British Journal of Psychiatry (1990), **157**, 902–908

A Tribute to Lasègue's Description of Anorexia Nervosa (1873), with Completion of its English Translation

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Gull and Lasègue are usually credited with the first description of anorexia nervosa. In general, however, the work of the French neuropsychiatrist has been underestimated, and English-speaking colleagues who refer to Lasègue's writing on 'hysterical anorexia' almost exclusively rely on the translation of his French paper, which in 1873 appeared in a British medical journal, the same year as the original publication. However, some important passages had been omitted from the translation, and this has not previously been noted.

Long-lasting food refusal, unusual fasting and peculiar hunger strikes have been described for many centuries (Brumberg, 1988; van Deth & Vandereycken, 1988). But the history of morbid self-starvation as a clinical entity (anorexia nervosa) begins only around 1873. One of the central figures is Sir William Withey Gull (1816–90), the renowned and fashionable London physician, who from the very beginning strongly claimed that he had been the first to discover the new syndrome. As we have discussed in detail elsewhere (Vandereycken & van Deth, 1989), a close examination of the events clearly demonstrates that one should attribute discovery of anorexia nervosa to both Gull and the French neuropsychiatrist Lasègue. While Gull (1874) uses the typical nosological style of the physician, enumerating the principal symptoms and findings, Lasègue gives a colourful picture, with astute psychological observations. The Frenchman's paper should be regarded as a classic in psychiatric literature, not just because of its historical place, but also for its astonishing insight.

Life and work of Lasègue

Born in the same year as Gull (5 September 1816), Ernest Charles Lasègue did not earn the same reputation as his British colleague (Hanot, 1883; Ritti, 1885; Streletski, 1908; Semelaigne, 1932; Morel, 1983), but he ranks without a doubt as one of the great French psychiatrists of the mid-19th century, together with Bénedict-Augustin Morel (1809–73) and Valentin Magnan (1835–1916). He was overshadowed, however, by the famous Jean-Martin Charcot (1825–93), the 'Napoleon of the Neuroses', whose work on hysteria and hypnotism at the Parisian hospital La Salpêtrière inspired to a great extent the thinking of Sigmund Freud. This, together with some English chauvinism, might explain why his name is so often misspelled in Anglo-Saxon literature. The most frequent misspelling as Lasè*q*ue is probably due to Bliss & Branch (1960, p. 13 ff.), whose chapter on the history of anorexia nervosa had been for a long time the only major source for English-speaking colleagues. The fact that Lasègue was not as renowned as Gull or Charcot does not make his scientific contributions less important. His list of publications is quite impressive (see Ritti, 1885; and the collected works: Lasègue, 1884) and embraces internal medicine, psychiatry, neurology, and the history of medicine. Beside his article on hysterical anorexia, he was the first to describe exhibitionism and folie à deux, the latter together with Jules Falret (1824–1902). Other important psychiatric writings concern delusions of persecution, catalepsy, kleptomania, melancholy, different forms of hysteria, and various articles on alcoholism.

Lasègue was first trained as a teacher in philosophy and rhetoric. In 1838 he was appointed to the prestigious Lycée Louis-le-Grand in Paris, where the poet Charles Baudelaire (1821–67) was one of his pupils. The young teacher soon made friends with Claude Bernard (1813–78), the pioneering physiologist, who persuaded him to start studying medicine. Lasègue's academic career developed more slowly. Invited to the Salpêtrière by Claude Bernard, who worked there under the direction of Jean-Pierre Falret (1794–1870), Lasègue became passionately involved with the study of medicine in general and psychiatry in particular. Having acquired his doctoral degree in medicine in 1846, he soon became fascinated by his work as consultant physician at the Prefecture of Police, where he had to examine an endless number of people accused of all sorts of crime. Here he developed his special style of work: he kept standardised notes of all cases, and when he intended to describe some common pattern of abnormal behaviour, he collected all his case notes and wrote an article about it. Out of this forensic work arose many of his pioneering descriptions. Thus it is no wonder that he was recognised as an authority in

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medicolegal issues. As Gull in 1853 became full professor, Lasègue's academic career was just beginning (with the acceptance of his Aggregation Thesis on general progressive paralysis), but the following year he was appointed editor of the *Archives de Médicine Générale*, the influential journal in which he would publish most of his articles. In 1862 he was nominated Lecturer in Nervous and Mental Diseases, in 1867 he became Professor of General Pathology and, finally, in 1869 he took up the prestigious Chair of Clinical Medicine in La Pitié hospital, which he occupied until his death. Lasègue was not intent upon titles or honours, and although elected a member of the French Academy of Medicine in 1876, instead he remained devoted to his clinical work and to his many teaching functions at the Faculty of Medicine in Paris. He suffered from severe diabetes and died at the age of 67 on 20 March 1883.

