its value and its shape […] But if in the visual arts, the main factor that orders and specifies is a function of the brightness of a space, the psychological atmosphere undoubtedly fills up, in the field of all dramatic representation, the same function. And in this psychological atmosphere, the creating element of all realities and which has the supreme role that light does, is also the element according to which Flaubert’s oeuvre is ordered, it is the Error, the error in oneself, inherent to any activity that knows itself.  

Gaultier’s painterly discourse likens the workings of Emma’s mind to that of an artist, capable of creating an atmosphere of her own imaginings. The role the painter assigns to light, which gives each object a particular value and makes up their shape visible to the viewer, Flaubert finds in “erreur.” Flaubert’s “erreur” is the power to see oneself as other, with which he grants his characters. And in the error, lies the power to create. But Gaultier cautions the reader that the “creative error” is “inherent to every activity” that has the “connaissance d’elle même.” As she loses the knowledge of her own “erreur créatrice,” Emma simultaneously abandons the rules that order the art of constructing one’s own phantasmagorical tableau and finds herself in the dark. In the psychological study of Emma’s temperament, Gaultier insists that the “organ of change,” the pathology of bovarysm itself, can only find its potential for growth only if one acknowledges the “deformity” that constitute the “creative error.”  

The character of Emma, thus transposed from Richet’s “Les démoniaques d’aujourd’hui” into Gaultier’s “Le Bovarysme” presents the same psychological symptoms. Both in Richet’s treatise and in Gaultier’s medico-philosophical essay, Emma’s fertile imagination and her

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delusions become the object of study that defines her character. Bovarysm and hysteria are two distinct pathologies; yet through the examination of Emma’s psychological disposition emerges from Richet’s and Gaultier’s readings, one and the same pathology: “Le bovarysme semble se situer davantage dans le registre névrotique et plus spécifiquement hystérique où l’insatisfaction et la part imaginative compensatrices sont prépondérantes [Bovarysm seems to further situate itself in the neurotic register and more specifically in the hysteric register where dissatisfaction and the compensatory imagination are preponderant].”\(^{158}\) Moreover, by appealing to the visual arts as a metaphor for the description of the psychological atmosphere that is associated with the fictional characters of Flaubert, Gaultier’s methodology echoes Richet’s. For while looking into Emma’s psychology may have revealed for Richet the pittoresque nature of her mind, Gaultier’s painterly analogy also aims to show how imaginative Flaubert’s characters can be. Bovarysm and Hysteria may thus be two different pathologies, but Richet’s and Gaultier’s portrayals of Emma are not so dissimilar.\(^{159}\) And in Richet’s and Gaultier’s treatises, painting thus becomes the mirror in which, hysteria and bovarysm reflect each other.

The Leg of the Blind: Locating the Somatic Symptoms of Emma’s Hysteria

For Richet and for Gaultier, then, the characterology of Emma shows that her pathology is psychological. Richet’s making of Emma Bovary the heroine of the hysterics instigates and enriches the revisiting of the temperament of hysteria. The pathological temperament that the character of Emma exemplifies inevitably unearths the turmoil of her mind: her vivid


\(^{159}\) For further readings on Flaubert and Gaultier’s “bovarysme,” see Félix Clérembray, Flaubertisme et Bovarysme; Causeries Documentées, lues en Des Réunions Privées à 10…1912 (Rouen: A. Lestringant, 1912) and Nicole Terrien and Yvan Leclerc, Madame Bovary: Le bovarysme et la literature anglaise (Rouen: Presses Universitaires de Rouen, 2002).
imagination, delusions of grandeur, hallucinatory waking dreams. These symptoms all account for her peculiar *hysterical character* and for her *bovarysm*. But in his desire to dissociate Emma from the neurological diagnosis of Charcot, perhaps Richet is too quick to try to ignore the somatic symptoms that accompany one’s mind. In his medico-philosophical treatise, Gaultier does bring back in the most vivid metaphors the language of the body. If bovarysm is the “organ of change,” Gaultier signals his understanding of the role of the body in his philosophical and psychological investigations of Emma’s pathology. As one wishes to look at the ways in which the sciences can learn from the arts, and to ask how, in the case of *Madame Bovary*, Flaubert’s novel informs and remolds the diagnosis of hysteria and Gaultier’s “bovarysm,” it may be an oversimplification to ignore altogether the role Flaubert assigns to the body in the novel.

Here, I am thinking specifically of two instances in *Madame Bovary* that seem to reveal how the body (or more precisely the deformed body) becomes a metaphorical prosthesis for Emma’s psychological state of mind. Indeed, much has been said about the significance of Hippolyte’s *pied bot*, as well as the gruesome descriptions of the character of *l’aveugle* in Flaubert’s novel. Both Hippolyte’s *pied bot* and *l’aveugle* as two distinct, yet interconnected entities hold a peculiar position in the narrative that reveals how Flaubert bridges the gap between Emma’s mind and Emma’s body.

When Charles’ surgical intervention fails dramatically, leaving Hippolyte with a gangrenous leg to be amputated, Charles is left with no choice but to call Doctor Canivet, a “célébrité” from Neufchâtel. Doctor Canivet is outraged “[…] lorsqu’il découvrit cette jambe gangrenée jusqu’au genou. Puis, ayant declare net qu’il fallait amputer, il s’en alla déblätérer contre les ânes qui avaient pu réduire un malheureux homme en tel état […] when he had uncovered the leg, gangrened to the knee. Then having flatly declared that it must be amputated,
he went off to the pharmacist’s to rail at the asses who could have reduced a poor man to such a state].” Upon his arrival at Homais’ pharmacy, Canivet angrily exclaims:

‘Ce sont là des inventions de Paris! Voilà les idées de la Capitale! C’est comme le strabisme, le chloroforme, et la lithotritie, un tas de monstruosités que le gouvernement devrait défendre! Mais on veut faire le malin, et l’on vous fourre des remèdes sans s’inquiéter des conséquences. Nous ne sommes pas si forts que cela, nous autres; nous ne sommes pas des savants, des miriflores, des jolis coeurs; nous sommes des praticiens, des guérisseurs, et nous n’imaginerions pas d’opérer quelqu’un qui se porte à merveille! Redresser des pieds bots! Est-ce qu’on peut redresser des pieds bots? C’est comme si l’on voulait, par exemple, rendre droit un bossu![…]’

‘That is what you get from listening to the fads from Paris! What they will come up with next, these gentlemen from the capital! It is like strabismus, chloroform, lithotrity, monstrousities the Government ought to prohibit. But they want to be clever and cram you full of remedies without troubling about the consequences. We are not so clever out here, not we! We are no specialists, no cure-alls, no fancy talkers! We are practitioners; we cure people, and we wouldn’t dream of operating on someone who is in perfect health. Straighten club-feet! As if one could straighten club-feet indeed! It is as if one wished to make a hunchback straight!’

Canivet’s tirade to Homais, which portrays Charles as a kind of charlatan, or at the very least, as a medical practitioner whose hopes, talents, and ambitions are as futile as his wife’s romantic expectations, puts the inhabitants of Yonville to shame; Homais and Charles in particular.

But interestingly, Canivet’s condescending rant against the medical world of Yonville, which presumably has mimicked the “fads of the capital,” could have very well been addressed to Emma. Is Emma not, like Charles in this particular instance, as susceptible to the “jolies coeurs” who want to “faire les malins”? In convincing Charles to perform the surgery, Emma naively believes she could completely alter her existence, just as Charles imagined he could.
When he sees Hippolyte’s gangrenous leg, Canivet seems to perceive not only the morbid and grotesque failure of Charles’ surgery. Beneath it all, Canivet locates in the dreadful story of Hippolyte’s pied bot, the tragic narrative of Emma’s incorrigible passions; he sees straight into her soul. Canivet ironically asks Homais if one can straighten club-feet, but he could have equally asked Emma, with the same ironic tone, if there existed any procedure to remedy to her mal de vivre.

For a moment, Homais shares in Charles’ and Emma’s fantasy. Indeed, after Charles had allegedly completed the surgery on Hippolyte’s pied bot with almost miraculous success, Homais drafted a statement he had hoped would be published in the Fanal de Rouen. The piece, the significance of which will soon be worthless, read as such:

‘M. Bovary, un de nos practiciens les plus distingués, a opéré d’un pied bot le nommé Hippolyte Tautain, garçon d’écurie depuis vingt-cinq ans à l’hôtel du Lion d’or, tenu par madame Lefrançois, sur la place d’Armes […] L’opération, du reste, s’est pratiquée comme

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163 Marina van Zuylen’s very interesting reading suggests that Emma’s desire to have Charles operate is motivated by her wanting him to become a “home supérieur.” Like Janet’s Simone, van Zuylen suggests, Emma believes that a man should be superior to his wife, and that only with suffering, can a woman truly loves her husband. See, p. 30.

164 p. 465; 253. Note that when Flaubert later comments on Doctor Larivi ère, whom he compares to a “God” and most likely based on his own father, he states that “He [Larivi ère] belonged to that great school of surgeons created by Bichat […]” p. 253. According to Foucault, the “new look” at illness, which arises during the eighteenth century, can be explained by the pathologists’ effort, mainly Xavier Bichat, to look at the living body from the perspective of death. In so doing, the corps medical opens the body to locate “sites” of disease and from these sites doctors may analyze the spatio-temporal “mortification” of the body, thus making visible the invisible genealogy of death that exists in every living organism. Yet, as Foucault points out, “Bichat is strictly an analyst: the reduction of organic volume to tissular space is probably, of all the applications of analysis, the nearest to the mathematical model yet devised. Bichat’s eye is a clinician’s eye, because he gives an absolute epistemological privilege to the surface gaze.” Not unlike the Freudian unconscious, “[t]he tissual area is not an empty, imperceptible place where pathological events are offered to perception; it is a segment of perceptible space to which one can relate the phenomena of disease.” Here, the “segment of perceptible space” refers to the diagnosis of bodily illness. Yet, this “segment of perceptible space” can also be seen as a metaphor for the analytic process in place with the birth of psychoanalysis (and Foucault often alludes to Bichat as an ancestor of Freud) insofar as spoken words, like sections of the flesh (or internal organs) afford the analyst/pathologist an external and “visible” entry into unconscious phenomena or into the history of illness. Foucault, The Birth of the Clinic: An Archeology of Medical Perception, trans. A.M. Sheridan Smith (New York: Vintage Books,1994), pp. 124-146. Charcot’s methodology echoes Bichat’s: “Charcot applied what he called the ‘anatomo-clinical’ method, a research strategy that correlated clinical symptoms in the living patient with anatomical lesions found in patients after their deaths.” Cited in Hustvedt, Medical Muses, p. 12. A detailed discussion of Charcot’s ‘anatomo-clinical’ method in light of the relation between hysteria and hypnotism, which transformed the hysterics into veritable automatons is addressed in Chapter 1.
par enchantement, et à peine si quelques gouttes de sang sont venues sur la peau, comme pour dire que le tendon rebelle venait enfin céder sous les efforts de l’art. Le malade, chose étrange (nous l’affirmons de visu) n’accusa point de douleur […] Tout porte à croire que la convalescence sera courte; et qui sait même si, à la prochaine fête villageoise, nous ne verrons pas notre brave Hippolyte figurer dans des danses bachiques, au milieu d’un chœur de joyeux drilles, et ainsi prouver à tous les yeux, par sa verve et ses entrechats, sa complète guérison? Honneur donc aux savants généreux! Honneur à ces esprits infatigables qui consacrent leurs veilles à l’amélioration ou bien au soulagement de leur espèce! […] N’est-ce pas le cas de s’écrier que les aveugles verront, les sourds entendront et les boiteux marcheront! Mais ce que le fanatisme autrefois promettait à ses élus, la science maintenant l’accomplit pour tous les hommes! Nous tiendrons nos lecteurs au courant des phases successives de cette cure si remarquable.’

‘Monsieur Bovary, one of our most distinguished practitioners, performed an operation on a club-footed man, one Hippolyte Tautain, stable-man for the last twenty-five years at the hotel of the ‘Lion d’Or,’ kept by the Widow Lefrançois, at the Place d’Armes […] The operation, moreover, was performed as if by magic, and barely a few drops of blood appeared on the skin, as though to say that the rebellious tendon had at last given way under the efforts of the medical arts. The patient, strangely enough (we affirm it de visu) complained of no pain […] Everything tends to show that his convalescence will be brief, and who knows if, at our next village festivity we shall not see our good Hippolyte appear in the midst of a bacchic dance, surrounded by a group of gay companions, and thus bear witness to all assembled, by his spirit and his capers, of his total recovery? Honor, then, to those generous men of science! Honor to those tireless spirits who consecrate their vigils to the improvement and relief of their kind! […] Hasn’t the time come to cry out that the blind shall see, the deaf hear, the lame walk? What fanaticism formerly promised to a few elect, science now accomplishes for all men. We shall keep our readers informed as to the subsequent progression of this remarkable cure.’

