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MASTERING THE UNMASTERABLE: HYSTERIA AND ITS HISTORY

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Asti Hustvedt, *Medical Muses: Hysteria in Nineteenth-Century Paris* (New York: W.W. Norton & Co., 2011)

Jan Goldstein, *Hysteria Complicated by Ecstasy: The Case of Nanette Leroux* (Princeton: Princeton University Press, 2010)

Mark Micale, *Hysterical Men: The Hidden History of Male Nervous Illness* (Cambridge, MA: Harvard University Press, 2008)

As Sigmund Freud noted in 1893, hysteria was an elusive condition. With its variable set of symptoms, including language disturbances, tics, hallucinations, pain or fatigue, it was, he asserted, the "most enigmatic of all nervous diseases, for the evaluation of which medicine had not yet found a serviceable angle of approach."[1] Freud wrote these words in order to praise his mentor in Paris, Jean-Martin Charcot at the Salpêtrière. He noted approvingly in his travel report of his stay in Paris that, thanks to Charcot, hysteria had been "lifted out of the chaos of the neuroses, was differentiated from other conditions with a similar appearance, and was provided with a symptomatology which, though sufficiently multifarious, nevertheless makes it impossible any longer to doubt the rule of law and order."[2]

Charcot, through his positivist approach to the natural sciences and medicine, saved the disease from the medical disdain of his mid-century colleagues.[3] By

[1] Sigmund Freud, "Charcot" (1893), in James Strachey, ed., *The Standard Edition of the Complete Psychological Works of Sigmund Freud* (hereafter *SE*) (London: 1957–74), 3 (1893–9): 7–23, 18.

[2] Sigmund Freud, "Report on My Studies to Paris and Berlin" (1886), *SE*, 1 (1886–99): 3–15, 11.

[3] As Freud wrote, Charcot "restored [the disease's] dignity." Freud, "Charcot," 18. As is clear from my argument, if I am calling hysteria a "disease" in this essay, I do not intend to essentialize the condition. Rather, I defer to the rich literature on disease construction in

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identifying four clearly demarcated stages of the hysterical attack, and by defining those patients that were hypnotizable as hysterical, he turned what used to be an amorphous and confusing condition into a well-defined and predictable disease.[4] In particular, through this method, Charcot was able to tease apart epileptic and hysterical seizures, which were otherwise quite similar. Charcot developed various criteria, most importantly clinical thermometry, to distinguish between the two conditions.[5] According to Freud, Charcot's greatness lay in his ability to bring order to medical disarray.

But if Freud had been fully content with Charcot's characterization of the disease, the history of the mind and brain sciences would have developed very differently. However successful Charcot had been in defining the disease, Freud considered that some aspects had escaped him. The pressure to develop a new understanding of hysteria also arose from the German-speaking world of a neurologically informed psychiatry. Many of Freud's German contemporaries had neglected hysteria, because it did not fit the pathological anatomical model, where a physical lesion was assumed to underlie all mental pathology. Freud thus felt compelled to provide a new understanding of the condition. He would do this not by following Charcot's phenomenological approach of engaging in an ever-closer description of hysterical symptoms, but rather by understanding what was dissimulated by the disease's appearance. Where Charcot wanted to record the visible in all its intricate detail, Freud turned his attention to what was hidden behind the manifest symptom. In the case of Fräulein Elisabeth von R. from Freud and Breuer's 1893 *Studies on Hysteria*, for example, the pain in the patient's thigh was located in the place where her father had laid his injured leg, when the young Elisabeth changed his bandages. This was the clue to her pathology, which revealed a complex set of psychological conflicts that were otherwise hidden.[6]

During the "golden age" of hysteria in the late nineteenth century, Charcot and Freud hoped to grapple with a disease that had previously seemed to escape medical description. The difficulties involved in distinguishing the

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the history of medicine, which emphasizes the social and cultural determination not only of culturally resonant conditions such as hysteria or chronic fatigue syndrome, but also of more somatic conditions such as coronary heart disease. Cf. Charles E. Rosenberg and Janet Golden, eds., *Framing Disease: Studies in Cultural History* (New Brunwick, NJ, 1992); Robert A. Aronowitz, *Making Sense of Illness: Science, Society, and Disease* (Cambridge, 1998).