Lasègue seemed to be a calm person of inconspicuous appearance who carefully weighed his words. He was much loved by his colleagues and highly esteemed by his students, who were impressed by his eloquent lectures. In scientific circles he was known as a shrewd sceptic. His previous training in philosophy and rhetoric probably influenced a great deal of his further career in neuropsychiatry. Although inspired by Bernard's work, he always critically questioned the fundamentals of medicine and was averse to any kind of dogmatism. His life and work did certainly share one important characteristic with Gull's: the observation of facts as the cornerstone of scientific endeavour. Sufficiently acquainted with the most important English and German literature, he knew the history of neuropsychiatry quite well. But he himself was not eager to have his name connected with some major scientific discovery. In fact his name was given to the 'Lasègue sign' – raising the extended leg while the patient is lying down, to provoke sciatic pain – but one of his students had, in his doctoral thesis of 1881, described and named the test (see Bazzi & Donadi, 1964; de Sèze, 1958).

How keen an observer he was, can be concluded from the paper we wish to discuss here.

The English translation (part I)

In April 1873 Lasègue published an article, "De l'anorexie hystérique", in the *Archives Générales de Médecine* (the article has been included in the 1884 collection of his medical writings, vol. I, pp. 45–63; a reprint may also be found in Corraze (1971), pp. 135–150). Soon after its publication, the paper must have caught the attention of one or more British physicians. Barely five months later, on 6 and 27 September of the same year, a two-part English translation entitled "On hysterical anorexia" was published in the *Medical Times and Gazette* (this article is reprinted in Kaufman & Heiman (1964), pp. 143–155, and for the most part also in Andersen (1985), pp. 19–27, and Harrison & McDermott (1972), pp. 567–571). Translations of French articles were then not uncommon and remind us that the British academic world was not isolated from the Continent.

The anonymous translation is in general quite good but somewhat loose. Besides giving Lasègue an acute instead of a grave accent, the most important defect is the omission of several parts of the original text. As far as we know, nobody seems to have noticed this – even Skrabanek (1983) in his otherwise detailed and reliable historical study believes that Lasègue's French text was translated *in toto*. Only in one place in the translation is an omission noted by the translator, while four other passages have been omitted without indication (see Appendix).

Lasègue began his article by underscoring the importance of his contribution:

> "The object of this memoir is to make known one of the forms of hysteria of the gastric centre which is of sufficient frequency for its description not to be, as too readily happens, the artificial generalisation of a particular case, and constant enough in its symptoms to allow of physicians who have met with it controlling the accuracy of the description, and to prevent those who have yet to meet with it in their practice being taken unawares."

Then the author depicts the process of the illness as if he were referring to one case (he characterises it as "a somewhat diagrammatic sketch of the disease"). This is the typical style of Lasègue's psychiatric writings, as he tries to give a 'prototypical' description of the disorder. In the final paragraphs of the article, Lasègue emphasises once again the uniformity of the case histories:

> "The cases which have served me as a basis for this memoir are eight in number, all women, the youngest being 18, and the eldest 32. . . . Although these cases are few in number, they so much resemble each other that the latter ones found me in no indecision in regard either to diagnosis or prognosis, and, in fact, all passed on according to rule." (1873*b*, pp. 368–369)

Addressing "a symptomatic complexus too often observed to be a mere exceptional occurrence," Lasègue characterises his article as a contribution to the nosology of the numerous "disturbances of the digestive organs which supervene during the course of hysteria" (1873*b*, p. 265). In this context, the

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choice of the term 'hysterical anorexia' is not surprising:

> "The term 'anorexia' might have been replaced by 'hysterical inanition', which would better represent the most characteristic of the accidents; but I have preferred the former term, without otherwise defending it, precisely because it refers to a phenomenology which is less superficial, more delicate, and also more medical." (p. 265)

Lasègue then puts forward his major hypothesis about the origin of the lack of appetite he observed in these cases: they abstain from food "to avoid pain, which, although hypothetical, is dreaded in advance" (p. 265). It usually concerns a young woman, between 15 and 20 years of age, who "suffers from some emotion which she avows or conceals". So, in Lasègue's view, the origin (the 'primary cause') is a psychic one leading to some vague suffering ('gastralgia') after food intake. Then starts what may be called the 'learning process' in the development of the disorder: "The patient thinks to herself that the best remedy for this indefinite and painful uneasiness will be to diminish her food". And so she does and, after a few weeks of refusing food, "the disease is now declared" (p. 265).