166 p. 144-145.
The inhabitants of the little town of Yonville would never see Homais’ statement printed in the *Fanal de Rouen*. They will, however, be “kept informed as to the subsequent progression of this remarkable cure,” but not quite in the shape of the narrative they may expect.

Ironically indeed, “the subsequent progression of this remarkable cure” will materialize in Homais’ publication in the *Fanal* of the narrative of Emma’s death. The latter piece, which will be published, will also be equally deceitful as Homais’ tentative article on Charles’ surgery. Canivet’s rants at Homais are thus not surprising, for it seems that his furious monologue responds to Homais’ statement more than it does to Charles’ surgery. To Homais’ delusions, “[h]asn’t the time come to cry out that the blind shall see, the deaf hear, the lame walk?,” Canivet’s reply is clear: “As if one could straighten club-feet indeed! It is as if one wished to make a hunchback straight!” Just as he does with Emma, Canivet perhaps detects in Homais the early signs of a hopeless fantasy. Homais too, begins to succumb to the figments of his imagination to create a small hallucinatory narrative of his own: “[…] who knows if, at our next village festivity we shall not see our good Hippolyte appear in the midst of a bacchic dance, surrounded by a group of gay companions, and thus bear witness to all assembled, by his spirit and his capers, of his total recovery?” Homais’ vision of the poor Hippolyte happily trotting in the midst of a bacchic dance undoubtedly draws out an idyllic tableau that conveys its own *pittoresque* character.

It is thus not startling to discover that it is Homais who tells Emma about this new method of the “stréphopodie.” And it is even less surprising to know that in Emma’s mind, the possible surgery of Hippolyte’s *pied pot* nourishes another romantic fantasy: a new beginning with Charles. After all, was not Emma destined to be the happy and fulfilled wife of a successful doctor? Emma convinces herself of her husband’s talents:
En effet, Bovary pouvait réussir; rien n’affirmait à Emma qu’il [Charles] ne fût pas habile, et quelle satisfaction pour elle de l’avoir engagé à une demarche d’où sa réputation et sa fortune se trouveraient accrues? Elle ne demandait qu’à s’appuyer sur quelque chose de plus solide que l’amour.

After all, Bovary might very well succeed. Emma had no reason to suppose he lacked skill, it would be a satisfaction for her to have urged him to a step by which his reputation and fortune would increased! She only longed to lean on something more solid than love. 167

The news of this “nouvelle méthode pour la cure des pieds-bots,” comes at an opportune time in Emma’s narrative, and seems too gloriously scripted for her to resist. Indeed, Emma had just received a letter from her father, which immediately induced another rêverie. As she reads her father’s letter, Emma reminisces about the “[…] soirs d’été tout pleins de soleil [summer evenings full of sun].” She mourns over her unfulfilled dreams: “Quel Bonheur dans ce temps-là! Quelle liberté! Quell espoir! Quelles abondances d’illusions! [What happiness she had known at that time, what freedon, what hope!]” 168 Her father’s letter perhaps also reminds her of an earlier surgery Charles did successfully accomplish: the one performed on her father’s fractured leg at Les Bertaux. “The pharmacist,” Flaubert’s narrator tells us, “provided her with a timely opportunity.” 169 Convincing Charles to try this “nouvelle méthode” on Hippolyte could be the answer to those lost “abondances d’illusions” she had at her father’s home.

The narrator too, provides Emma (and the reader) with a timely opportunity to associate Hippolyte’s pied bot with the tableau of a romantic ideal. For it is in chapter eight of the second part of the novel that Emma sees Hippolyte’s pied bot for the first time. In this same chapter, on the occasion of the agricultural fair of the Comices, Rodolphe seizes the opportunity to see Emma again and to seduce her. “Hippolyte, le garçon de l’auberge, vint prendre par la bride les

167 pp. 279-280. “stréphopodie,” scientific term used by Flaubert to designate the pied bot. see p. 279; 142.
168 p. 277-278; p.140.
169 p. 141
chevaux du cocher, et tout en boitant de son pied bot, il les conduisit sous le porche du Lion d’or […] [Hippolyte, the groom from the inn, took the head of the horses from the coachman, and, limping along with his clubfoot, led them to the door of the ‘Lion d’Or’ […]” 170 A few pages later, Emma longs for her lost love with Léon and begins to imagine her new passion for Rodolphe:

Alors une mollesse la saisit, elle se rappela ce vicomte qui l’avait fait valser à la Vaubyessard, et dont la barbe exhalait, comme ces cheveux-là, cette odeur de vanille et de citron […] elle aperçut au loin, tout au fond de l’horizon, la vieille diligence l’Hirondelle, qui descendait lentement la côte des leux, en traînant après soi un long panache de poussière. C’était dans cette voiture jaune que Léon, si souvent, était revenu vers elle; et par cette route là-bas qu’il était parti pour toujours! Elle crut le voir en face, à sa fenêtre; puis tout se confondit, des nuages passèrent; il lui sembla qu’elle tournait encore dans la valse, sous le feu des lustres, au bras du vicomte, et que Léon n’était pas loin, qui allait venir…et cependant elle sentait toujours la tête de Rodolphe à côté d’elle. La douceur de cette sensation pénétrait ainsi ses désirs d’autrefois, et comme des grains de sable sous un coup de vent, ils tourbillonnaient dans la bouffée subtile du parfum qui se répandait sur son âme. 171

170 p. 238; p. 114. I am indebted here to Florence Emptaz’ Aux Pieds de Flaubert (Grasset: Paris, 2002) for bringing to my attention the romantic significance of the moment when the reader first encounters Hippolyte’s pied bot. Moreover, for Emptaz excellent reading of Hippolyte’s pied bot. For Emptaz the pied bot is the bodily representation of Emma’s wish to replace her “Beau” (Rodolphe) in the chapter, in which she discovers Hippolyte’s deformity, by the pied bot itself. That is, according to Emptaz, Charles’ surgery would help Emma recover her desire for him, and end her affairs, as well as her delusions. Just like Hippolyte limps because of his pied bot, Emptaz explains, Emma is about to commit a “faux pas” (her term) as Emma contemplates having an affair with Rodolphe. In her hope that Charles could “redresser la jambe d’Hippolyte,” Emma wishes to straighten her own footsteps, gone astray. Although I do share Emptaz’ view that Hippolyte’s pied bot can be read as a somatic metaphor, my reading differs in that I do not read the pied bot as a replacement for her affair with Rodolphe, but rather as a conduit, which instigates more romantic fantasies in her imagination, as well as in those around her, Homais in particular. Moreover, Janet Beizer offers an excellent reading of Berthe and Les Bertaux in the same chapter in which he reads Richet’s “Les démoniaques” that sheds light on the importance of Emma’s receiving her father’s letter at this moment in the narrative: “certainly the daughter is named in memory of the Vaubyessard ball […] Sait it once, and you evoke a chateau filled with waltzing viscounts and marquises; say it again, and you hear its near homony, perte—“loss, lack”—and you are back in the hole left by the trip to the Vaubyessard, a hole endlessly reopened by the child’s torn stockings, her ripped blouses, and her vacuous reappearances in the novel,” Beizer’s “Writing with a Vengeance: Writing Madame Bovary, Unwriting Louise Colet,” Ventroloquized Bodies (Ithaca: Cornell University Press, 1993), pp. 132-168. 171 pp. 245-246.
Then something gave way in her; she recalled the Viscount who had waltzed with her at Vaubyessard, and whose beard exhaled a similar scent of vanilla and lemon [...] she saw in the distance, right on the line of the horizon, the old diligence the Hirondelle, that was slowly descending the hill of Leux, dragging after it a long trail of dust. It was in this yellow carriage that Léon had so often come back to her, and by this route down there that he had gone for ever. She fancied she saw him opposite at his window; then all grew confused; clouds gathered; it seemed to her that she was again truning in the waltz under the light of the lustres on the arm of the Viscount, and that Léon was not far away, that he was coming…and yet all the time she was conscious of Rodolphe’s head by her side. The sweetness of this sensation revived her past desires, and like grains of sand under a gust of wind, they swirled around in the subtle breath of the perfume that diffused over her soul. 172

As if to cloud her mind, the passing clouds confound all her memories. The night at Vaubyessard resurfaces in her consciousness, and suddenly all reminiscences of the life she wishes she were living, coalesce. Those memories, “like grains of sand under a gust of wind […] swirled around in the subtle breath of the perfume that diffused over her soul.” 173 Metonymically, her dance at Vaubyessard opens to her the vision of the “old diligence the Hirondelle,” which in turn, gives way to her nostalgia over her romantic days with Léon. Emma, in her hallucinatory vision, just like the one she experiences at the opera, believes she sees Léon. Yet, Emma feels “Rodolphe’s head by her side.” Just as she longed for Léon, she begins to desire Rodolphe.

However, her rêverie at the fair is as much an experience of the body, as it is one of the mind. And it is not a coincidence that Emma’s bodily sensations appear so strongly during the agricultural fair. Not only do the descriptions of the fair ooze scents and tastes that can only awaken the senses, but also the narrator’s depictions reveal picturesque tableaux. And just as the multiple images of her past color her mind, Emma’s five senses seem to come together in a

172 p. 119.
173 p. 238; pp. 245-246
synesthetic fashion and to form a pathological palette of their own. Through the narrator’s synesthetic depiction of Emma’s fantasy, Flaubert highlights the irony of the romantic tableau. Remembering the feeling of the touch of the Viscount’s beard on her skin makes Emma smell the scents of vanilla and lemon. That smell allows her to see and to marvel at the “old diligence” and then to perceive Léon “not far away,” only to sense again Rodolphe. Yet, in this passage, Emma’s body becomes as synesthetic as the narrator’s portrayals of her experiences as a romantic ideal. Moreover, the synesthesia, which characterizes Emma’s waking dream, associates her temperament with a somatic, if not with a neurological condition. In introducing Hippolyte’s pied bot in this chapter, and in the midst of the most organic tableau that the agricultural fair offers, the narrator immediately calls attention to the body. But with Hippolyte’s pied bot, the narrator also draws the reader’s attention, as well as Emma’s, to the failures of the body. Still, the pied bot leaves an imprint on the grounds of the fair that is both physical and psychological; Hippolyte’s pied bot foreshadows both the description of Emma’s synesthetic disorder, and by the same token, her nascent desire for Rodolphe. However, the surgery Hippolyte will later experience plunges Homais into his own waking dream. Homais imagines the bacchic scenery in which Hippolyte would happily be dancing and Emma nourishes her delusion of grandeur she hopes to fulfill through Charles’ medical notoriety.

The character of l’aveugle also appears to Emma in the midst of romance and after the narrator’s depiction of yet another romantic scene that Emma savors. Upon her return from her erotic escapade with Léon, “[i]l y avait dans la côte un pauvre diable vagabondant avec son baton, tout au milieu des diligences. Un amas de guenilles lui recouvrait les épaules, et un vieux

174 We may also recall that in the passage Richet chooses to describe Emma’s character, Emma buys lemons in large quantities to whiten her nails. Her nails are also objects of myopic scrutiny for Charles when he first meets her at her father’s home. The lemons thus bring to mind both Emma’s pathology, described in Richet’s “Les démoniaques d’aujourd’hui,” and the clinical gaze of the narrator, whose myopic vision, like Emma’s hallucinations, transforms and distorts the objects to be looked at.
castor défoncé, s’arrondissait en cuvette, lui cachait la figure; mais, quand il le retirait, il découvrait, à la place des paupières, deux orbites béantes tout ensanglantées [there was a wretched creature on the hillside, who would wander about with his stick right in the midst of the carriages. A mass of rags covered his shoulders, and an old staved-in beaver hat, shaped like a basin, hid his face; but when he took it off he revealed two gaping bloody orbits in the place of the eyelids].” 175 The sight of “the wretched creature” could not be more different than “[[l]e tiède apartement, avec son tapis discret, ses ornements folâtres et sa lumière tranquille […] [[t]he warm room, with its subdued carpet, its frivolous ornaments and its soft light […]],” which “semblait tout commode pour les intimités de la passion [seemed made for the intimacies of passion” she and Léon have just experienced]. 176

Yet, if the horrific sight of l’aveugle comes to appear to Emma in place of the spectacle of her clichéd romance with Léon, the narrator’s own sense of vision also undergoes a metamorphosis. The narrator’s description of the “wretched creature’s” hat could not be more different than the depictions of Charles’ hat at the beginning of the novel. Charles’ hat may have been perceived from a visual perspective that is too close, but l’aveugle is perceived from an angle that is too far. The elaborate and myopic vision that once distorted the perception of Charles’ hat, “[…] une de ces coiffures d’ordre composite, où l’on retrouve les elements du bonnet à poil, du chapska, du chapeau rond, de la casquette de loutre et du bonnet de cotton […]one of those head-gears of composite order, in which we can find traces of the bear and the coonskin, the shako, the bowler, and the cotton nightcap […]” in this passage, is reduced to almost nothing: a “castor défoncé.” 177 The narrator’s sense of perception, like Emma’s, is just

175 p. 398; 210.
176 p. 394;208
177 p. 56;7.
too far. But unlike Emma, the narrator’s distanced vision now allows him to see things clearly and stripped of their romantic embellishments. By contrast, Emma’s estrangement from reality coalesces into the fantasy of romantic motifs that constitute her existence. What Emma fails to see, she may hear in l’aveugle’s chansonette, “‘souvent la chaleur d’un beau jour/Fait rêver fillette à l’amour,’ ['often the warmth of a summer day/makes a young girl dream her heart away];” the solemn timbres and rhythms that will rapidly push her towards her tragic fate at the end of the novel.178

Just as Hippolyte’s pied bot calls attention to Emma’s body and presages her nascent desire for Rodolphe, the lyrics of the “wretched creature” resonate in Emma’s ears with a harsh irony. Indeed, Emma hears and sees l’aveugle after she leaves her lover and their passionate étreintes:

Léon, sur le trottoir, continuait à marcher. Elle le suivait jusqu’à l’hôtel; il montait, il ouvrait la porte, il entrait…Quelle étreinte! Puis les paroles, après les baisers, se précipitèrent […] Le lit était un grand lit d’açaïjou rouge, en forme de nacelle […] Il y avait sur la cheminée, entre les candélabres, deux de ces grands coquilles roses où l’on entendent le bruit de la mer quand on les appliqua à son oreille […] Comme ils aimaient cette bonne chambre pleine de gaieté, malgré sa splendeur un peu fanée!

