

Books Reconsidered

*Hysteria: The History of a Disease: Ilza Veith**

I only bought my own copy of this book in 1969, four years after publication. It was first offered at \$7.95 and the pencilled price of my copy was £3.12, a bargain by present standards for any book. It was already then the standard work on the history of hysteria. References to that history can probably be found in nearly every author since Hippocrates who has ever touched upon hysteria yet surprisingly, Veith noted, no single historical account of the subject had appeared. (This was true for English. Histories of hysteria did exist, to my knowledge, in French and Italian).

The book immediately filled a gap and was warmly welcomed. Crown (1966), in this *Journal*, said that it was “. . . learned, well documented and extremely well written . . .”. He recommended it highly for those who like to mix pleasurable with “required” reading. The reviewer in the *Journal of Nervous and Mental Diseases* (Leavy, 1966) gave a detailed report of its themes and called it “a fascinating study”. In the *American Journal of Psychiatry* (1966) “F.J.B.” (presumably Francis Braceland) called it “the first major history of the disorder . . . all inclusive, fascinating . . . an excellent work in all respects by a highly respected medical historian”. The *Archives of General Psychiatry* (Bailey, 1966) provided a detailed and slightly inaccurate account of its contents and arguments, missing out some of the most important changes in the sixteenth to eighteenth centuries, but concluding with the comment that the reader would nowhere “find the information more eloquently described than in this scholarly study”. An enthusiastic supporter can never be wholly unwelcome even if the quality of his approval is sometimes slightly flawed.

One reviewer struck a dissentient note. The late Richard Hunter (1966), the greatest psychiatric historian of our time, said in *Brain* that it was “a

popular illustrated account of . . . the wandering womb”. He thought it attempted too much and that it was not easy reading and was not intended to serve as a work of reference. He picked out the error that Dr. Veith had dated the first edition of Robert Burton’s *Anatomy of Melancholy* to 1628, observing that it coincided with the appearance of Harvey’s *De Motu Cordis*, whilst in fact, Burton’s first edition was in 1621 and his third in 1628. Nevertheless, Veith’s book, as Crown remarked, has certainly served for pleasurable reading and as a prime source book. It remains a landmark perhaps even more for its clinical implications than for its historical scholarship. The implications are that it has given us an enduring perspective on the concept of hysteria as a disease. The weakness of scholarship is that some chapters (as Hunter no doubt realised) are not very original and essentially provide links between sections which represent fundamental scholarly work. The strength of the scholarship is that there is so much which is important, original, perceptive, and justified from primary sources.

The first part of the book takes us through the history of the ancient Egyptian *papyri* with the first recorded comments on the wandering womb to the Greek and Roman periods and into the Middle Ages. The Egyptian and Greek descriptions seem to depend on secondary sources or on translations from Greek into French. The Latin references, both classical and at later periods, seem to be handled by Dr. Veith as if she was fully in charge of that material in the original language. She shows us how Hippocrates and Galen both recognised the influence of the mind upon the body, and notes other relevant authors. She then goes on to present in some detail, the writings and views of St. Augustine. This is important because Augustine’s works conditioned attitudes to demonic possession and views of illness throughout the mediaeval and even renaissance periods.

There is a brief but cogent reference to the rest of the mediaeval period, particularly the writings of

*(1965) University of Chicago Press.

Trotula of Salerno, author of *A Mediaeval Woman's Guide to Health*. A discussion of witchcraft provided by Dr. Veith also seems to me to be original and impressive. Earlier authors had dealt with the European material. Veith relates from primary—or at least contemporary—sources the development of the epidemics of witch hunting and the persecutions of witches which also prevailed in North America. She gives a particularly graphic account of the issue as it emerged in Massachusetts.

The discussion of the sixteenth and seventeenth century publications on hysteria is substantial and very well informed. I have always thought this the most useful and most authoritative section, dealing with Ambroise Paré and Charles LePois (Piso) in France and Jorden, Willis, Sydenham, and others of some importance in England. Denis Leigh made a useful start on some of those writers in his good, but neglected book, on *The Historical Development of British Psychiatry* (Leigh, 1961). However, I do not know of any single source in which most of this section could have been found prior to the appearance of Dr. Veith's work.