Then follows a strong warning, which even today may be given to many general practitioners and internists: "Woe to the physician who, misunderstanding the peril, treats as a fancy without object or duration an obstinacy which he hopes to vanquish by medicines, friendly advice, or by the still more defective resource, intimidation" (p. 265). To avoid these 'medical faults', Lasègue knows how important the differential diagnosis of gastric pain is, and he devotes three paragraphs to a detailed description of its characteristics. But the key to the diagnosis should be searched for in the patient's attitude:

> "The hysterical subject, after some indecision of but short duration, does not hesitate to affirm that her only chance of relief lies in an abstinence from food; and, in fact, the remedies appropriate to other gastralgias are here absolutely inefficacious, however zealously both physician and patient may employ them." (p. 266)

At this point in the translated text, a first passage has been deleted (Appendix (a)), including the mention of a crucial diagnostic clue: the 'paradoxical liveliness' of the anorexic, a characteristic that is stressed repeatedly throughout the further text. In fact, Lasègue elaborates on this theme in the same paragraph. He states that the first weeks or even months may proceed "without the general health seeming to be unfavourably influenced".

> "There is no emaciation, although the amount of nutriment scarcely amounts to a tenth of that habitually required by the patient. The power of resistance of the general health in the hysterical is too well known for astonishment being excited at seeing them support without injury a systematic inanition to which robust women could not be exposed with impunity. Moreover, this diminution of aliment is made not suddenly, but by degrees, so that the economy more easily habituates itself to the decrease." (p. 266)

The next sentence has been deleted in the translation (Appendix (b)), although it contains a historically interesting remark which explains why Lasègue was so impressed by the sometimes astonishing liveliness and hyperactivity of the anorexics, regardless of their state of severe malnutrition. Thus the anorexics' behaviour stood in sharp contrast to the appearance of fellow citizens during the famine in Paris due to the German siege in the winter of 1870–71, during the Franco-Prussian war. As Schadewaldt (1965, p. 3) notes, Lasègue with his medically trained eye could clearly see the difference in behaviour between the self-starved anorexics and the forcibly starved Parisians. As the text continues (after the deleted part):

> "Another ascertained fact is, that so far from muscular power being diminished, this abstinence tends to increase the aptitude for movement. The patient feels more light and active, rides on horseback [the French text also mentions: 'she takes long walking-tours'], receives and pays visits, and is able to pursue a fatiguing life in the world without perceiving the lassitude she would at other times have complained of." (Lasègue, 1873*b*, p. 266)

In the next paragraph, Lasègue turns to another important element in the further course of the disorder: "the dispositions of those surrounding her". He first stresses the naïvety of doctors who believe in a rapid cure with medicines: the patient will take them all, but remains "invincible in regard to food".

> "When after several months the family, the doctors and the friends perceive the persistent inutility of all these attempts, anxiety and with it moral treatment commences; and it is now that is developed that mental perversion, which by itself is almost characteristic, and which justifies the name which I have proposed for want of a better – hysterical anorexia."

Then follows a striking depiction – a brilliant piece of observation – of a *family scene* one can still perceive:

> "The family has but two methods at its service which it always exhausts – entreaties and menaces – and which both serve as a touchstone. The delicacies of the table are multiplied in the hope of stimulating the appetite; but the more the solicitude increases, the more the appetite diminishes. The patient disdainfully tastes the new viands, and after having thus shown her willingness, holds herself absolved from any obligation to do more. She is besought, as a favour, and as a sovereign proof

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of affection, to consent to add even an additional mouthful to what she has taken; but this excess of insistence begets an excess of resistance." (p. 266)

Do not expect any concession from these patients, adds Lasègue, for this makes all the difference between 'obstinate hystericals' and 'capricious children'. With this lively and somewhat ironic passage ends the first part of the English translation.