Léon kept on walking ahead of her along the sidewalk. She followed him into the hotel. He went up, opened the door, entered—What an embrace! The, after the kisses, the words rushed worth […] The bed was a large one, made of mahogany and shaped like a boat […] On the chimney, between the candelabra there were two of those pink shells in which one hears the murmur of the sea when one holds them against them […] How they loved that room, so full of gaiety, despite its somewhat faded splendor!179

178 p. 400; 210.
179 pp. 395-396; 208
The bed, shaped like a boat, provides Emma with the chance for yet another voyage into her delirious imaginings. There, with Léon, cliché after cliché, she can be the romantic heroine she once found in her readings.

But in the same way in which *l’aveugle’s chansonette* is not quite “the murmur of the sea” Emma hears in the pink shells between the candelabra, something else does not sound quite right to the reader’s ears:

Quand elle s’asseyait sur ses genoux [Léon’s], sa jambe alors trop courte pendait en l’air; et la mignarde chaussure, qui n’avait pas de quartier, tenait seulement par les orteils, à son pied nu. When she sat on his [Léon’s] lap, her leg, which was then too short, hung in the air, and the dainty shoe having no back, was help on only by the toes of her bare foot.  

The *pied bot varus aquin*, which, Charles realizes only after the surgery, is Hippolyte’s, makes for a seemingly contracted foot turned to the inside, and a shortened leg. In the midst of her romantic escapade, Emma’s leg, just like Hippolyte’s, is *too short*. Of course Emma’s leg is too short in the sense that it is not long enough to rest on the floor and to thus hold her shoe when she sits on Léon’s lap. Still, the narrator’s mentioning of “her leg, which was then too short,” during her ecstatic erotic getaway, full of “gaiety” and bubbly champagne, is impossible to dismiss. Perhaps disguised as one of the “*délicatesse des élégances feminine [delights of feminine refinement]*” that intoxicate Léon with a sweet perfume, Emma’s “short leg,” brings to mind the narrator’s equally discrete, yet conspicuous introduction of Hippolyte’s own deformity. Emma can identify with the romantic heroines she admires and assume the adorable pose of the irresistible seductress, whose delicate shoe dangles from her toe; nonetheless, her leg remains *too short*. Here, Emma’s limb becomes a symptom of her mind. For it is at this specific moment, scripted within the narrative of her passionate escape with Léon, that the narrator states that her

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180 p. 397; 209.
leg is too short. Just as Hippolyte’s pied bot chronologically precedes the expression of Emma’s nostalgia for Léon and of her newly found passion for Rodolphe during her synesthetic flight of the mind, Emma’s short leg comes into view during the apogee of her romantic idealization.

Not coincidentally, the descriptions of Hippolyte’s leg after the surgery and those of the “wretched creature’s” eyes present striking similarities. The resemblances between the depictions of the two distinct bodily organs seem to cojoin the leg and the eye into one giant and monstrous body. After long hours of Hippolyte’s suffering from violent convulsions, “[…] on retira la boîte,” and similarly to what Emma sees in l’aveugle, “l’on vit un spectacle affreux.” The spectacle emerges:

Les formes du pied disparaissait dans une telle bouffissure, que la peau tout entière semblait près de rompre, et elle était couverte d’écchymoses occasionnées par la fameuse machine […] Une tuméfaction livide s’étendait sur la jambe, et avec des phlyctènes de place en place, par où lsuintait un liquide noir.”

The outlines of the foot disappeared in such a swelling that the entire skin seemed about to burst; moreover, the leg was covered with bruises caused by the famous machine […] they once more removed the machine, and were surprised at the result they saw. A livid tumescence spread over the entire leg, and a black liquid oozed from several blisters.” 181

A gruesome description appears again, in the shape of l’aveugle’s “orbites béantes ensanglantées [gaping bloody orbits]”: “La chair s’effiloquait par lambeaux rouges; et il en coulait des liquides qui se figeaient en gales vertes jusqu’au nez, dont les narines noires reniflaient convulsivement [The flesh hung in red strips; and from them flowed a liquid which congealed into green scales reaching down to his nose with its black nostrils, which kept sniffing convulsively].” 182

181 p. 285-286; 145
Hippolte’s leg and the blind beggar’s eyes seem to become the organic components of one body only; a body, which reveals the symptoms of Emma’s own decaying inner life.

After Emma’s poisons herself with arsenic, her body convulses like that of Hippolyte and like l’aveugle’s nostrils: “[s]a langue toute entière lui sortit hors de la bouche; ses yeux, en roulant, pâlissaient comme deux globes de lampe qui s’éteignent, à la croire déjà morte, sans l’effrayante acceleration de ses côtes, secouées par un soufflé furieux, comme si l’âme eût fait des bonds pour se détacher [the whole of her tongue protruded from her mouth; her eyes, as they rolled, grew paler, like the two globes of a lamp that is going out, so that one might have thought her already dead but for the fearful labouring of her ribs, shaken by violent breathing, as if her soul were struggling to free itself].” 183 While the convulsions of Emma’s body echo those of Hippolyte’s and the blind beggar’s, they also strangely resemble those experienced by Delmont’s young possessed, which Charcot perceives as visual symptoms of hystéro-épilepsie. “The whole of Emma’s tongue protruded from her mouth,” and “her eyes rolled like two globes of a lamp that is going out.” In Charcot’s diagnosis of Delmont’s possessed, Charcot identifies similar bodily convulsions: “his eyeballs are convulsed in the lower part, while at the same time being in a state of internal strabismus, and his mouth is half open is a convulsive movement one can clearly observe.” The tableau of Emma’s death brings to mind that of Delmont’s painting, and by the same token reminds the reader of the Charcotian diagnosis of the hysteric attack.

The narrator highlights the ways in which Emma’s psychological pathology triggers her bodily symptoms. Indeed, before she bursts out in a horrific laughter, Emma hears the lyrics of the “wretched creature,” one last time, and cries, “The blind man!” She had asked Charles for her mirror but the last image that is reflected to her is not that of the one she had envisioned herself

183 p. 471:257
to be in her romantic fantasies, but the frightening view of the l’aveugle. Shortly after,
“[…]Emma se mit à rire, d’un rire atroce, frénétique, désespéré, croyant voir la face hideuse du
miserable, qui se dressait dans les ténèbres éternelles comme un épouvantement […] Une
convulsion la rabattit sur le matelas. Tous s’approchèrent. Elle n’existait plus […] Emma began
to laugh, an atrocious, frantic, desperate laugh, thinking she saw the hideous face of the poor
wretch loom out of the eternal darkness like a menace […] A final spasm threw her back upon
the mattress. They all drew near. She had ceased to exist.”

184 Confronted perhaps with the
reality of her existence in the face of the l’aveugle, who ceases to exist, is the image of the
romantic heroine scripted from the novels she once read and whom she had attempted to
personify. Emma can no longer reflect the image she painted for herself. Her hallucinatory
visions finally give way to an outlandish nightmare. Her laughter no longer is the happy and
giggly laughter that came from sipping champagne with Léon. It is rather the laughter of a
madwoman.

But even after her death, Emma leaves the imprint of yet another fantasy. Homais
attempts “à trouver un mensonge qui pût cacher l’empoisonnement et à le rédiger en article pour
le Fanal […] [to invent a lie that would conceal the poisoning, and work it up into an article for
the Fanal […]],” and “[…] quand les Yonvillais eurent tous entendu son histoire d’arsenic
qu’elle [Emma] avait pris pour du sucre, en faisant une crème à la vanille, Homais, encore une
fois, retourna chez Bovary […] when the Yonvilliers had all heard his story of the arsenic that
she had mistaken for sugar in making a vanilla cream, Homais once more returned to the
Bovary’s].”

185 The readers of le Fanal de Rouen never saw the publication of Charles’
miraculous surgery on Hippolyte, but they did read the story of Emma’s death: perhaps the last

184 p. 472;257-258
185 p. 473;258
words of a great fabulatrice. The vanilla, an aroma that had previously plunged her into an exhilarating and senseless romance, becomes the ingredient of her death. The sweet scent of the vanilla cream masks the bitter reality of Emma’s poisoning. Perhaps like Homais, Flaubert drafts a fantasy of his own. For in Emma’s poisoned body, one recognizes the somatic symptoms of Charcot’s hysteric attack.

If Flaubert was perhaps seduced by Charcot’s nosological diagnosis of hysteria, as much as Richet claims he was by the psychological interpretation of hysteria, Charcot also may have found in Flaubert, another symptom of hysteria: the pied bot hystérique. Charcot’s diagnosis of the pied bot hystérique can be found in his observation of the “contracture hystérique” in his female patient “Etch…,” whom he observed between 1870 and 1873:

Etch…, aujourd’hui âgée de 40 ans, est atteinte depuis vingt mois d’hémiplégie gauche […] Le membre inférieur gauche est dans l’extension; ses diverses parties sont, pour ainsi dire, dans une attitude forcée. Ainsi la cuisse est fortement étendue sur le basin, la jambe sur la cuisse. Le pied offre le déformation de l’équin varus le plus prononcé.

Etch…, 40 years old today, has been suffering since twenty months from a left hemiplagie […] the bottom part of her left leg is extended; these diverse parts presents a forced contracture. Hence the thigh is quite extended on the basin, the leg on the thigh. The foot presents an equinovarus deformation that is quite pronounced.”

The “déformation de l’équin varus,” is the medical term Charcot uses to refer to the pied bot, a scientific term Homais uses in Madame Bovary to refer to Hippolyte’s own pied bot. The hysteric contracture Etch. experiences, Charcot tells us, gives the illusion that Etch. has a pied bot. Etch…’s muscles tense up so dramatically that her left leg becomes shorter and her foot

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appears deformed, like the foot one can observe in cases of équin varus deformation. Like Emma’s shortened leg, which evokes the pied bot of Hippolyte, Etch.’s pied bot is not real, but the optical illusion her body divulges, and which results from a variety of hysterical symptoms. Hence Charcot’s definition of the pied bot hystérique. But Charcot, just like Homais, and unlike Doctor Canivet, does believe that it is possible to “redresser des pieds bots.” In Charcot’s scientific universe, miracles appear to occur more often than in Flaubert’s poetic world.

Yet both in the Flaubertian and in the Charcotian universes, the pied bot is also a visual trope that embodies the symptoms of a greater pain. It is then interesting to see how Charcot’s locating of yet another description of the hysteric pied bot occurs not on the body of a patient, but in another visual representation. Looking at an engraving from Carré de Montgeron’s La vérité des miracles opérés sur la tombe du bienheureux de Paris (1737-1741), Charcot discovers the miracle Charles could not perform. Of this engraving, included in Les Démoniaques dans l’art, Charcot writes: “[…] il est impossible de ne pas reconnaître les signes si typiques et si précis du ‘pied-bot hystérique’ [it is impossible not to recognize the typical and precise signs of the hysteric club foot].” 188 The engraving depicts Mademoiselle Fourcroy, a “convulsionnaire,” whose recovery Montgeron was quick to associate with a miracle. Charcot gives the reader his scientific explanation for Montgeron’s “miracle.” In so doing, Charcot perhaps delivers a promise Homais’ scientism could not fulfill. In Charcot’s universe, Homais is right: “[W]hat fanaticism formerly promised to a few elect, science now accomplishes for all men.” 189 Drawing upon his knowledge and observations of the hysteric club foot and its swift recovery during the hysteric attack, Charcot writes:

188 Charcot and Richer, p. 82; engraving reproduced on p. 81.
189 Flaubert, pp. 144-145
La demoiselle Fourcroy était donc atteinte d’une contracture hystérique du pied gauche. On reconnaîtra tout l’intérêt de cette révélation, lorsque l’on saura que la contracture hystérique, qui parfois immobilise un membre pendant des années, loin d’être incurable, guérit d’ordinaire de la façon la plus imprévue, subitement, sous l’influence d’une vive impression morale et souvent à la suite des attaques de convulsions généralisées.