4 Jan Goldstein, *Console and Classify: The French Psychiatric Profession in the Nineteenth Century* (Chicago, 2001), 326 ff.

5 Christopher G. Goetz, Michel Bonduelle and Toby Gelfand, *Charcot: Constructing Neurology* (New York, 1995), 192 ff.

6 Sigmund Freud, "Studies on Hysteria" (1893), Fräulein Elisabeth von R., *SE*, 2 (1893–5): 135–81.

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disease from other conditions, and the inability of the German system to account for it, for Freud and Charcot constituted hysteria's great attraction; it seemed ripe for a new and definitive understanding. Historians have been attracted to the disease for similar reasons; they too have been beguiled by its protean character. Indeed this is one of the reasons why so many historians have remained uncomfortable restricting themselves to hysteria's canonical formulations. Although the scholarship on Freud and Charcot's work on hysteria is vast,[7] a sizable strand of historians of hysteria have been encouraged to move beyond these two figures. Freud and Charcot both confronted the challenge of an unmasterable disease, and so ironically a careful history of their mastery would sideline that aspect that made hysteria so appealing in the first place. The title of Sander Gilman, Helen King, Roy Porter, G. S. Roussau, and Elaine Showalter's volume, *Hysteria beyond Freud*, neatly encapsulates the insight of many historians that dominant interpretations of the disease have reduced rather than comprehended its complexity.[8]

The three books under review are no different in this respect. They also take the elusiveness of hysteria as their starting point, though they all grapple with this elusiveness differently. All three too, in their own ways, try to release themselves from Charcot and Freud's understanding of the disease. Asti Hustvedt, in *Medical Muses: Hysteria in Nineteenth-Century Paris*, accounts for the messiness of the disease by working out the complex social relations that undergirded its diagnosis. Hustvedt is particularly interested in the role of the patients in determining their illness. Setting her analysis within the well-known context of the Salpêtrière hospital in Paris in the 1870s, her book brings three patients to life: Blanche, Augustine and Geneviève. Dedicating a chapter to each of the three women, Hustvedt not only examines how they contributed to the fame of the Salpêtrière school—Augustine became the photographic "supermodel" (145) of the clinic, Blanche provided "living proof" (48) of the Salpêtrière school's theories by perfectly meeting all expectations, and Geneviève confirmed Charcot's claims to universality by providing the perfect illustration of his belief "that demons and saints . . . were hysterics" (215). Hustvedt also takes great care to recover the women as real and concrete individuals, with their own life histories, thoughts and desires. Invariably, the women came from working-class backgrounds and, before being admitted to the Salpêtrière, had been abandoned and sexually or physically abused. Reconstructing her life from the medical files, Hustvedt tells us that Marie Wittmann ("Blanche"), for example, by the age of eighteen, had

7 For a detailed discussion see Mark S. Micale, *Approaching Hysteria: Disease and Its Interpretations* (Princeton, NJ, 1995), esp. 56–66 and 88–97.

8 Sander L. Gilman, Helen King, Roy Porter, G. S. Roussau and Elaine Showalter, *Hysteria Beyond Freud* (Berkeley, CA, 1993).

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seen her father go mad and be committed to St Anne's hospital in Paris; had had several sexual relationships, including one forced upon her by a middle-aged man; and had held the lowest-paying jobs available for women at the time (42).[9]

Although Hustvedt takes note of the continuation of abuse within the hospital and the asymmetrical relationship between doctor and patient, the first being "male, healthy, educated, and bourgeois," the second being "female, diseased, uneducated, and lower-class" (46), she also emphasizes the new opportunities that the hospital culture offered to the young women. In her judgement, life within the confines of the hospital was "less oppressive than the world beyond it," and "allowed [the women] to articulate their distress" (5). Indeed, for many of the women, the medical environment at the Salpêtrière offered them something akin to a "career" of the type from which they had been excluded before. Even if it was in the service of science and medicine and their doctors' interest, they were given more attention than ever before in their lives. In this context, Hustvedt emphasizes, a woman like Blanche was not the "passive victim of a misogynist doctor" (37), but rather was able to be an agent of her own diagnosis and cure.