The English translation (part 2)

The second part of the translation did not appear in the next issue of the *Medical Times and Gazette*, but three weeks later (in weekly medical periodicals like this, it was usual to publish longer articles as a series). The text continues with Lasègue's further elaboration of what he considers to be a "most positive law that hysteria is subject to the influence of the surrounding medium". He emphasises how, for both patient and entourage, ideas and sentiments become narrowed, to such an extent that "the responses become still more uniform than the questions" (1873*b*, p. 367). In the next sentence, starting a new paragraph, the translator missed a short remark (Appendix (c)): as though in anticipation of the reader's doubt of what has been said so far, Lasègue stresses that his picture of the anorexic's family scene is far from exaggerated. He then sums up the patient's typical excuses for not eating. Finally, she always gets her way and the parents acquiesce: "The patient willingly joins her family at meals, on the condition that she is allowed to take only what she wishes" (p. 367).

Now Lasègue points to the characteristic attitude of the patient – "a condition of contentment truly pathological" – which stands in sharp contrast to other forms of anorexia. One would call it now the almost pathognomonic denial of illness: "Not only does she not sigh for recovery, but she is not ill-pleased with her condition, notwithstanding all the unpleasantness it is attended with". The anorexic shows

> "an inexhaustible optimism, against which supplications and menaces are alike of no avail: "I do not suffer, and must then be well," is the monotonous formula which has replaced the preceding, "I cannot eat because I suffer". So often have I heard this phrase repeated by patients, that now it has come to represent for me a symptom – almost a sign." (1873*b*, pp. 367–368)

In Lasègue's opinion, "the whole disease is summed up in this intellectual perversion", but he hastens to add: "Moreover, I do not believe that gastric hysteria is any exceptional occurrence, for in other hysterical localisations we meet with at least an equal indifference, however inconvenient and painful their manifestations may be" (p. 368). With this remark, the author takes the opportunity to discuss some other forms of hysteria. Here, a long passage has been skipped (Appendix (d)), as indicated by the translator: most of it is indeed irrelevant to the subject, except for the last paragraph, which describes the patient's obstinate resistance against treatment.

The text continues with a description of the third stage of the disease: "Emaciation makes rapid progress, and with it the general debility increases" (p. 368). Lasègue enumerates the typical signs – amenorrhoea, constipation, dry skin, and anaemia. "The appearance of these signs, the import of which can escape no one, redoubles anxieties, and the relatives and friends begin to regard the case as desperate." This sudden switch from a somatic to an interactional description, must have been surprising to Lasègue contemporaries, for he feels the need to explain it. For a present-day psychiatrist, familiar with systems theories, the following remark may seem superfluous, but it surely was a revolutionary statement in the eyes of 19th-century doctors:

> "It must not cause surprise to find me thus always placing in parallel the morbid condition of the hysterical subject and the preoccupations of those who surround her. These two circumstances are intimately connected, and we should acquire an erroneous idea of the disease by confining ourselves to an examination of the patient. Whenever a moral element intervenes in a disease, as here it does without any doubt, the moral medium amidst which the patient lives exercises an influence which it would be equally regrettable to overlook or misunderstand." (p. 368)

Substitute 'psychic' for 'moral', and the quote could have been taken from a modern psychiatric publication!

In this third stage of the disease, the "unconscious change in the respective positions of the patient and her friends" opens the way towards treatment:

> "The young girl begins to be anxious from the sad appearance of those who surround her, and for the first time her self-satisfied indifference receives a shock. The moment has now arrived when the physician, if he has been careful in managing the case with a prevision of the future, resumes his authority."

But one should expect and accept an understandable ambivalence on the part of the patient, for whom now two courses are open: "She either is so yielding as to become obedient without restriction, which is rare; or she submits with a semi-docility, with the evident hope that she will avert the peril without renouncing her ideas and perhaps the interest that her malady has inspired" (p. 368). Hence, the doctor knows that both this attitude and the sometimes long

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duration of illness will turn any therapeutic attempt into a process of trial and error.