C’est dans de semblables circonstances que la demoiselle Fourcroy a guéri, et une seconde gravure de l’ouvrage de Montgeron la représente, après le miracle, s’avancant d’un pas assuré, au milieu de la foule qui admire et qui se précipite à genoux.

The demoiselle Fourcroy thus suffered from a hysteric contracture of the left foot. One will recognize the relevance of this revelation, as one realizes that the hysteric contracture, which sometimes renders immobile a limb for years, far from being incurable, usually heals in the most unpredictable fashion, suddenly, under the influence of a vivid morale impression and often following convulsive attacks that are generalized.

It is in similar circumstances that mademoiselle Fourcroy was cured, and a second engraving from the works of Montgeron depict her again, after the miracle, walking with confidence, in the middle of an admiring crowd, rushing to their knees.

Charcot explains the “miracle” of mademosille Fourcroy’s cured pied bot by referring to the sudden and rapid recovery his patients often experience. Under the scrutiny of Charcot’s clinical eye, Montgeron’s “miracle” is nothing but a fabulation, which can be explained in clinical terms.

Still, Charcot’s revisiting of Montgeron’s engraving divulges the irresistible appeal of the arts and of the fictions that the diagnosis of hysteria inspires. The pied bot, it appears, just like Emma’s hysterical temperament, has made its way from the fictional narrative into the scientific treatise. And while “l’hystérique de roman [the hysterical of the novel]” has prompted new investigations into the psychological dimension of hysteria, Charcot’s vision of the hysteric

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190 Charcot and Richer, p. 82; my translation. Last page, “Fac-simile d’une gravure extraite de La vérité des miracles opérés sur la tombe du bienheureux de Paris, par Carré de Montgeron,” Ibid.
diagnosis may have been influenced by the fictional tales of the illness, more than he perhaps wished to admit. 191

CHAPTER FOUR

L’Envers de l’Hypnose in the Epic of Diagnosis:

Pierre Janet’s Psychological Laboratories

One of the great difficulties of psychological studies is that they cannot separate themselves fully from philosophical hypothesis. Psychological studies are too close to reality to satisfy themselves with the abstract forms of scientific thought. We cannot completely isolate ourselves from the philosophical speculations that characterize the era in which we live and which are necessary in order to better understand ourselves. Let us not forget that we still belong to the romantic era of literature and morals, and that we are compelled to give explanations through the ideas of romanticism until we have better ones.

(Janet, L’intelligence avant le langage) 192

Hysteria de Laboratoires en Laboratoires

Gilles de la Tourette’s L’hypnotisme et les états analogues au point de vue médico-légal relate the extravagant--and sometimes criminal--deeds that the hysteric patients would execute under hypnosis. Hypnotized patients were analogous to statues who could respond to the commands of their hypnotizers. As we have seen in Chapter One the body of the Salpêtrière’s patients took the shape of a symptomology of hysteria; their mind was equally controlled. During the fin-de-siècle, the Nancy school and particularly the alienists, had associated hypnosis with

charlatanism and thus distanced themselves from hypnotic experiments in their medical inquiries of psychiatry and psychology. Charcot revived hypnosis and legitimized its practice in the medical community. Few regarded hypnosis as a serious scientific method to cure hysteria and even fewer defended Charcot’s use of hypnosis after his death. In fact, Charcot’s practice of hypnosis did not explicitly attempt to cure the hysterics from their symptoms. Rather, hypnosis further exhibited physical symptoms as a way to validate the Charcotian neurological diagnosis of the illness. Gilles de la Tourette and Pierre Janet, however, remained fierce advocates of Charcot’s practice of hypnosis. As such, hypnosis stands at a juncture in the medical history of hysteria. During Charcot’s work at the Salpêtrière, hypnotic experiments resulted from neurological investigations into hysteria. Paradoxically, it is also hypnosis, which instigated psychological investigations of the illness.

The destiny of Blanche draws attention to the historical trajectory of hypnosis from neurology into psychology. Blanche soon found herself removed from the stage of the Salpêtrière’s amphitheatre and placed into the psychological laboratory of Jules Janet. Perhaps not coincidentally, “[l]ike Madame Bovary,” Blanche “read popular romance fiction. In fact, she recited scenes from the books she was reading during hysterical deliriums.” But Blanche was not exhibited at the Salpêtrière because she was well read. Her passion for reciting fiction did not interest Charcot in the least. Rather, to observe Blanche was also to witness Charcot’s physiological diagnosis. Indeed, Charcot induced his patients into hypnotic states strictly to reveal a nervous choreography of the body; one, which divulged the neurological symptoms of the patient. Through neurology, Charcot freed the hysterics from medieval stigma of demonic possessions. And with his revival of hypnosis within neurological interpretations of hysteria, he

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attempted to divorce hypnosis from the charlatanism that characterized Mesmerian practices. If Charcot’s hysteric patient had a hypnotic double, she also had one, which reinstated her physiological symptoms. Serge Nicolas reminds the reader that “[l]a méthode qui a renouvelé l’hypnotisme se trouve dans la production de symptômes matériels qui donne une démonstration anatomique de la réalité d’un état particulier du système nerveux [the method, which renewed hypnosis is located in the production of material symptoms that give an anatomical demonstration of the reality of a particular state of the nervous system].” In the first two phases of hypnosis, namely the cataleptic and lethargic one, Charcot and his circle could examine hysterical symptoms. During the somnambulistic stage, Charcot showed how the hysteric could be controlled. Her suggestibility further validated her diagnosis of hysteria. Only the hysterics, claimed Charcot, could be hypnotized. And hypnosis was the visual evidence for hysterical symptoms. With hypnosis, Charcot had painted a final and unshakable portrait of the neurological diagnosis of hysteria.

In 1890, Pierre Janet was appointed director of the newly founded Laboratoire de Psychologie at the Salpêtrière. By that time, Charcot had alluded to possible connections between hysterical symptoms and psychological ailments. Significantly, Charcot became president of the Société de psychologie physiologique in 1885 and in 1889, he presided the first international conference on psychology. Charcot understood that his physiological determinism and neurological diagnosis seemed obsolete, and having failed to locate the lesion in the cerebral cortex of the hysterics that would prove the neurological condition of the illness, he initiated the establishing of the psychological laboratory. In this newly founded psychological laboratory, Janet would investigate how psychological investigations may have been relevant to Charcot’s

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Interestingly, it is none other than during one of Charcot’s neurological observations that the prospect of discovering a psychological origin for hysteria was confirmed to him. Janet relates how during this specific lecture on hysteria, Charcot recognized the existence of an origin other than neurological to the diagnosis of hysteria.

[Charcot] décrit un sujet atteint de cécité verbale, c’est-à-dire devenu incapable de comprendre le sens des mots écrits quoiqu’il conserve la faculté de les voir, et il [Charcot] ajoute: ‘Pendant qu’il s’efforce de lire, nous remarquons qu’avec le bout de son index de la main droite il retrace une à une les lettres qui constituent le mot et arrive après beaucoup de peine à lire: ‘La Salpêtrière’ […]

[Charcot] describes a subject suffering from verbal blindness, which means he became incapable to understand the sense of the written words, even though he could still see, and he [Charcot] adds: ‘While he was trying to read, we notice that with the tip of his finger from his right hand he retraces one by one the letters that constitute the word and he arrives, with much difficulty to barely read: ‘La La Salpêtrière.’ […] 196

Charcot surprisingly concludes that “[…] quand vous avez un aphasique devant les yeux, l’analyse que vous avez à faire est une analyse que j’appellerai psychologique, parce que le langage en somme appartient, c’est bien clair, à la psychologie [when one has a patient suffering from aphasia in front of one’s eyes, the analysis that one ought to do is an analysis that I will call


psychological, because language belongs, it is clear, to psychology].” 197 With this example, one notices how the relevance of language and its disruptions in the case of aphasia, begins to problematize Charcot’s neurological diagnosis. While Charcot was never interested in the speech of his patients, the pathology present in the speech of this particular patient challenged his neurological model. He began to accept that hysterical symptoms could not all be explained with neurology. The symptoms of aphasia that altered the coherence of the patient’s speech and of his reading of a word could not have been clearer. Charcot no longer could silence the coherent narrative of his patient who cried “Mom” in the middle of her observation. Nor could he ignore the soliloquies of Blanche. Speech and the utterance of a succession of words, just like the body of the hysteric, evidenced pathology. If Charcot’s patient read the word ‘La Salpêtrière’ with great difficulty, Charcot’s reading of the symptomology of hysteria revealed a stutter of its own.

In his continued efforts to trace Charcot’s psychological interest in hysteria, Janet further points out that Charcot’s putting up of Tony-Fleury’s painting “Pinel, Freeing the Insane,” also announced Charcot’s psychological interrogations into hysteria. Just as in Richet’s reading of the hysterical temperament of Emma Bovary, Janet’s treatise “L’oeuvre psychologique de J.-M. Charcot,” also divulges the psychology of hysteria as one that begins with a painterly discourse. Moreover, thus underscoring the relationship between Pinel and Charcot, Janet also situates Charcot’s neurological discourse of hysteria within earlier psychological models of the illness known to the médecins aliénistes. While in this essay, Janet gathers sources that support the validity of the Charcotian neurological model and also demonstrates its connections to psychology, Gilles de la Tourette’s retelling of some of Charcot’s dramatic performances of

197 Ibid; my italics.
hysteria, cast similar doubts to those present among the alienists’ discourse, into the accuracy with which such demonstrations revealed nervous symptoms.

During one of her somnambulist episodes, Blanche, like Londe’s patient, stole a photograph. But she also became a murderess on stage. Perhaps to answer Goncourt’s and Mirbeau’s accusations of Charcot’s charlatanism, Gilles de la Tourette, warns the reader that “il ne faudrait pas croire, cependant, que lorsqu’il est réveillé le sujet est un automate de cire marchant à pas complés vers l’accomplissement de la suggestion [one should not think, however, that when awake, the subject is an automaton made of wax, walking with a determined pace towards the accomplishment of suggestion].” Yet, Blanche seems to have confidently walked the path of Charcot’s narrative: “A peine a-t-elle franchi la porte que nous la fixons en catalepsie au moyen d’un coup de gong frappé auprès d’elle. Dès lors elle nous appartient […] [as soon as she crosses the door, we fix her into a cataleptic state with the sound of a gong that resonates next to her. From then on she is ours].” The dialogue that ensues from this session progresses as such: “Où êtes-vous maintenant?—Mais, dans le laboratoire; en voilà une question!—Très bien; mais nous nous transportons ailleurs; nous voici au bois de Boulogne […] Vous êtes bien aimable, nous dit-elle, de m’avoir amenée ici; je commençais à m’ennuyer à la Salpêtrière [Where are you now? But, in the laboratory; what a question?—Very well; but we will transport you elsewhere; we are now at the bois de Boulogne […] That’s awfully kind of you; I was starting to get bored at the Salpêtrière].”

It is not romantic affairs that will remedy to Blanche’s “ennui,” like they did for Emma, but a vicious plot to poison M.G.: “Quand vous serez réveillé, vous empoisonerez M.G. [When you will wake up, you will poison M.G].” And indeed Blanche carries through Charcot’s staged

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198 Gilles de la Tourette, L’hypnotisme et les états analogues au point de vue médico-légal (Paris: Plon, 1887), p. 9
murder. Interestingly “M.G.,” the victim in this dramatic act, is played by Jules Claretie. Of this scene, Claretie confirms “n’en avoir jamais vue de mieux jouée au théâtre [to have never seen better acting at the theatre].” In the amphitheatre of the Salpêtrière, Blanche enacts the scripts of Charcot. But while she is the subject of extravagant performances as a somnambulist, she remains nonetheless, the “automaton de cire,” in her cataleptic and lethargic states. As if life evaporates from her body, as a cataleptic subject of examination, Blanche provides Charcot with the prospect of a living autopsy. Surprisingly, Janet minimized the significance of Charcot’s mise-en-scènes: “On a beaucoup parlé de la mise en scène de ses leçons à propos des cours sur l’hystérie; mais on oubliait trop que cette mise en scène n’avait rien d’exceptionnelle. Elle était exactement la même pour un cours sur la sclérose en plaques ou sur le tabès [A lot has been said about the staging of his lectures when it came to those on hysteria; but we forgot how this staging had nothing particularly exceptional. This was exactly the same with his lectures on sclerosis or plaques on the tabes].” Here, Janet’s statement, just like his recounting of Charcot’s abandoning of neurology to favor psychology when he encountered aphasia as a symptom of hysteria, is a fascinating point.