In fact, in an act of "collaboration" (50) with her doctors and the hospital staff, Blanche took on a new identity, an identity that conformed to what was expected of her. When she first entered the Salpêtrière, she was unruly and misbehaved and, as a result, was banished from Charcot's ward. She was transferred to the ward for the mad, where she stayed for over seven months. When she came back, her behaviour had changed. She was transformed from an average hysteric to an extremely hypnotizable patient, displaying highly sensitive hysterogenic zones, and suffering precisely predictable attacks (43). Blanche thus became an "ideal specimen of hysteria" (50).

It was not difficult for Blanche to discover what was expected of her: from the sketches of ideal types of hysterical attacks on display everywhere at the Salpêtrière (49) and the physicians' responses to her, a patient could easily figure out what an ideal hysteric might appear and how she might behave. Blanche assumed the kind of hysterical persona that was most gratifying to her doctors. But as Hustvedt is right to note, it was also gratifying to her, as it not only helped her avoid further punishment—in fact, those seven months at the ward for the insane were the only ones she would spend there—but it also brought her the recognition awarded to the model hysterical patient, as well as winning the attention of the doctors, medical students, staff, and public that came with it.

Placing her explanation of hysteria within a dialogical context between doctor and patient, Hustvedt's analysis thus tries to uncover the complex social relations that underwrote medical discourse. Hysteria was more than just the diagnosis

[9] Much of Hustvedt's analysis relies on published medical accounts of the time. The format of the (trade-published) book can make it difficult at times to track her evidence.

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formulated by the physicians, and by emphasizing the agency of the patients she hopes to return them to the center of the story. The "collaboration" (50) between patients and doctors at the Salpêtrière is particularly important for Hustvedt, because it reveals something that she sees as missing in the various versions of "hysteria" today. From the beginning, Hustvedt makes it clear that her goal in writing the book is not simply to "recapture a lost historical experience" (8); she also aims at achieving an understanding of the "crop of bizarre new illnesses that, like hysteria, afflict mostly young women and stubbornly resist biological explanation" (7), a group in which she includes the modern and predominantly female afflictions of chronic fatigue syndrome, mass psychogenic illness and depression.[10] This declaration of continuity might appear to assume the stability of disease over time and thus be credited to a lapse in Hustvedt's historical analysis, but it also allows her to make the important claim that the present has no Charcot to redeem hysteria. Although Charcot, like modern doctors, was avowedly somaticist, he was still able to grant legitimacy to the disease; for Charcot, "'hysterical' did not mean 'unreal'" (309). Hustvedt argues that a similar "exoneration" (310) is needed for the modern variants of hysteria, and she advocates a new sense of collaboration between doctor and patient.

While Hustvedt adds richness to the account of the disease and deepens our understanding of the Salpêtrière context by turning our attention to the lives of the patients there, it is significant in her account that these patients gain agency only by submitting to the doctors, and that the complexity of the disease affirms rather than troubles the doctors' understanding of it. In the end, the dialogue between Charcot and his patients usually ended in a consensus, and one, moreover, that met the doctors' initial expectations. Having no choice other than to follow the rules of the punishment–reward system installed by the medical personnel at the Salpêtrière, the patients ended up fitting the medical mold imposed on them. The messiness of the hysterical dialogue showed itself to be highly amenable to the ordering of the physician, because it was this ordering that was always confirmed.

We have seen, then, how Hustvedt recaptures some of the historical elusiveness of hysteria by complicating a simple medical construction of the disease within an all-encompassing medical system. But because her analysis mostly remains within the hospital, a place where the male authority of the doctor could only be coopted and rarely openly contested, Hustvedt adds richness and complexity but does not go so far as to disrupt medical representations of the disease. Jan Goldstein, in her *Hysteria Complicated by Ecstasy*, has greater ambitions. Goldstein gives a microhistorical account of the mid-1820s case of Nanette Leroux, an eighteen-year-old Savoyard village girl with a peculiar set of nervous symptoms. Like

[10] Elaine Showalter, *Hystories: Hysterical Epidemics and Modern Media* (New York, 1997).