This brings Lasègue to a discussion of the patient's prognosis. On the one hand, he is not very optimistic and underscores that "we should be on our guard against affirming beforehand the amount of amelioration with which we must rest content". On the other, he affirms that he has "never yet seen an anorexia terminate directly in death. . . . Hysteria, whatever extreme violence it may attain, is not itself mortal, but it may become the occasional or indirect cause of fatal diseases; and first among these is pulmonary tubercle" (p. 368). In the French text then follows a rather confusing passage (last missing part in the translation – Appendix (e)). Lasègue briefly gives the example of a married woman, 30 years of age, whose anorexia first appeared to him as a disguised suicide attempt, a hypothesis he soon had to abandon: ". . . the patient belatedly attempted to cling to life". This end is surprising because on the one hand it suggests that she did not want to die, but on the other it contradicts Lasègue's previous remark that he had never encountered a death due directly to anorexia. Perhaps the translator had the same difficulty with this passage and, therefore, decided to leave it out completely without indication.

Also somewhat in contradiction to the cautious opinion about prognosis he expressed above, Lasègue states: "The hysterical anorexia itself is always cured more or less completely at the end of years, passing through the period of decrease with an appetite that is limited or exclusive, and occasionally fantastical" (p. 368; the French text mentions 'bizarre' appetites). He illustrates this with some examples, among whom figures a woman with an 'invincible anorexia', whom he had treated, together with Trousseau (his late professor of medicine with whom he worked as *chef de clinique* and under whose guidance Lasègue published several of his early papers on internal medicine). Finally, Lasègue notes he had "never known the disease relapse". For some reason he expected to hear from recovered patients the real motive that had driven them to such extreme abstinence from food, but "the typical formula employed during the course of the disease was reproduced – 'I could not; it was too strong for me, and more, I was very well'" (p. 368).

Comments

The original article represents a superb piece of observation. From a psychological viewpoint it is superior to Gull's (1874) account. The London physician, however, apparently was so impelled to claim priority in describing the 'new' disease that he did not rate Lasègue's contribution at its true value (Vandereycken & van Deth, 1989). To our best knowledge Lasègue himself never referred to his own article in later publications. In 1881, in a lecture on appetite, he briefly mentions (as a special example of lacking appetite):

> "the hysterical anorexia, characterized by indifference, disgust, aversion, finally by satiation. The subject doesn't nourish herself anymore, her health diminishes and sometimes, rarely it is true, may end in death. . . . She condemns herself to a complete inanition, similar to that observed in some insane persons who reject for some reason all foods served for them. The matter is so mental in this young girl, though she is far from insane, that if one wants to overcome her refusals, one should be able to treat her by addressing the mental state itself. One should change the direction of her ideas and nourish her by means of a dissimulated feeding." (Lasègue, 1881*a*, p. 11)

That same year, another lecture – on the lies and stories hysterics can fabricate – starts with some remarks about the many, very confusing and vague signs of hysteria. Lasègue then briefly mentions three examples of vomiting and/or food refusal. Although at least the first one suggests a form of hysterical anorexia, the term is not used (Lasègue, 1881*b*, p. 111).

The picture Lasègue's biographers give is of a rather humble man, unlike Gull. Nowhere do we find any indication that he regarded his contribution as something special. Two anecdotal references support our view. In an Austrian medical journal of 1880, there is a short report (Anonymous, 1880) about his visit to some Parisian hospitals. In the department of Professor Lasègue he was shown "two cases of involuntary protracted fasting". Although he describes the clinical picture of these hysterical women, no word about hysterical anorexia is said, not even with regard to differential diagnosis. This is rather striking since the reporter discusses some unusual forms of self-starvation and quotes some French authors. Thus, apparently, Lasègue did not tell his visitor about 'his' disease nor about his publication about the subject! And in 1883, Deniau mentions in his doctoral thesis that Lasègue had seen more than 200 cases of hysterical anorexia. Although a highly improbable number, it indicates that Lasègue continued to see many anorexics without publishing anything further about them. These findings could also be explained by the enormous fame of Charcot, as already mentioned.

Charcot appears to hold the clue to two puzzling questions the content of Lasègue's paper aroused: why did he not remark on the desire for slimness of his patients, and why did he not recommend a

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treatment? With regard to the first question, it is indeed striking that both Gull and Lasègue did not notice the drive for thinness or the obsession with slenderness now considered a central diagnostic element in these patients. A careful analysis of the 19th-century literature on anorexia nervosa shows that several authors (especially in France) did mention weight concern as an important causal factor. Charcot emphasised this fear of becoming overweight to such an extent that, according to an ironic comment from Pierre Janet (1859–1954), it became an *idée fixe* (van Deth & Vandereycken, 1988; Habermas, 1989). Lasègue, on the contrary, probably overlooked this psychological factor because of his own theoretical bias, focusing too much on the 'gastric' hysteria: at a time when all kinds of digestive complaints like dyspepsia and epigastric pain ('gastralgia') were popular notions, he was easily misled by anorexics who used this 'disease language' to rationalise the self-starvation and emaciation they accomplished for aesthetic purposes (Shorter, 1987).