Like Janet, Gilles de la Tourette defended Charcot’s methods. But unlike Janet, he also much enjoyed retelling the pittoresque and most sensational mise-en-scènes staged by Charcot. The medical cases assembled in L’hypnotisme et les états analogues au point de vue médico-légal define Gilles de la Tourette’s scientific treatise, as much as they reveal his fascination with the mise-en-scènes of the hysteric. The peculiarities of the hysteric stagings with their taste for extravagance instigated Gilles de la Tourette to relate the stories he had witnessed. So inclined is

199 Ibid., pp. 135-135. I am indebted to Hustvedt’s Medical Muses for bringing to my attention this wonderful passage from Gilles de la Tourette cited above. See Hustvedt, pp. 82-89.
Gilles de la Tourette to indulge a narrative of hysterical performances with all its colorful acts, that he goes as far as to relate that Claretie thought the best theatre of Paris paled in comparison to Charcot’s own. By contrast, Janet underplays the dramatic—and often entertaining—features of the same mise-en-scènes. Similarly, Janet de-emphasizes hysteria as a specific neurological condition and re-positions the illness as diagnosed by Charcot among the countless other neurological conditions Charcot examined at the Salpêtrière. Making the staging of the hysteric a banal consequence of neurological diagnosis, hysterical or not, Janet simultaneously invites the reader to reconsider Charcot’s relationship to psychology. The trajectory of Charcot’s patient Blanche highlights the ways in which Charcot’s neurological diagnosis comes to find its way into psychology.

When Blanche was moved to the Hôtel-Dieu and under the care of Pierre Janet’s brother, Jules Janet, it appeared that hypnotic experiments took another turn. The shift in the hypnotic approach as a cure to hysteria made Charcot’s patient, subject to psychological investigations. Indeed, Jules Janet’s examinations led him to conclude that Blanche had two personalities. In Blanche II, Jules Janet found a more “balanced personality” than in Blanche I. As Ellenberger explains, “[t]his new personality reveals that she was always aware of everything that occurred during the many demonstrations when Blanche I had acted out the ‘three stages of hypnosis’ and was supposed to be unconscious.” Keeping her in the state of Blanche II for a period of time Jules Janet witnessed Blanche’s improvement. 201 Hypnosis in Blanche, thus made her both an object of physiological observations in Charcot’s Salpêtrière, and a subject of psychological

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inquiries in Jules Janet’s experiments conducted at the Hôtel-Dieu. Inquiries were becoming of great interest to psychological interpretations of hysteria. Doctor Eugène Azam’s case of Félida, which he wrote between 1960 and 1875, began to generate much interest at the time Jules Janet discovered Blanche’s double personality.

**Hypnosis and its Dédoublements into Psychological Discourses**

Eugène Azam, a surgeon, had also discovered in his patient Félida a dual psychological state. Significantly, Charcot wrote the preface to Azam’s *Hypnotisme: double conscience et altérations de la personnalité* (1887). Reading the preface, one begins to see Charcot’s own medical inclinations towards the psychological relevance of hypnosis, even as Charcot maintained how hypnosis could not have existed without neurology:

> Aujourd’hui que l’hypnose est arrivé, grâce à l’application régulière de la méthode nosographique, à conquérir définitivement sa place parmi les faits de la science positive, il y aurait de l’injustice à oublier les noms de ceux qui ont eu le courage d’étudier cette question à un moment où elle était frappé d’une réprobation universelle […]

Today that hypnosis has achieved, thanks to the regular application of the nosographical method, to finally secure its place amongst the facts of positive sciences, it would be unfair to forget the names of those who had the courage to study the question at a time when it was universally condemned.

In spite of Charcot’s claim that it was neurology, which validated hypnotic practices in the sciences, Azam’s case does not define his patient Félida in strictly neurological terms. Azam’s text does not reveal a similar concern with nosology to Charcot’s preface. In fact, one may say that the case of Félida situates itself between the psychological and the neurological history of

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hysteric hypnosis. Indeed, Azam begins here to raise questions on Félida’s memory, her consciousness, and her “sentiments affectifs.” Unlike Charcot, Azam also pays particular attention to her stories and to her speech. But as Carroy points out, Azam did not quite master the scientific language of hysteria to express either a neurological or a psychological diagnosis of his patient. And it is not until Charcot’s preface is written that the reader can perceive Azam’s case as a medical case of hysteria. Nonetheless, Azam’s reading of a double personality into the case of Félida, with the increased interest the text had gained after Charcot wrote its preface, highlights how the psychological inquiries into hysteria occur in tandem with the discovery of a dédoublement of the hysterical patient’s personality.

The most famous case of dédoublement is that of Janet’s patient Léonie. Léonie’s shifting narratives à travers various medical laboratories, makes her case particularly interesting. Before she becomes the central medical character of Janet’s L’Automatisme psychologique, Léonie was first known as “Mme. B.” The diagnosis of her case travelled from Pierre Janet’s, to Charles Richet’s and Jules Janet’s studies between 1885 and 1887. More importantly, previously to becoming one of the patients whose diagnosis helped Janet formulate a psychological diagnosis of hysteria, she was an enigmatic figure, capable of a “lucidité thélépathique.” Indeed, she is the subject of hypnotic experiences that induce her sleep from a distance—sometimes even from another city—and paranormal powers. But in 1889, when Janet publishes L’Automatisme psychologique, he also suppresses the somewhat magical narrative of Léonie. Janet re-cast her into a psychological subject, whose dédoublements are the result of her hysterical personality, rather than the enchanting outcomes of her mysterious powers. 204 While Léonie begins her career into the psychological discourse of Janet as the embodiment of the vestiges of mesmerian

techniques with its supernatural features, she soon finds her story of dédoublements narrated into
*L’Automatisme psychologique* to exemplify Janet’s psychological inquiries into hysteria.

If Blanche and Emma were avid readers of romance fiction and Azam’s Félida was herself prone to imaginary rêveries, the discourse of Janet’s patients seem to emerge from romantic novels. Their melancholia materializes into narratives that flourish with metaphors, they often suffer from synesthesia, and their bodily ailments often translate into figures of speech. If Charcot can be said to have been a poet of the body of the hysteric, Janet is the poet of the mind of the hysteric. Charcot’s clinical observations, combined with the publication of the *Iconographie of the Salpêtrière* created a “musée pathologique” that transformed the body of the hysteric into a canvas, onto which he drew the image of the hysteric he wished to design. He silenced their words to showcase a somatic symptomology of the illness. By contrast, Janet famously listened to the hysteric. While the relation of Charcot to his patient was that of an observer, Janet’s often was that of a ventriloquist, who infused his medical narratives with a similar lyricism his patients would express in voicing their psychological pain.

As Marina van Zuylen reminds us, Janet’s patient Simone, “[i]s formulating the frustrations voiced by the great adulteresses of nineteenth-century European fiction.” 205 Like Emma, *La Guérine* in Flaubert’s novel could have very well been Janet’s Simone. She could have equally been Janet’s Madelaine, Léonie, Lise, Claire, or Simone. Félicité’s understanding of Emma is far more accurate than any diagnosis one encounters in the novel. Drawing a comparison between *La Guérine* and Emma, Félicité also highlights the psychological diagnosis of hysteria:

“[…] était si triste, si triste, qu’à la voir debout sur le seuil de sa maison, elle vous faisait l’effet d’un drap d’enterrement tendu devant la porte. Son mal, à ce qu’il paraît, était d’une

205 Marina van Zuylen, *Monomania*, p. 30
manière de brouillard qu’elle avait dans la tête, et les médecins n’y pouvaient rien, ni le curé non plus. Quand ça la prenait trop fort, elle s’en allait toute seule sur le bord de mer, si bien que le lieutenant de la douane, en faisant sa tournée, souvent la trouvait étendue à plat ventre et pleurant sur les galets. Puis, après le mariage, ça lui a passé, dit-on.’ ‘Mais, moi, reprenait Emma, c’est après le mariage que ça m’est venu.’

[…] was so sad, so sad, that to see her standing on the threshold of her house, she looked like a winding-sheet spread out before the door. Her illness, it appears, was a kind of fog that she had in the head, and the doctors could do nothing about it, neither could the priest. When she had a bad spell, she went off by herself to the sea-shore, so that the customs officer, going his rounds, often found her flat on her face, crying on the pebbles. Then, after her marriage, it stopped, they say. ‘But with me,’ replied Emma, ‘it was after marriage that it began. 206

In this passage, it appears that La Guérine’s sadness is miraculously cured after her marriage.

Unlike Emma, for whom sadness and boredom began after her marriage to Charles, marriage did some good to La Guérine. Reading Félicité’s account of La Guérine in light of the medical readings that portrayed Emma as the heroine of the hysterics, it is difficult to ignore how Félicité’s mentioning of marriage, immediately brings sex to the reader’s mind, and by the same token, repressed sexual desires. We know that Emma had to look for passion outside of her marriage as a remedy to the monotony of her existence. And with each of her erotic escapades, she plunged more deeply into reveries from which she could no longer emerge. La Guérine’s marriage, however, brought her some luck and became the answer that would put an end to her illness. An illness that even “the priest” could not cure. While Félicité’s narrative separates the word “médecins” and “priest” with “n’y pouvaient rien,” she could have substituted “priest” with “psychologist,” (or even later for the “analyst”). A similar incurable “fog” to the one that clouds La Guérine and Emma’s head seems to re-merge into the head of Janet’s hysteric patients.

206 Flaubert, p. 198; p. 91.
Tony Robert-Fleury’s *Pinel Freeing the Insane*, 1876.

The Linguistic Destinées of the Medical Case

In *Altered Conditions: Disease, medicine, and Storytelling*, Julia Epstein notes:

The clinician then renders the patient’s account into narrative sequences. The process of producing differential diagnoses, therefore, comes to mimic in a variety of ways the process of interpreting other kinds of narrative stories. In other words, clinicians seeking to locate the causes of particular disruptions to the body bring to their task a set of intellectual operations conceptually similar to those used by literary critics, philosophers, ethnographers, and others whose job is to interpret nonmedical narratives.\(^{207}\)

It follows from Epstein’s observations that illness signifies an inability to give an adequate account of oneself and one’s experiences. Accordingly, illness can only produce a narrative of disjunction. In Janet’s *De l’angoisse à l’extase* (1928), the line between sanity and insanity, the source of the disjunctive effect, seems to be determined by the lyricism, which infuses both Janet’s diagnosis and his patients’ accounts of their suffering. Yet, narrative linearity is not

necessarily a criterion of good mental health in the case of Janet’s patients. Indeed, the psychological pain they feel can only be conveyed through the use of metaphors, which Janet relates into his own narrative in the medical case.

Janet does not arrive at his diagnosis of his patient Madelaine through reading novels, nor did Madeleine reveal a similar taste for literature as Blanche has. Nonetheless, Janet’s use of language in the ways in which he choses to import Madeleine’s narrative of suffering suggests a narrative style that moves away from the clinical descriptions of Charcot’s own diagnosis of hysteria; one, which makes the patient’s use of language a necessary feature of the hysteric diagnosis. Janet’s following of the “psychologie scientifique,” which begins with Hippolyte Taine’s *De l’intelligence* published in 1870 explains how Janet’s work in psychology weaves the disciplines of psychology and philosophy to shed a new light on the mechanisms of the psyche. More importantly, Janet’s reading of Taine situates Janet’s use of language at a specific juncture between linguistics and philosophy. This is an important aspect of Janet’s work and his developing of the case of Madeleine in *De l’Angoisse à l’extase*. Just as it would have been reductive to marvel at the poetic ramifications of the Charcotian model for hysteria, without questioning how such novelistic import of illness in scientific treatises have modified the case history of hysteria in Charcot’s neurological examinations, one cannot simplify the readings of Janet’s case by associating it with the style of narrative fiction it can sometimes echo.