There is an excellent section based upon Dr. Veith's own scholarly knowledge of Chinese and Japanese medicine. It is valuable as a parallel to what was happening, in those ancient cultures, contemporaneously with the European themes. They did not have the idea of the wandering womb to work upon, but in some respects their notions of magic, spells, and possession are much like those of Europe. Arabic and Persian medicine is touched upon, but only briefly.

Further chapters chronicle the eighteenth and nineteenth centuries including major contributors in those periods, and then pass on to the work of Charcot and Freud, which she presents carefully and well, but not necessarily originally. (That would have been very difficult). The well-known story of Mesmer and other hypnotists is also re-told clearly.

There are no bad sections. There are good sections and some less good sections, but as a source book and as a user-friendly guide to an incomputable topic, Veith remains unchallenged. Did she do anything else? She did not define hysteria. She spoke of definition, but then glided away to a discussion of the deletion of hysteria from DSM-II. Thereafter, she stuck to a policy of talking of hysteria "as the various authors understood it". She did, however, tackle the broad implications of the term. She recognised that for Sydenham and others of his generation, it included many things which we would now class under other segments of psychiatric

diagnosis. Indeed, it is probable that in the seventeenth and eighteenth century and on many occasions prior to those times, hysteria simply represented a general term for neurosis, reactive depression and some types of personality disorder. She did not recognise so well, however, that Sydenham had included amongst the symptoms of hysteria, many disorders which we would now consider to be organic (including, for example, dropsy).

Dr. Veith describes very well the way in which different authors espoused theories for different parts of the body. She recognises the fact that in the fifteenth and sixteenth centuries when Weyer, Paré and Jorden were ascribing a uterine cause to hysteria, their work represented progress since it was returning the topic to medicine and taking it out of demonology. Thus, she noted how Jorden's arguments were used in a trial as a defence against a charge of witchcraft, an observation which Richard Hunter had previously made, but for which unaccountably she did not give him credit.

The change of view which ascribed hysteria to psychological or brain disturbances seems to date from LePois in France and Willis and Sydenham in England. Dr. Veith describes this very well and then points out how Cullen in the eighteenth century reverted back to the uterine theory. She does not explain why Cullen went backwards in this fashion nor does she follow through in all the other literature of the late eighteenth century and early nineteenth century to discuss additional authors who took the same position. Dubois d'Amiens (1833) and Landouzy (1846) both notably followed the uterine theory in that period. Perhaps no one in fact has adequately explained why they abandoned the 'neurological' viewpoint for the gynaecological one. Hollender (1972), however, has pointed out that in the nineteenth century it was the gynaecologists who stayed longest with the uterine theory, perhaps understandably. If Dr. Veith does not highlight nor explain these differences, it is perhaps partly because the job of explanation has still to be completed.

Dr. Veith discusses with much sympathy the ideas of Baglivi (seventeenth century) and of Robert Whytt (eighteenth century) who clearly seemed to relate psychological causes to physical symptoms. They were concerned to explain how these bodily changes could be produced by mental phenomena. She recognises their inability to provide a complete explanation but does not herself, in that discussion, distinguish between psychophysiological mechanisms and conversion ones. Likewise, she does not discuss Sir Benjamin Brodie (1837). Walters (1969)

pointed out after Veith's work had appeared that Brodie and the early nineteenth century anatomists and physiologists provided a foundation from which it began to be possible to see that hysterical symptoms diverged from expectations founded on a knowledge of bodily function and organic disease. Once it was possible to recognise that hysterical symptoms did not conform to anatomy and physiology, the next advance could occur through the recognition of the importance of the patient's ideas in the production of symptoms. The man who did this most definitely was Dr. J. Russell Reynolds (1869) of University College Hospital and also of the National Hospital for Nervous Diseases (Merskey, 1983). Charcot (1885) acknowledged the work of Russell Reynolds and then adopted the theme and added to it the observation that hypnosis served as a means of implanting ideas which then produced hysterical patterns of symptoms. Others, incidentally, have recognised that the production of symptoms as a result of ideas was thought of before the nineteenth century. My former colleague from the Department of the History of Medicine at this University, Dr. John Wright (1980) pointed out how Boyle and Descartes did this and Blackmore (1725) also.