The second question was touched upon in 1904, when the French physicians Albert Mathieu and Jean Charles Roux wrote:

> "It is curious that Lasègue did not have recourse to a treatment which suggested itself from his very description of the illness. He had established that the milieu in which the patient lived is the proper ground for the development of the anorexia and it did not occur to him to separate the patient from her family." (Mathieu & Roux, 1904, p. 123)

Again, it was Charcot's influence that propagated this therapeutic principle of 'parentectomy' (Vandereycken *et al*, 1989). What became known as 'isolation' was applied for many decades to all kinds of psychiatric disorders, especially hysteria and neurasthenia (Camus & Pagniez, 1904). Hence, for both the weight concerns and the isolation one might imagine that Lasègue did not feel the need to correct and complete his previous opinion because Charcot had stressed these factors. As a matter of fact, some of Charcot's pupils tried to please their master by connecting his name to the disease *anorexie nerveuse* (Féré & Levillain, 1883), but, fortunately, the succeeding generations of French physicians did justice to Lasègue, although they replaced his term by the notion of *anorexie mentale* still in use today.

Acknowledgement

We would like to thank Professor Edward Shorter of the Department of History, University of Toronto, for his help in the preparation of this article.

Appendix

A comparison of Lasègue's original text (1873*a*) with the English translation (1873*b*) shows that five passages were not translated.

(a) Thirteen lines (1873*a*, p. 391) are omitted from p. 266 (left column, last paragraph) of the translation: "But another kind of circumstance, different from those which usually predominate in hysteria, should be mentioned. The patient has lost the sensation of appetite and, to get her to eat, she must overcome the fear of pain without being solicited or even encouraged to do so by the appetising quality of the food: her abstinence, on the contrary, satisfies two inclinations at the same time. All hysterical manifestations, if they were present, are suspended from that first phase onward. Far from becoming feeble or sad, the patient manifests a kind of alacrity unusual to her. One almost might say that she is taking her precautions for the times to come and that she prepares arguments which she will not fail to make use of."

(b) From the same p. 266 (right column, ninth line) the following remark (1873*a*, p. 392) is missing: "We all had this experience during the siege of Paris, noting that the diet forced upon the poor did not in any way have a major impact upon their health."

(c) From p. 367 (right column, before the first sentence of the second paragraph) the following sentence (1873*a*, p. 394) is missing: "Nevertheless, all those who shared these painful family scenes will realise that this tableau is certainly neither overdrawn nor too gloomy."

(d) From p. 368 a long passage (two and a half pages) has been skipped (1873*a*, pp. 396–398): Lasègue first gives an example of a 20-year-old girl who complained of pain while singing and speaking, and ended in complete mutism. Another hysterical patient (a 16-year-old girl) claimed she could not walk nor stand up because of muscular pains. It is not a simple question of exaggerating pain sensations (as in the case of 'imaginary invalids'). In the case of hysteria, pain is but one symptom among many others. Lasègue then returns to the subject of his article: "During this second period established as such, the patient remains the same: lack of appetite, fear of an ill-defined sensation, and an absolute and growing refusal even to try to nourish herself. The obstinacy lasts for months, if not years. In one case, in which I succeeded one of our masters as physician, the patient had received conscientious care for eighteen months. With a nonchalance mixed with a slight acidulity she would rehearse twice daily the same unvarying conversation with her physician: My child, have you finally made up your mind to eat? – Doctor, I've done what I can but it hasn't worked. – Just try a little bit harder and everything will be alright."

(e) Ten lines (1873*a*, p. 401) are skipped from p. 368 (right column, second paragraph): "In one case alone, a married woman with a long history of hysteria whose anorexia began at 30, I did observe the transformation I mentioned before. The disgust for food was the result of some griefs more imaginary than real, but nonetheless profoundly felt. At first I suspected a concealed attempt at suicide. The further course forced me to abandon that supposition, as the patient belatedly attempted to cling to life."

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https://doi.org/10.1192/bjp.157.6.902 Published online by Cambridge University Press