As we have previously observed, patients such as Simone, for example, are often compared to romantic heroines. Indeed, the style of their narratives, as Janet relates them, strangely echo the descriptive style of nineteenth-century literature. To make the case for the comparison between Janet’s clinical narratives and the narrative style of fiction even stronger, one has only to read Janet’s own statement that “Let us not forget that we still belong to the
romantic era of literature and morals, and that we are compelled to give explanations through the ideas of romanticism until we have better ones.” But what we must not forget either, is that Janet conceives of psychology as a philosophical inquiry, as much as it is a medical question. Janet is precisely thinking here of Taine’s discussion of hypnosis, somnambulism, and sensation. Janet expressed with his observations of Léonie, how somnambulism can divide the identity of the patient into two distinct entities, each presenting a different set of thoughts and memories. The suggestibility of the hypnotized patient is not as important, as her ability to enact those two distinct personalities. In this regard, Janet’s interest in hypnotic practices recall Taine’s notion of phantom sensations, for which the function of memory (not suggestibility alone), allows one to experience similar sensations during somnambulistic inductions to those felt in waking life: “Hence we see that the objects we touch, see, or perceive by any one of our senses, are nothing more than semblances or phantoms precisely similar to those which arise in the mind of a hypnotized person, a dreamer, a person laboring hallucinations, or afflicted by subjective sensations.”

The “semblances” or “phantoms” that come to replace actual bodily sensations, as expressed by Taine, are similar to Janet’s conception of the role of language as it pertains to “la pensée”: “En premier lieu le langage sert à conserver les souvenirs. Sans doute il est inutile pour conserver le souvenir d’une sensation particulière qui persiste sous forme d’image, mais dès qu’il s’agit d’un objet, d’un groupe de phénomènes psychologiques, le mot sert de centre autour duquel s’organisent les images et il est nécessaire pour conserver et évoquer l’ensemble.”

Similarly to the sensations that are mediated by memory and as such, can re-enter the mind of the hypnotized subject, language, for Janet, also serves to assemble and to conserve one’s

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memories. Consequently, the word can contain and organize a series of images, which one can retain, as well as evoke memories and sensations relevant to the psychological analysis. Janet’s conception of the word signals that the word is not a neutral linguistic element. Rather, the word, in containing images and memories of those images, is already poeticized. By poeticized, I mean that that the word stands alone as a metaphor for one’s perception of one’s environment, as well as one’s feelings of that environment. One may say that in Janet’s psychological universe, there is not the need for a “fonction poétique,” such as in Roman Jakobson’s linguistic model, which locates the poetic function at the junction of metonymy and metaphor. Poesis, in Janet’s psychological inquiries, exists alone and is a function of the relationship between the word and one’s memory.\(^\text{210}\)

Janet understands hysteria primarily as a “rétrécissement du champ de la conscience,” resulting from the hysteric’s “feeble” or diminished psyche. Janet’s diagnosis of hysteria very clearly differs from Charcot’s. For Janet, like for Freud, the origins of hysterical symptoms exist in the hysteric’s mind. In fact, Janet later associated this “rétrécissement du champ de la conscience” with the Freudian notion of “refoulement” and repression, claiming that he first established the relation between the symptoms of hysteria and repressed thoughts and emotions in defining hysteria as a “rétrécissement du champ de la conscience.”\(^\text{211}\) This “rétrécissement” reveals the hysteric’s diminished mental state, which in turn, makes her susceptible to dédoublements, during which she experiences the existence of another personality—a de-personalization of the self.


The “dédoublement,” which Janet perceives as an essential feature of hysteria is also linked to Janet’s notion that hysteria is an extreme form of mental fatigue, or what he often calls a “cerebral exhaustion.” Because of this mental fatigue, hysterical patients often fail to connect their own sensations and feelings to the self. Rather, they displace feelings and sensations into an imagined double. Imagination, vivid fantasies, and even lies, (mostly due to the hysterics’ difficulty to recall past memories) Janet tells us, all characterize the female hysterics. However, Janet still recognizes a particular talent of his patients: “Au lieu d’être terne et abstraite comme chez nous, la pensée est chez elles colorée et vivante, elle est image et presque toujours hallucination.” 212 With this statement, Janet appears to turn the Charcotian model around. It is not the medical practitioner who observes and sees the body of the hysteric. Rather, Janet highlights the hysterics’ ability to see as they speak, that is, to verbalize mental distress with and in images. Consequently, the patient’s language will reflect their own ability to think along the lines of a pensée colorée.

The Psychology of Madelaine

The hysterics’ discourse of pain revolves around metaphors and particularly metaphors, which include the language of the body. But as previously stated, Janet’s own definition of language seems to already contain (or perhaps to anticipate) the expression of the language of pathology. If the pathology of hysteria exists within an imaginative discourse—the discourse of one who sees in images and utters a pensée colorée—Janet casts the word as one, which already contains the metaphor the hysteric will seek to express. Thus not surprisingly, the narrative of Janet’s case histories made him “one of the great forerunners of our contemporary fascination

212 p. 206, my italics.
with the poetics of the everyday” and “some of his most convincing cases read in fact like short stories waiting to be turned into novels.” 213 In De l’angoisse à l’extase he confirms the pivotal role of narrative in his queries into the psychology of the hysteric: “[l]a narration, même succincte, de la vie d’un individu est déjà par elle-même un document psychologique de quelque intérêt.” Of Madelaine, Janet further notes: “[l]a destinée étrange de Madeleine et les aventures assez singulières qu’elle a traversées nous feront soupçonner dès le début les anomalies de son esprit.” 214 The strange destiny of Madeleine, which led her to Janet’s psychological laboratory, reaches the reader through Janet’s own re-telling of her narrative. Here, Janet becomes both detective and psychologist, an avid reader of Madeleine’s strange stories and at the same time, her devoted healer. Yet, as we will see, Janet’s attentive listening to Madeleine’s stories also account for their translation into his medical writings. And reading the “strange destiny” of Madeleine as it is related by Janet, one begins to wonder if Janet’s medical case is not the result of scientific investigations into hysteria, as much as it validates Janet’s conception of the poetic nature of the word.

Thus Madeleine’s “destinée étrange” begins when one of her sisters decides to distance herself from religion and falls ill. As Madeleine attends to her sister’s sufferings, she, unlike her sister, develops a growing faith and interest in religion. Her growing faith would later translate into which, the “délires religieux” that typified her hysteric episodes. When she was a child, Madeleine already presented signs of a very weak physical constitution and she often suffered from diseases such as “scarlatine, rougeole, coqueluche,” a persisting cough, and reoccurring rashes on her skin. Even more troubling, Janet discovers that Madeleine started to hear voices as as young as five years of age: “Déjà à l’âge de cinq ans, me raconte-t-elle, une voix m’avertissait

214 Pierre Janet, Vol. 1, p.9
la nuit de ce que je devais faire ou ne pas faire et je recevais des lumières sur des choses que l’on ne comprend pas d’ordinaire à cette âge…[…] J’étais avertie la nuit que je devais souffrir de toutes les douleurs des autres personnes et je sanglotais toute la nuit sans savoir bien pourquoi avec le présentiment de tout le mal que je devais plus tard découvrir.”  

During her adolescence, her hallucinations intensified. So did her convictions that she had to serve God through extreme suffering and to relinquish her life as a child whose family brought up in comfort and privilege. She began to experience profound sadness, sensations of bodily paralysis, and episodes of “somnolence,” during which, she felt half-conscious: “Le monde extérieur disparaissait et je n’avais pas lieu de le regretter, j’avais le recueillement intérieur avec une impression de joie délicieuse et je recevais dans ces moments des inspirations précieuses qui me guidaient vers le bien.”

At the age of 24 years old, Madeleine decides to leave her family to lead “une vie de pauvre.” She changed her identity and did not see her family again until the age of 42 when she entered the Salpêtrière. During her time away from her family when she wished “se sentir comme morte pour toute la famille,” Madeleine led an extremely harsh life during which she imposed on herself poverty and devoted herself to helping others. But her symptoms also completely vanished during that time. Her fugue, away from the family, was not without some anecdotes, some of them rather amusing (which she herself admits) such as when she had been arrested for “vagabondage” as she was spending the night in a park. Madeleine told the police that her real name was Madeleine Le Bouc. This pseudonym, she explained to Janet, was a metaphor for herself as the “amante du Christ” and thus the “bouc émissaire des péchés du monde.” With the invention of this pseudonym, Madeleine exemplifies both the hysterical’s

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215 Janet, p. 11  
216 Ibid
religious ecstasies, as we have previously seen in Charcot’s patients, and the ways in which the
hysteric uses language to translate her vivid imagination. If for Charcot, religious ecstasies were
revealed in the series of photographs assembled by the Iconographie de la Salpêtrière and
detailed with captions such as “Menace” or “Moquerie,” for example, Madeleine’s religious and
ecstatic double is signified by her own dédoublement, which she highlights in the choice of a
pseudonym.

Madeleine continues to further mystify the telling of her existence to Janet: “Ma vie […] a
toujours été extraordinaire et pleine de mystère.” 217 In the epistolary exchange between Janet
and his patient, Janet discovers in Madeleine’s letters and diaries the events that constitute what
she calls herself a “strange destiny,” from her escape from home as an adolescent, to her arrival
at the Salpêtrière. Janet’s reconstructing of the genealogy of Madeleine’s pain, along with his
assembling of the narrative of Madeleine’s story occurs both through his listening of her speech
during his observations of his patient, and through his reading of letters and diaries. As such,
Janet’s re-piecing of Madeleine’s medical history is an attempt at deciphering the many events
that made for her “vie pleine de mystère” in two languages: Madeleine’s uttered speech, as well
as her writings. And not unlike the vivid and imaginative “pensée,” which she possesses in
retelling her story, Janet also reconfigures his own clinical “pensée” into the mind of an artist
who paints a portrait of his patient that merges two distinct discourses.

Indeed, while Janet’s account the story of Madeleine highlights the ways in which the
patient’s narrative can attest to her psychological state, Janet’s medical treatise imports a
narrative language of suspense, which mimics Madeleine’s own story of “mystère.” The reader
thus discovers Madeleine’s états d’âme through a narrator whose investment in interpreting

217 Paragraph on this section of Madeleine’s biography as she relates it to Janety in Janet, De l’Anoisse à l’extase,
pp. 17-20
Madeleine’s psychological states, overrides his scientific task as a collector of facts. The first chapter, Madeleine’s “biographie,” is divided into four succinct parts that are entitled “Enfance et jeunesse chez les parents,” “L’idéal et la misère,” “Le séjour à la Salpêtrière,” and finally, “Le retour au foyer.” As the reader gets accustomed to Madeleine’s trajectory into the path of suffering, Janet’s insertion of imaginative titles to describe the stages of her medical journey seems to liken Madeleine to a fictional heroine whose “vie bizarre” unfolds before the reader’s eyes. In relation to Madeleine, Janet becomes the narrator of a story of profound psychological pain.

But Janet is wary of the fictions Madeleine can create: “D’autre part le mensonge est dangereux pour la vie sociale, il peut altérer complètement le rôle du langage et il est condamné par les lois religieuses et sociaux.”218 Here, Janet differentiates between the possible lies uttered by his patient and which, he deems detrimental to the treatment he prescribes, and his own impulse to embellish his patients’ narratives by having recourse to the conventional features of literary writing. Interestingly, Janet’s warning to the reader of the medical treatise about the ways in which the mensonge can adulterate the function of language almost acts as a prière d’insérer to both conceal and perhaps to confess the transformation of his own use of language in the medical case history. As Janet’s patient Madeleine coins such terms as “sècheresse” to indicate a state, which she considers “comme la plus pénible des épreuves envoyées par la Providence. C’est un état qui me semble caractérisé par le vide des sentiments ou par le sentiment de vide,” Janet writes: “[…] j’accepte l’interprétation de Madelaine et je place à part cette forme de sècheresse particulière.”219 Here, Janet seems to dismiss all disbelief that may be associated to the patient’s ability to transfigure language. Rather, Janet embraces Madeleine’s metaphoric

218 Janet, De l’Angoisse à l’extase, p. 214.
219 Ibid., p. 137
discourse. Unlike Freud, who remains suspicious of his patient’s discourse and whose cure lies in deciphering the patient’s speech, Janet fully assimilates Madeleine’s discourse of pain into his diagnosis. Janet imports Madeleine’s metaphors into his clinical diagnosis.