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Hustvedt, Goldstein aims to appreciate the complexity of the disease by examining it from a number of perspectives, but she is less concerned that her analysis should corroborate the doctors' accounts. Of course, Goldstein does not want to constitute hysteria as a transhistorical object whose modern diagnosis can be compared to the flawed interpretations of the past. This resistance to ahistorical models of disease is clear from her consistent and deep engagement with Foucault throughout the book. Both Nanette's doctors and authors of the case—the local physician and director of the thermal baths at Aix-les-Bains (then Aix-en-Savoie) Antoine Despine, and the Paris-trained Alexandre Bertrand who wrote the final version of the case history based on Despine's notes (and one could add, as a third actor, the layperson Mailland who was Nanette's caregiver and also wrote down some notes, which through the hands of Despine were passed on to Bertrand)—and Nanette herself talked a lot about sex. But it was not considered important to Nanette's illness. Nanette's sexual assault by the *garde champêtre* (rural policeman), as well as her orgasmic shudder in the bath, which could be seen as "both the cause and the (temporary) cure of Nanette's malady" (122), were noted by both parties, but none gave the events any etiological meaning. Following Foucault, Goldstein shows that sexuality had not become a medical object at this period, and could therefore not be part of Nanette's diagnosis.

Though Nanette's doctors tried to comprehend her disease, they also recognized the difficulty involved in gaining a definitive understanding of it. As the title of Goldstein's book suggests, they were not merely dealing with hysteria, but with a complication of hysteria "through ecstasy." Bertrand had given this title to the case history for fairly contingent reasons; indeed, he chose it in part due to his personal disdain for the work of the Lyonnais physician Jacques Petetin on catalepsy, which would have provided another plausible diagnosis (49). The indeterminacy in naming, nevertheless, points towards an important characteristic of hysteria: what Goldstein describes as its "spilling over" into other, neighboring disease categories (47). The boundaries between hysteria and catalepsy—which in the particular reading of Despine and Bertrand was a condition that transformed the patient into a statue-like being with decreased mobility but heightened sensibility—were sufficiently fluid to allow both diagnoses. The primary symptom for these doctors was less the motor affliction (as for some of their contemporaries describing catalepsy) than the symptom of *transport des sens*, or sensory transportation, in which patients were able to hear with their toes, or see with their stomachs. When talking about hysteria, then, the doctors confronted a fairly amorphous disease category. In fact, as Goldstein notes in passing, this amorphous and changing quality, the "protean character," of hysteria was "almost its defining feature" (208 n. 31). One could say that hysteria, in her example, so stretches its definitions as to problematize the name itself.

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One of the ways Goldstein grasps the elusiveness of this disease is by appealing to Freud, whom she uses to complement her Foucauldian interpretation. According to Goldstein's Freudian reading, Nanette's request for a particular kind of exquisite watch, a *montre à savonette*, was central. Not only was the request for the watch to be understood in the context of the spa town consumer culture to which she was exposed (Nanette had moved from her home village to the city of Aix to work as a servant, during which time she received her treatment with Despine) and her wish to elevate her social status; her request to own a personal timepiece was also a means, Goldstein argues, of taking control of her reproductive performance in which her doctors took great interest, and which she might have experienced as a social burden and a restriction of her personal liberties. Goldstein thus uses Freud to analyze the sources in different ways, and to remain attentive to experiences that had been sidelined by the doctors' characterizations. In this way, Goldstein's approach respects the indeterminacy of the disease. Hysteria was more than just what the doctors defined it to be.

Goldstein's use of Freud in a generally Foucauldian book might be seen as a provocation. Foucault, after all, presented Freudian psychoanalysis as a prime example of the *scientia sexualis* that emerged over the course of the nineteenth century (201), and of which he was so critical in his *History of Sexuality*. But as Goldstein points out, she is less concerned with uncovering a "truth" about Nanette, which would hide somewhere in her sexuality, than she is interested in the ways in which Nanette could express her views at a particular historical moment, a moment when gender roles were in flux (Goldstein, for example, diagnoses a "postrevolutionary female restlessness and malcontent" (73) not only in Nanette but also in her close analysis of the Despine marriage), and when Nanette was coming to terms with her own role in sexual, marital and reproductive life. The way in which Goldstein articulates the relationship between the Foucauldian and Freudian interpretations, then, results in an essentially feminist reading, rediscovering new voices in the past without taking them out of their context.