Arguments like the above were developed, for the most part, after Veith had completed her book. Perhaps such a dissection could only have been achieved by a clinician. However, clinicians need the scholarly base which Veith has provided in order to find their way through this material.

There are some other, smaller points which a historian might reasonably have been expected to include. Dr. Veith missed out Erasistratus who before Galen, in a famous story reported in Plutarch's *Life of Demetrius*, showed the influence of the mind upon the body. She is weak on English titles, mis-spelling Russell Brain with only one 'l' several times and calling him Lord Russell Brain. She also suggests in a throw-away line that Sydenham might have taken his medical degree at Cambridge at the age of 53 (although he was an Oxford graduate) because he felt his education was not complete. Latham (1848) who produced the standard nineteenth century translation of Sydenham's works, observes in his preface that it had been pointed out to him that Sydenham's son had become a pensioner at Pembroke College and that Sydenham took his degree from the same College. An alternative explanation might have to do with Cambridge giving Sydenham some honorary recognition or acknowledgement of his status, or else with Sydenham securing the degree in order to support

his son in some fashion. Laycock (1840), an interesting and significant author, is listed in the bibliography but not in the index and the same applies to Brachet and Pomme. Laycock is particularly interesting because he gives a clear list of those who have attributed hysteria to the brain and those who attribute it to other origins or causes. Briquet is only admired in passing, on the basis of a reference by Janet. Still, at that time, his name was little regarded by anyone, and it was only later that the St. Louis school revived his reputation by giving his name, in part erroneously, to one pattern of multiple hysterical complaints.

Dr. Veith is extremely good in picking up the hints of recognition of unconscious mechanisms in Paracelsus and also in R. B. Carter, an English nineteenth century general practitioner who was later both a correspondent to the *Times* and the *Lancet*, as well as a distinguished consultant ophthalmologist to St. George's Hospital and to the National Hospital. Carter only died in 1918 at the age of 89 after a life full of contributions both to the art and science of medicine and also to medical affairs. Unfortunately, Dr. Veith missed or did not include the significance of the discussions of railway spine and accident neurosis in the second half of the nineteenth century, which were very relevant to understanding the notion of male hysteria and the relationship of thoughts and bodily symptoms. On the other hand there are a number of references to the personality traits of patients with hysteria in the writings of Carter and Janet which she describes, and in her quotations from Griesinger. There are, further, some particularly interesting passages from Falret in 1866 and 1890 in which the egotism, duplicity and histrionic abilities of the patients are emphasised. Dr. Veith does not examine the development of the notion of hysterical personality during the nineteenth century and that is a topic that deserves attention, but it would have been a major additional theme.

It is also a pity that Dr. Veith stopped at Freud. The history of combat neurosis, the concept of shell-shock, and the influence of wartime experience upon notions of hysteria have been of great importance subsequent to Freud. It would have been asking too much to expect her to take into account the growing interest in the contribution of organic brain lesions to the production of hysterical symptoms since that was really only put forward strongly about the same time that her book appeared, as by Eliot Slater in 1965.

If there were faults of omission and a few minor slips, these are as nothing to the success of Dr. Veith

in giving unity to a field of thought. The American reviewers and Hunter noted that hysteria had gone from DSM-II and was replaced by “conversion symptoms”. We can now observe that hysterical personality has been cloaked as histrionic personality in DSM-III. These changes were in the same vein as Slater’s Shorvon lecture (Slater, 1965), apparently marked by some wish to deny hysteria as

a substantive element in medical consideration. Veith restored to hysteria its own name and its complex, intricate, elusive, mercurial, and enduring qualities.

So long as doctors remain interested in the mind–body relationship and in understanding their patients, these phenomena will be part of their thoughts and their experiences.

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