Moreover, Madelaine’s formulation of the term “sècheresse,” because of its strong imagery, acts as a proof of the illness of hysteria from which she suffers. By the same token, her use of the metaphor “sècheresse,” to convey her ailments, epitomizes the role of language for Janet, as one, which expresses one’s thoughts, while also translating one’s memories of one’s sensations. In providing authenticity to Madeleine’s speech, Janet legitimizes the psychological diagnosis of hysteria, thereby showing that the linguistic symptom of the illness is translated into poetic inclinations in language. Janet’s conclusion that the hysteric’s speech evidences an unparalleled ability to use vivid metaphors is validated by Janet’s acceptance of Madeleine’s creative use of language as a symptom of her illness. For Freud, words exist only as shields that contain the repressed sexual anxieties of his patients and await impatiently their shattering by the analyst who brings unconscious desires to the surface of speech. Conversely, for Janet, the words his patients utter stand on their own, not as defense mechanism, but to confirm the illness they endure. As pieces of pathological evidence, Janet treats his patient’s language as fragile grammatical threads that make up for the uncertain structure of the psychological diagnosis of hysteria. And indeed, Janet’s medical case is often concerned with importing Madeleine’s language of images more than it is with relating her clinical history. In Janet’s clinical world,

\[220\] I am deeply indebted to Daniel Heller-Roazen for his wonderful seminar on “The Sense of Sensing,” as well as for an independent research course I took with him during the Spring of 2007. Both have greatly informed much of my research on nineteenth-century medical literature and have also fueled a great passion for nineteenth-century medical history. For an excellent and beautiful reading of Janet’s “sentiment de vide,” see Daniel Heller-Roazen’s “The Anaesthetic Animal: Of Modern Psychiatry and its Discovery of People who sense, with much Conviction, that they do not exist,” The Inner Touch: Archaeology of a Sensation (New York: Zone Books, 2007), pp. 271-291.
what differentiates the pathological from the non-pathological is that, unlike the “terne pensée chez nous,” the hysteric’s discourse “sees in words.”

Madeleine’s ability to “see in words” continues to infuse her medical narrative:

“Madeleine avait de temps en temps des périodes de ‘noire tristesse’ qui durèrent pendant des semaines. On trouvait l’enfant toute en larmes dans quelque coin et on ne pouvait comprendre son chagrin car elle était excessivement renfermée, elle se sentait ‘gênée et incapable de montrer son âme,’ elle suppliait seulement qu’on la laissait seule ‘car elle rêvait de vivre dans la solitude.’”

The quotations marks, which set apart expressions such as “montrer son âme,” or “elle rêvait de vivre dans la solitude” further signifies how Janet directly cites from Madeleine’s own lexicon as she describes the pain she felt during her childhood. Because of the metaphorical language one detects in the citations Janet choses from Madeleine’s narrative, Janet relates Madeleine’s discourse to reinstate how her hysterical symptoms emerge into her use of language and are transposed into the metaphors she adopts to discuss her pains.

But perhaps more importantly, in this passage, Janet’s relation to Madeleine becomes one of a ventriloquist and Madeleine’s narrative style further infuses Janet’s own medical narrative. Moreover, with the use of the impersonal pronoun “on,” Janet also implicitly inscribes himself within the grammar of Madeleine’s story. Janet no longer stands as the detached clinician, satisfied with retelling the story of Madeleine’s embryonic pains as a child. Rather, Janet becomes an embedded narrator in her story; his indirect discourse allows for his own fantasy of being a witness to her childhood’s “noir tristesse” to emerge in the act of storytelling. The sense of profound intimacy between Janet and Madeleine in this passage is enhanced by Janet’s intense...

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221 Janet, p. 11; *my italics.*
feelings of compassion, but also visually present in the grammatical structure of those sentences describing Madeleine’s sadness during her childhood.

Metaphor and the language of Pain

Janet’s introduction of Madeleine foregrounds a narrative, which oscillates between physical descriptions that are clinical, devoid of metaphors and the accounts of Madeleine’s psychological states, which rely on metaphors. Of one of her physiological symptoms, Janet notes: “[…] Il faut remarquer dès le début des troubles de la marche […]” This oscillation furthers the gap between the scientific discourse of facts and the metaphorical landscape in which Janet typically locates his diagnosis of Madeleine. Describing Madelaine’s “sentiment de vide,” or feeling that one looses all abilities to feel, Janet’s own diagnosis, not unlike Madeleine’s description of her state of “noire tristesse” as an incapacity to “montrer son âme,” Janet has recourse to Madeleine’s own linguistic terminology. Janet likens the “sentiment de vide,” which his patient experiences to an état in which one feels as if one has “devenue sèche.” Moreover, the opposition between physical and psychological accounts of Janet’s diagnosis, between the clinical eye which frames the physiological narratives and the lyrical lens through which the reader gets a glimpse of Madeleine’s soul, seems to be reconciled in the bodily metaphors Janet’s patient uses to convey her psychological distress.

Janet’s close attention to the language uttered by patients turns the gaze of the patient inward only to reemerge as a language of the body, which paradoxically signifies a suffering of the psyche. Yet, Madeleine’s use of bodily metaphors to speak of psychological suffering unsettles the role of language itself in such accounts. Indeed, metaphor is itself a problematic
term that raises important issues on the status of the threshold of figuration and the task of
language in depicting illness. Janet accepts and assimilates Madeleine’s own interpretation and
definition of both her symptoms and of her pains, as well as the language she employs to
describe such suffering. However, Janet seems not only to consent to such metaphorical
depictions in formulating the hysterical diagnosis of Madeleine, but also to find no scientific
alternative lexicon to define Madeleine’s psychological state. Rather, Madeleine’s language
becomes the only conduit to Janet’s diagnosis and by the same token also is the linguistic
barometer for her hysterical symptoms.

In the second volume of De l’angoisse à l’extase, Janet’s investigation of the “sentiment
de vide” Madeleine experiences furthers the complex relationship between the role of metaphor
and the use of imagery of the body such a language entails. Janet relates: “Je ne peux plus rien
faire, ni rien sentir, répétait-elle, je suis inerte comme une bête de somme, dans un état de
prostration dont rien de peut me tirer […].”\(^\text{223}\) Yet the “sentiment de vide,” characterized by the
disappearing of all normal feelings, finds the most accurate expression in the figurative and
bodily language Madeleine chooses to utter: “Non seulement le corps est anéanti, mais l’esprit
nous échappe et le coeur va mourir. Tout est ténèbres en nous et hors de nous. L’âme ne voit plus
et ne sent plus que le néant où il semble qu’elle va s’abîmer pour jamais.”\(^\text{224}\) Madeleine explains
how the “sentiment de vide” provokes in her the feeling that her body ceases to exist, and also
that she no longer feels as if she has a grasp on her spirit. Yet the depiction of this specific
sensation is further detailed with expressions that lead one to believe that Madeleine cannot
convey her pain without redirecting her audience to bodily sensations.

\(^\text{223}\) Janet, Vol. 2, p. 29
\(^\text{224}\) Ibid., p. 31
Indeed, whereas her “esprit” escapes her, her soul also seems to undergo a process of “abîmement,” which Madeleine likens to possible disturbances of sensations, such as her sight. However, the “sentiment de vide” does not imply the cessation of all sensations for Madeleine. Rather, the intensification and/or the relocation of such sensations into other bodily organs become both the physical site of intensified sensations and the linguistic locus of Madeleine’s discourse of pain; as if Madeleine makes up for the loss of particular sensations by creating new ones. Thus, as Madeleine feels as if her “heart” is about to die, the internal sensation of death which she describes is combined with the sensation of seeing only the “néant” through her soul. Yet to understand the “sense of not sensing” as metaphor only, might be an oversimplification of the pathology Janet describes in Madeleine’s case. Precisely because the “sentiment de vide” is characterized by the feeling of a loss of sensations, yet is not accompanied by an actual diminution of those sensory faculties. Madeleine’s metaphorical language, as she utters that she feels “as if her heart is about to die” conveys the sensations Madeleine feels as a hysterical patient whose symptom is the “sentiment de vide.”

The difference between not sensing and the “sentiment de vide,” or the feeling of not feeling can only be seen in Madeleine’s language. The sensory presence of Madeleine’s heart and its progressive “abîmement” convey how Madeleine still experiences a feeling, but one, which tragically reverberates the feeling of no longer being able to experience such a feeling. This loss, for Madeleine, resonates with witnessing her heart in the process of dying. Janet does not correlate the “sentiment du vide” with a particular or generalized diminution of the senses that can be physically proven. With Janet, many patients can recognize that a particular object, for example, smells good, even though they can no longer smell it, as if objects remain fully external to the self and can no longer be appropriated by their senses. Janet’s patients can no
longer appropriate objects within a sensorial dimension, yet they remain fully conscious of the sensations each object once provoked in them.

Moreover, for Janet, the diminution of the senses, such as the loss of hearing or sight, which seems to be experienced by many subjects suffering from the “sentiment de vide,” is not the cause of the “sentiment de vide.” Rather, the “sentiment de vide,” is an independent feeling that does not bear a direct relation to the acuteness of the senses, not unlike those described in Taine’s appendix: “Je ne suis pas […] je suis un autre […],” yet “il me semblait que mes oreilles étaient bouchées; j’étais étonné d’entendre; mais j’entendais en effet très-distinctement et même beaucoup trop.” As Janet’s patients perceive themselves as others while remaining conscious of the self, sensations come to them as a surprise; they remain shocked by their ability to experience such sensations.

The patient finds herself in a state of total indifference, yet she can still recognize the despair from which she suffers. She is still capable of feeling a nostalgia to recapture those sensations, and even mourns for pleasurable feelings that were once felt in the past: “Tous les sentiments qui font le charme de la vie ont disparu, les personnes comme les objets, tout m’est indiffèrent…C’est triste de voir partir tous les sentiments qu’on a eus depuis son enfance et qui ne reviendront jamais.” It is at first tempting to understand such cases as Madeleine’s case of the “sentiment de vide” in light of the physical senses that might characterize her sensory feelings, that is, each patient loses a sense of self mainly because his/her sensory abilities are diminished. Yet, Janet demonstrates how the opposite is actually true in the case of patients like Madeleine. While bodily metaphors seem the only conduit to the expression of Madeleine’s psychological distress, bodily phenomena remain remote from the patient’s mental state of pain.

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225 Taine, p. 471.
226 Janet, p. 59.
Further, in many cases explored by Janet, such claims from patients as the loss of hearing, sight, or taste remain hypothetical and cannot be proven outside of the patient’s attempt at finding the words that best articulate their psychological state. Even the patients who think they no longer control their thoughts or movements, can still assign some agency to an external person, unknown in most cases. They feel completely invisible: “Je vois les gens sans les voir, ils sont partis loin, ils sont perdus et je me sens seule dans un grand vide, comme dans un grand rond. Dans ce sentiment d’irréalité, les objets se transforment, par exemple, la Tour Eiffel est vue comme infiniment petite, ou au contraire, certain objects sont vus avec une précision anormale, comme à la loupe.” 227 Here, the notion of “irreality” is twofold: first, the discourse of the patient suggests a complete detachment of the self from the images she perceives as the narrative omits the first person pronoun—“les objects sont vus.” Second, it is through the notion of “irreality,” and one, which is told by the patient, yet no longer belongs to her, that the patient introduces her uncanny ability to perceive objects through a deceptive lens, or with intense precision. This last point relates to Janet’s description of the hysterics as creative minds, but also reveals the “sentiment de vide” as a feeling that paradoxically allows for a heightened, overdeveloped sense of perception.

In the case of Loetitia, another famous patient of Janet, she describes the “sentiment de vide” in the following way:

Ne faites pas attention à ce que je dis, c’est une autre personne qui agit et qui parle à ma place; je m’écoute moi-même parler et si ce que je dis traduit ma pensée, j’en suis bien étonnée…Mes jambes marchent comme celles d’un automate bien remonté, je suis une femme mécanique…je vous donne la main et ce n’est pas moi qui vous la donne. Il me

227 Janet, Vol. 1, p. 59
semblable que si c’était moi, je la donnerais autrement, j’aurais senti autre chose, je ne suis responsable de rien de ce que je fais.\textsuperscript{228}

As Laetitia experiences a complete dédoublement and can no longer locate the self, her sensations, especially the sense of touch, remain essential to both her feeling and to her understanding of what constitutes the “sentiment de vide.”

Hence Laetitia is convinced that if it were herself, she would have felt a different kind of touch if one had held her hand.

Through the use of metaphors, bodily parts become a linguistic locus that can speak of mental anguish. The patient, not unlike the pathologist, seems to look at the body, yet does so through a medical gaze that is both internalized and externalized; looking inside the mind and relocating psychological pain onto the surface of the body. As such, the body becomes a lexicon to articulate the disordered mind in language. Janet’s Madeleine or Laetitia thus create a psychological taxonomy of the body, which attempts to make illness visible while simultaneously displaying their medical condition as hysterics. The language the hysterics use is thus both an attempt to find a cure to their illness by conveying the pains they endure to Janet, and at the same time, a kind of linguistic indulgence which submerges them further into the pathological by reinstating their status as hysterics. However, while facilitating the translation from psychological ills into metaphors, the body remains in language only but does not visibly express such pain on the surface of the flesh. In claiming that she feels as if she no longer has a head or that she feels her heart dying, Janet’s Madeleine wishes to expose her mental suffering in her bodily parts, which in turn, substantiate into a metaphorical language only to vanish from under the threshold of figuration.