Goldstein's appeal to a Freudian interpretation is only one attempt to read the disease. It provides one context amongst many others. Goldstein's analysis does not stop here. She continues to multiply contexts and interpretations (and to witness how they multiply themselves), and in her theoretical introduction to the chapter "Contexts" (18 ff.) she explicitly claims this as her methodological approach. In addition to examining a number of different contexts, as her use of Freud shows, Goldstein is also keen to borrow from a number of different disciplines. For instance, she draws on the work of ethnopsychiatrists to suggest the ways in which a particular medical culture leads a patient to display a specific set of symptoms (96). If a disease like hysteria exceeds each particular attempt to determine it, and transcends any single context, then careful attention to the

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multiple contexts in which it inheres can help us make sense of its meaning, and even give the condition a certain stability. No genre other than microhistory can afford this better. Goldstein in particular has done meticulous work on this front. She reports to us her first attempts to make sense of a manuscript of which initially she only knew the title and author (18) by opening up a rich contextual framework to us: the "internal" history of the case, including the medical treatments and diagnostics of the case; the institution of the rural policeman and the meaning of the attack of the *garde champêtre* that arguably caused Nanette's illness; the local environment of the spa town, with its emerging consumer culture; the larger context of the Savoy between Revolution and Piedmontese Restoration; etc. Goldstein discusses some of these contexts explicitly, others she elaborates in a more integrated way when interpreting the text itself. As a result, by the end of the book, the historical actors, especially Nanette and her doctors Despine and Bertrand, their actions and their worlds, have become familiar and concrete to the reader.

Goldstein is never totalizing in her interpretations. In fact, her historical account is a long introduction to the manuscript itself, which she reprints in English translation after her own analysis, and which takes up about a quarter of the book. In this way, she invites her readers to add to the panoply of interpretations she provides by developing their own readings of the case, perhaps by drawing on their knowledge of other contexts. Although she somewhat cleans up the manuscript as it is kept at the archives of the Institut de France in Paris—for example, in her choice to focus her edition on Bertrand's appropriation of Despine's notes, and only partial reproduction of Despine's notes, which, as she acknowledges, reflects her own take on the case—having the manuscript at hand allows readers not only to get a sense of its richness but also to develop their own interpretations, which, as Goldstein emphasizes, could be "at odds" with her own (133). Here again, then, we have the idea of a case exceeding diagnoses, both the doctors' and Goldstein's. New interpretations could arise as the document is read in new contexts or approached with different methodological tools. The truth of the disease could only be disciplined by the asymptotic ideal of a history embracing the infinity of all possible contexts and modes of reading.

We can see, then, that hysteria not only "spills over" into neighboring disease categories; it also overflows the neat context of medical theory and practice. In order to make sense of Nanette's case, "hysteria complicated by ecstasy," hysteria is complicated but also determined and made comprehensible by the range of contexts that Goldstein explores. Consequently, hysteria also becomes a lens through which we can understand larger political, social and cultural changes. The book is, in Goldstein's own words, a "microhistory that illuminates a larger history" (5). The amorphous nature of the disease category is directly linked to her larger historical enterprise. In this sense, Goldstein writes in the tradition

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of the history of disease within the history of medicine more broadly, in which disease is used as "sampling technique" for larger social, cultural and political processes.[11]

Like Goldstein, Mark Micale in *Hysterical Men* aims to recognize the indeterminate nature of the disease and tries to respect the way in which it appears to exceed medical diagnosis. His strategy in the project is, however, different in significant ways. Where Goldstein works in minute detail on a particular case, Micale provides a sweeping analysis ranging from eighteenth-century Britain to *fin de siècle* Vienna, and focusing on medical as well as private non-medical sources, such as "letters, diaries, memoirs, novels, and autobiographies" (6). And, unlike Goldstein, who multiplies contexts beyond medical discourse, Micale finds this complexity and excess within the multilayered and contradictory structure of discourse itself. For apart from the more *explicit* medical discourse on hysteria, according to which the disease was an affliction of the female, Micale notes a *hidden* discourse that recognized the existence of *male* hysteria, which is only readable in the margins of medical science—literature and unpublished notes. Micale thus engages in an analysis of the underbelly of the discourse on the disease, trying to read it with all its silences and resistances.

According to Micale, male hysteria had not always been suppressed. In fact, he shows that in the eighteenth century, when medical discourse moved away from gendered understandings (that relied on the pathology of the female reproductive organs), physicians helped recast hysteria as a nervous disease, common to both men and women. (Male) hypochondria and (female) hysteria were considered "varieties of a single morbid affliction" (27). Ever since the writings of the British physicians Thomas Willis and Thomas Sydenham in the late seventeenth century, a new "nervous culture" (22) and "neurocentrism" (24) emerged which inclined doctors to see the "human body as a brain and spinal column with an infinity of neural pathways radiating outward from this cerebrospinal axis" (23). In this neurological vision, the differences between men and women were considered unimportant. If a distinction were made between female and male forms of nervous affliction, as for example that between hysteria and hypochondria, this was believed to mark an inessential difference, made for reasons of custom (for example in the medical writer Richard Browne's view (29)).[12]

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[11] See Charles E. Rosenberg, *The Cholera Years: The United States in 1832, 1849, and 1866* (Chicago, 1987) for a classical account. In contrast to Rosenberg, however, who explores three cholera epidemics in New York City over the course of the nineteenth century, Goldstein, in her "sampling," does not draw on the temporal element.

[12] The idea that a de-gendered view of hysteria was predominant in the eighteenth century is standard in the literature; see Goldstein, *Console and Classify*. This does not, of course, mean that gendered notions did not exist in certain realms. See in particular Diderot's essay "Sur les femmes" (1772), in *Oeuvres*, ed. André Billy (Paris, 1951).

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The turn of the nineteenth century, however, would bring to the fore forces that were hostile to male hysteria, and the disease became gendered again. In the "great Victorian eclipse" of postrevolutionary reaction, nervous afflictions were stigmatized anew, and reordered under a "regime of difference between the sexes" (49). The new understanding of hysteria as peculiarly female thus served to reinforce a new bourgeois hierarchy between men and women (116), and male hysteria was thus no longer an acceptable disease entity. This development was particularly marked in the realm of science and medicine, where a new emphasis on "male" rationality, scientificity and objectivity led to an exclusion of any "female" qualities in men (101).

According to Micale, this exclusion from the scientific and medical discourse did not mean that male hysteria had disappeared. Indeed, male subjectivity and its pathologies, when pushed out of scientific discourse, found new homes elsewhere. In particular, male hysteria could still be found in the art of the period (114). Micale thus moves his analysis to the Romantics in Great Britain and France who admired and cultivated traditionally female qualities such as "sympathy, perception, and feeling" (104). Whereas physicians considered emotionality in men a sign of weakness and decline (105), to poets and autobiographical writers it was an essential precondition for their productivity (e.g. John Stuart Mill (110 ff.)). As Micale points out, this artistic culture of inwardness for the most part lacked a knowledge of medical diagnostic language. Indeed "the vagueness of the characters' suffering underscores the failure of medical science to master this category of disease" (107). As a result, few Romantic artists referred to their condition as "hysterical"; even fewer granted the medical profession a role in their personal development. It is only through Micale's act of interpretation that he is able to diagnose the Victorian poets and men of the mind as male hysterics, and thus to reinterpret their suffering in the medical language that, at the time, it was refused.