\textsuperscript{228} Janet, Vol. 2, p.37
Verbalizing a Sixth Sense

Discussing the notion of psycholinguistics, a discipline at the frontier of semantics and psychology, Paul Ricoeur elaborates the concept of what he terms the “sensible” moment of metaphor: “This moment is designated in Aristotle by the lively character of metaphor, by its power to ‘set before the eyes’.” 229 Moreover, Ricoeur notes, poetic language can be defined by “a certain ‘fusion’ between meaning or sense and the senses” and “[…] instead of being a medium or route crossed on the way to reality, language itself becomes ‘stuff,’ like the sculptor’s marble.” 230 The notion of a “sensible” moment of metaphor that “set before the eyes” perhaps highlights why and how Janet’s patient Madeleine uses bodily metaphors. Such metaphors express and indeed embody the paradoxical tension between the “sentiment de vide” as a feeling of the loss of sensations and the all too present senses, which the patient can still experience. In this way, metaphor becomes a heightened sense in language.

“Setting before one’s eyes” is precisely what Madeleine does when she brings into play the bodily lexicon to illustrate her psychological ills. While the “sentiment de vide” remains a psychological state, in which the patient no longer feels pain or pleasure with the same intensity, using the body as the conduit to a language that signifies such pain paradoxically retraces the tension between loss of feeling and loss of sensations by bringing bodily sensations forward and into language. Madeleine deciphers her sentiment de “sècheresse” by bringing to the surface the sensations her psyche wishes to feel in the body. The nostalgic impulse to which Janet’s patients succumb when they suffer from the “sentiment de vide” guides them into desiring to recover past feelings and sensations that are suspended. This desire to recover lost sensations can be seen as a kind of intuitive sense whose presence not only tells the suffering patient of the absence of

230 Ibid., p. 209
particular feelings, but also of their possible recovery. Thus, as Madeleine expresses that she “no longer feels her head” or that “her heart is dying” she uses figures of speech to convey her pain, but also to recover feelings she once felt.

In *Metaphors We Live By*, Lakoff and Johnson see metaphor as a kind of sixth sense: “It is a though the ability to comprehend experience through metaphor were a sense, like seeing or touching, or hearing, with metaphors providing the only ways to perceive and experience much of the world. Metaphor is as much part of our functioning as our sense of touch, and as precious.”  

231 In the same way in which the loss of feeling in Janet’s patients is often accompanied by a heightening of sensation, the hysteric patients experience a similar intensification of imagination in the language they use. Metaphor, in Janet’s patients, not only is “part of the patient’s functioning,” but is the materialization of the sensations they experience in the “sentiment de vide;” and hence of the illness from which they suffer in language. As such, the language of Janet’s patients exists in direct relation to the pathology from which they suffer. Words cannot open up the path to a “cure” as they do in psychoanalysis. Rather, the words uttered by Janet’s hysteric crystallizes suffering *ad infinitum* by becoming both the expression of a particular pain and a linguistic prosthesis, which displaces the acuteness of sensations from the body into the act of speaking.

Unlike Charcot’s theatrical performances of the hysterics that create an “on-stage poetics of the body,” Janet’s text articulates *poesis* in which a metaphoric language of the body becomes a diagnostic tool. Janet’s close attention to the language uttered by patients turns the gaze of the patient inward only to reemerge outside their mind and onto the body by using “bodily metaphors” to speak of psychological suffering. In Janet’s *De l’angoisse à l’extase*, the discourse

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231 Lakoff and Johnson, *Metaphors We Live By*, (1980), p. 239
of the sciences and the rhetoric of narrative fiction come together not as a symptom of the blurring of boundaries between the two distinct ways of understanding human consciousness, but as a symptom of hysteria itself. This symptom is also a remedy (not necessarily to hysteria, but to language itself), allowing the patient to overcome the apparent impossibility of expressing her psychological distress. In Janet’s psychological inquiries of hysteria, hysteria is an illness that gives way to an artistic mind for the patients. Janet’s hysteric is a subject of examinations and no longer an object of nosological observations. In relating Madeleine’s narrative, Janet also gives his patient the voice Charcot had silenced. As Janet discusses, the hysteric “sees with words.” With Charcot, speech related pathologies have put an end to his neurological model and led him to explore the possibility of psychological investigations into the illness of hysteria. With Janet, speech is the object of study at the origin of the physiological symptoms of hysteria.
CONCLUSION

Hysteria, “des songes et des mensonges”

Psychoanalysis begins with the case of Anna O. during her treatment of hysteria with Josef Breuer in the early 1880s:

Once she [Anna O.] was in this temper it was not always easy, even in her hypnosis, to get her to talk things through, a procedure for which she had found two names in English, the apt and serious ‘talking cure’ and the humorous ‘chimney-sweeping.’ She knew that having spoken out she would lose all her contrariness and ‘energy.’ Breuer’s patient speaking out or what Anna O. herself calls the talking cure, begins the whole enterprise of psychoanalysis as a science of the mind. The analyst intends to cure his patients’ psychological distress by listening to them talk. As Rachel Bowlby points out, “[…] without hysteria, without Anna O., without the collaboration of Breuer and Freud and the publication of the Studies, there would have been no psychoanalysis.” While Freud’s visit at the Salpêtrière greatly influenced his career, psychoanalysis seems to stand at the opposite end of the spectrum from the Charcotian neurological model of hysteria. Although Freud’s and Breuer’s scientific approach to hysteria pays much attention to the neurological spasms which typify the hysteric’s physical pathology, both perceive the patient’s speech as a symptom of her bodily convulsions. Bodily symptoms (migraines, temporary paralysis of different bodily parts, blindness, diminution of sensations) are amongst the many pains felt by hysterical patients, but Freud’s and Breuer’s Studies of hysteria radically departs from Charcot’s “visual” work on hysteria. Their attempt to

232 Freud and Breuer, Studies in Hysteria, p. 34
233 Freud and Breuer, Studies in Hysteria, p. xvi
cure hysteric patients focuses on the patient’s discourse. Whereas Charcot can be said to silence the voice of the hysteric in creating a poetics of the body with his dramatic artistic performances staged at the Salpêtrière, Freud’s and Breuer’s talking cure or the so-called “cathartic method,” shifts the medical attention from the patient’s body to the patient’s speech.

With Freud’s and Breuer’s Studies, Charcot’s public theatre, which showcased his hysterics, is superseded by a “private theatre” (as Anna O. puts it). A theatre within which, the patient’s narrative is the conduit to her treatment. The act of storytelling thus unlocks the patient’s repressed desires and from within each narrative a possible cure unfolds:

Her morale was, in effect, a function of the time that had lapsed since our last talking session, because every spontaneous product of her imagination and every external event perceived by the sick part of her psyche persisted as a psychical stimulus until it had been recounted in the hypnosis, at which point it ceased to have any effect whatsoever. For Breuer, Anna O.’s storytelling is the remedy to her hysteric symptoms. Yet while Anna O.’s treatment for hysteria leads to the discovery of the talking cure as a possible therapy to alleviate her hysteric symptoms, hysteria as an illness remains strewn with ambiguity.

Anna O. begins her treatment with Breuer in 1880 after suffering a series of physical symptoms such as visual disturbances, paralyzing contractures and partial paralysis of her extremities. Her physical symptoms, which Breuer and Freud relate in the Studies, grew stronger after Anna O.’s father fell ill. She started to develop new symptoms such as a severe cough, pains at the back of her head, as well as hallucinations, intense feelings of anxiety, and a severe psychical deterioration. When Anna O.’s symptoms became more acute, Breuer also noticed a dramatic change in her speech pattern; she “lost all grammatical structure, the syntax was missing, as was the conjugation of verbs, so that in the end she was using only infinitives that

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234 Ibid., p. 36
235 Freud and Breuer, Studies, pp. 26-27
were incorrectly formed from a weak past participle, and no articles [...] for two weeks, she was completely mute."  

Through hypnosis, Anna O. recollected events and stories, which she then told Breuer and she also often narrated episodes she had previously created during her famous periods of day-dreaming. According to Breuer, through the repeated hypnotic inductions, as well as the talking cure, Anna O.’s symptoms disappeared one after the other, until she recovered full health in the summer of 1887.

In an attempt to demythologize Freud’s and Breuer’s celebrated patient, whose cure not only unravels her symptoms, but also gives rise to psychoanalysis in legitimizing the talking cure, Mikkel Borch-Jacobsen asks: “After all, wasn’t it the imitation, by Freud and his patients, of Bertha Pappenheim’s treatment that retroactively ‘proved’ the validity of her cure and convinced Breuer to publish her case history?”  

“Like any other origin-myth,” Borch-Jacobsen continues, “the ur-paradigm exists outside time, outside memory, outside history, because it never existed at all before its replication.” In Remembering Anna O., Borch-Jacobsen’s debunking of the validity of the case of Anna O. is supported by countless documents, testimonies, correspondences, and even rumors, all uncovering the mendacious narratives that lie beneath the surface of Freud’s and Breuer’s medical case. Borch-Jacobsen methodically re-members and re-pieces together the truth of Bertha Pappenheim. Still, Remembering Anna O. reads more like a detective novel than a historical saga of the birth of psychoanalysis and its fictions.

Perhaps more importantly, Borch-Jacobsen’s conclusion is as enigmatic as the medical case history of Anna O. itself: “Simulation is not lying. It is the creation of a new reality. We

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236 Ibid., pp. 28-29
238 Ibid., p. 12
can’t play a role without *incarnating* it […] In reality (if we can call it that), simulation is always real—*surreal*—which is why it is difficult for experimental psychologists to establish a criterion that would allow them to distinguish, with any certainty, a ‘true’ hypnotized subject from a skillful simulator.” 239 In reading the last paragraphs, one is tempted to think that Borch-Jacobsen himself is seduced by the myth he so vehemently discards, and to ask oneself what exactly he means by “surreal”? Does the term “surreal” points to the theatricality associated with hysteria? And if so, would Borch-Jacobsen agree with psychoanalysis that the symptoms of Anna O., whether simulated or real, still confirm her pathology and hence support Freud’s and Breuer’s medical case? Is hysteria to be found precisely between the patient’s lies and Breuer’s suggested truth?

Or perhaps by “surreal,” Borch-Jacobsen means literally “on the surface of the real” (much like the function assigned to the purloined letter by Lacan in his seminar on Poe’s story) in which case, the talking cure would still find some validation? 240 Indeed, the patient’s simulated symptoms are “real” insofar as they surface in Anna O.’s narratives, as well as in her bodily gestures, thus providing Breuer with an entry into the depths of the unconscious. But then Borch-Jacobsen, it appears, would agree with the whole enterprise of psychoanalysis, which privileges the act of telling a story (real or fictionalized) over the truth of memories, deemed irrelevant to the analytical process. Finally, “surreal” may allude to the Surrealists’ praise of hysteria as “the greatest poetic discovery of the nineteenth century.” Here, Borch-Jacobsen

239 Borch-Jacobsen, p. 91.
would clearly demystify Breuer’s case as well as his cure, and perhaps bring the reader back to the Marquer’s “Charcot poétique.”

One may find a possible answer in Janet’s own investigations of the psychological origins of hysterical symptoms:

My opinion is that the problem of hysterical simulation is mostly a question of words. What are we to understand by lie, by simulation? Do we understand the word like we should, in its precise sense, designating a voluntary and pondered deception? Then, it exists in those illnesses, as much as it does in other individuals, as a characteristic of one’s personality, or as the result of bad upbringing […] But I do not believe that we could make deception a specific characteristic of the illness. Or do we understand, to the contrary, like it often happens, this word simulation in an infinitely vague sense, as a modification of some truth, as an undetermined psychological alteration. In this case, I say that simulation could summarize the whole of hysteria and even all possible mental illnesses.  

“Une question de mots” it seems, could make simulation and deception two characteristics that typify anyone with a tendency to deceive, regardless of one’s mental health. It could also very well be the condition of hysteria and of all other mental illnesses. Perhaps it is then no accident that the Charcotian nosography, in its quest to reveal the truth of hysterical symptoms,

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assimilated to its narrative the fictions of the illness and the imaginary images, which represented the pathology of hysteria. For Charcot, hysteria was a “question de neurologie.” Yet to this question, Charcot’s answer was a “musée nosologique,” which gathered the fin-de-siècle medical history, as much as it collected its literary and artistic history. If it was never “une question de mots” for Charcot, Janet’s reading of simulation and “tromperie hystérique,” reminds the reader of the impossibility to disentangle the narratives of hysteria. The “mensonge” too, Didi-Huberman reminds us, is a “question de mots”: “(mensonge: a word that, until the seventeenth century, was feminine in French, perhaps eventually changing, according to etymologists, under the influence of the masculine word for dream, le songe).” 242 At the origin of all lies reside a dream; a vision and the art of telling its story. Perhaps auspiciously, so as to symptomize the origins of the birth of a new clinical diagnosis of hysteria, Anna O. falls ill in 1880, the year Richet publishes “Les démoniaques d’aujourd’hui.”

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