Although this venture away from medical discourse into the arts might seem to reiterate Goldstein's strategy of mastering the subject by looking into other realms, Micale is more interested in the processes of exclusion and displacement than in the multiplication of contexts. This becomes nowhere clearer than in his chapter on Freud and the origins of psychoanalysis. Micale suggests that we should understand the history of psychoanalysis as a history of hysteria, in particular male hysteria. It was not only that "Freud's initial encounter with the neurosis began with his study of hysteria *in men*" (242, original emphasis)—his first two public presentations after his return from Charcot to Vienna dealt with male hysteria, a topic that was also treated in his first psychological publication. Freud also had to deal with his own neurosis, which, in his correspondence with Fließ he explicitly labeled hysteria (e.g. 259). Yet in the end, Freud fell victim to the same act of suppression as generations of physicians before him

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(269). While Freud remained heavily reliant on the case of his long-term patient Herr E. for the development of his psychoanalytic ideas, he never published anything on it. While, in the nineteenth century, male hysteria was abandoned by the medico-scientific discourse and only flourished in the context of the arts, in Freud, despite its significance to the development of his new science of psychoanalysis, male hysteria never left a clear mark on his published work, but rather appeared in a set of other sources that Micale brings to light in his analysis: talks, correspondence, and Freud's personal life.

The exclusion and displacement of male hysteria in Freud's work thus can be read in its absence within his published texts and presence elsewhere; the twin layers of the discourse, at least in Freud's later work, fit neatly onto the division between public and private. For Charcot the displacement was more fraught and complex. In Charcot's work, male hysteria was not excluded from his writing—on the contrary, more than anyone else Charcot affirmed the reality of male hysteria and wrote widely on it: in his published work we can find sixty-one case histories of male hysteria (122). It was part of Charcot's scientific program to develop an account of hysteria that was the same for both sexes, countering ancient "unscientific" theories of the disease that saw its etiology in the female reproductive organs (146). Further, Charcot's diagnosis challenged the traditional gendering of the disease. As Micale points out, his male hysterics were not effeminate artists from the bourgeois classes; the great majority came from the lower echelons of society, "robust men presenting all the attributes of the male sex" (133).

But Micale still reads Charcot's treatment of the condition as one of exclusion, because, at crucial moments and despite the Salpêtrière school's better judgment, the dominant gendering of the disease reemerged unchallenged. Although both sexes could be affected by a hereditarian degeneration of the nervous system, hysteria to Charcot "remained essentially a female affliction" (156). Not only were women more prone to get the disease, they were also the "sole parental agents" (156): hysteria was passed on solely through the maternal line. In other words, even Charcot's positivist program did not fully break through what Micale would later call the "historical 'prison of gender'" (275) that had prevented actors in the past from acknowledging the reality of male hysteria. In Charcot, then, the displacement of male hysteria no longer occupied separate spheres, as in the other examples (science versus art; published versus unpublished work), but rather two different strands within the same sphere of medical discourse. Even in the case of Charcot, as Micale's interpretive efforts make visible to us, the supposed redeemer of male hysteria turns out to have been a flawed hero—female hysteria in the end won out.

Both Goldstein and Micale then diagnose a richness in hysteria that eluded the doctors that studied it. But they understand this richness in different ways. While

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Goldstein seeks after ever-different contexts which supplement the meaning imposed by the doctors, Micale looks rather to uncover a latent discourse which challenged dominant representations. Presented thus, these different attempts to recapture the elusiveness of hysteria resemble the strategies of Charcot and Freud with whom we began. Echoing Charcot's phenomenological approach, Goldstein tries to approach the disease through a proliferation of contexts, attempting to describe the phenomenon of hysteria as carefully and as fully as possible. In Micale, on the other hand, in his examination of the surface/depth structure within the medical and literary discourses on hysteria, we can perhaps see traces of a Freudian repression that needs to be worked around to access a latent content. Like Freud and Charcot, historians are attracted to the disease because of the way in which it seems to transcend and disrupt all previous attempts to grasp it.

One might reverse the comparison. Perhaps Goldstein and Micale are less like Freud and Charcot than the two doctors are like historians. Hysteria, both to the doctors who tried to treat it and to the historians who want to study it today, is fascinating in the way in which it remains always just out of reach. It is perhaps exemplary of the problems posed by an object which is attractive precisely in the way in which it continues to escape our understanding, and challenges historians and physicians alike to invent new ways to master the unmasterable. The impossibility of such a project provides a tension in all writing on hysteria, a productive tension that drives the scholarship and perhaps even constitutes the historicity of that strange disease called hysteria.

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