

The girls of the Salpêtrière

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'Hysteria: The Modern Birth of an Enigma'

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It was only by chance that French hospital authorities assigned Jean-Martin Charcot to the care of hysterics and epileptics, starting in 1870, at Hospice La Salpêtrière. The famous clinical work that resulted has been the subject of much discussion and, in many cases, misinterpretation. By referring to original sources, i.e. the medical observations written at the time by the department's staff, our aim is to bring the hospitalised patients to life. Many of these observations contain intimate details and reveal the painful experiences that led these young women to La Salpêtrière. To understand the gradual, 20-year evolution of Charcot's neurological thinking about hysteria, from organicity to psychology, in both clinical and therapeutic terms, it is more revealing to analyse all the physical and psychological miseries that make up this forgotten "human material" than it is to examine the neurologist's famous lessons.

With the passage of time, Jean-Martin Charcot (1825-1893) and his work on hysteria have left only a distant, muffled echo in the minds of the general public. Medical historians in the 20th century focused on Charcot's concepts, often ridiculing them and taking greater interest in Freud. They rarely paid attention to his patients, who were mostly hospitalised women, since La Salpêtrière Hospital only treated women. To understand Charcot's conceptual changes and their gradual sedimentation in his thinking, we have retraced the lives of his patients, to give some sense of the women Charcot examined in his department. This new perspective will help explain how Charcot developed the semiology of hysteria that made him famous, and also why he eventually evoked the role of emotions and trauma in the pathogenesis of the disease.

Imagine rows of several dozen beds, some closed off with curtains to hide the "reposantes", prostrate patients who were often incurable. Heating during the winter was inadequate, provided by a few stoves. Visitors were suffocated by pestilential odours. Charcot took particular care that the patients were correctly fed, meeting regularly with the cooks to discuss the menus. A few hospital gowns were provided, but detergent was at the expense of each patient. After an attack, if the patient had soiled herself, she was given a tub of luke-warm water, while the others knelt to scrub the floor. If they were lucky, the surveillante might give them a piece of candy or a ribbon to decorate their beds. Some of the patients conspired with groundskeepers to plant vegetables between the bushes in the surrounding gardens.

Ties were surreptitiously formed, and despite the close quarters, discreet relationships resulted in quasi-households (1). But who were these women?

Abandonment, violence and death

The women of La Salpêtrière were very young, from 15 to 30 years old when they entered the hospital. The typical patient was the eldest of a large number of children (five to twelve). In spite of herself and very early on, she became a substitute mother and had to witness little brothers and sisters dying from convulsions and fevers. She was thus familiar with death before adulthood. "Of the seven children from the first marriage, only Marc... Céline survived. The others died as infants from convulsions. Of the eight children from the second marriage, two survived" (2). Paternal violence, aggravated by alcoholism, destroyed family structure. Many of the patients were illegitimate children and bounced between religious institutions where spartan discipline, rather than affection, was the rule: "Geneviève was born in Loudun on 2 January 1843 and immediately abandoned at the local hospice" (2). Few of the patients had been to school or knew how to read and write. Their parents were unemployed or poor, and they themselves sought work as laundresses (the most scorned occupation at the time), linen maids, house servants or florists (fig.1).

The misery of being a woman

Accustomed only to the most extreme poverty, these women accepted miserable, cramped housing. Very often, their employers would come to harass them, demanding sexual favours. Eventually submitting in



Figure 1
 From left to right
 up: L... Thérèse, Ler... Rosalie, W... Madeleine.
 down: Geneviève de Loudun, V... C, Marc... Céline.
 Photos by Albert Londe, Iconographie photographique de La Salpêtrière 1877 & 1878
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many cases, these women fled from shame into even greater misery. They carried the burden of guilt at a time when sexuality outside marriage was considered a sign of perversity and lewdness.

V... C..., admitted on 13 May 1877 at age 24, recounted how “a man supposedly made her drink an unknown liquid (or one she does not wish to name), then took advantage of her while she slept (fig. 1). This occurred on different occasions, more or less violently” (3). Louise Augustine Gleizes, born on 21 August 1861 and admitted on 21 October 1875 to La Salpêtrière, “is our patient whose plastic poses and passionate attitudes have the most regularity” says Paul Richer (1849-1933) (4,5). Due to her youth, fair skin, expressive face and theatrical attacks, she was the hysteric whom Paul Regnard (1850-1927) photographed the most (“the camera likes her”) (fig. 3). “L... was placed with C... supposedly to learn to sing, sew, etc. with his own children. She slept in a small, isolated closet. C..., who was estranged from his wife, used her absences to try to take advantage of L..., aged 13 and a half. His first attempt failed; he wanted to have her lie down under him. His second attempt ended with incomplete intercourse, due to her resistance. For his third attempt, C... tried to lure her with all sorts of promises, pretty dresses, etc. Seeing she did not want to give in, he threatened her with a razor; took advantage of her fear and made her drink alcohol. He then undressed her; threw her on the bed and had complete intercourse with her. The following day, L. was ill. She had lost a little blood, felt pain in her genitals and could not walk” (3).

Justine Etchevery suffered from a permanent hysterical contracture that set in after a hystero-epileptic attack in 1869. The attack took place as she was convalescing from severe burns. She had fallen in a fire after being raped. Once Charcot resumed his lessons after the 1870 Franco-Prussian War and the Commune, he devoted three of them to Justine in 1871: “What is striking in this patient is the enormous contracture affecting her upper and lower left limbs. This contracture persists both during natural sleep and under chloroform”. Justine was colour blind and had hemianaesthesia and ovarian hyperaesthesia. She was the classic case for “ischuria”, which started for her in April 1871. “Even before that, a woman who worked in the department and who felt the patient several times per day, noticed that sometimes the quantity of urine removed via catheter was very small; other times, there was no urine for two or three days, or longer, but the bedclothes were never wet”. Because she vomited daily, Charcot made her the classic case for a hysterical absence of urine (6,7).

Accidents

The thesis of Paul Berbez (1859-?) showed that an accident following an emotional shock triggered “traumatic hysteria”, which could be resolved by persuasion. Clessienne A..., an 18-year-old florist, had her first attack when she was 12 years old, in the street, just after the death of her mother from tuberculosis. She then had daily attacks, resulting in a hemianaesthesia on the right side. One day, she fell from her bed and dislocated her left shoulder: “In her room, a few hours after



Figure 2
 From left to right : B... A, Hel... Eudoxie, Ma... dite N... Suzanne.
 Photos by Albert Londe, Iconographie photographique de La Salpêtrière 1879.
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the accident, the patient was found with monoplegia affecting her left arm, entirely the same as that which had hitherto been provoked by suggestion. While she had lost sensation in her left arm, the right arm had returned to normal; thus a transfer had occurred. A few days after reduction of the dislocated joint, everything returned as it had been. Her left arm recovered sensation while her right arm once again became insensitive” (8).

Adolphe Dutil (1862-1899) related an observation of shaking which had developed following a dog attack on a blind patient: “*Jeanne Kell... aged 23, admitted to La Salpêtrière on 7 July 1886 (...) is suddenly overcome by the sensation of a ball in the epigastric fossa, almost always in the evening. She has trouble breathing, she cries and the shaking immediately takes on considerable intensity. She can then no longer remain upright (...) The movements of her head and four limbs are perfectly rhythmical; the shaking is generalised (...) Her patellar reflexes are sharp; while percussion on the tendons activates the shaking, the sharp kick-out of her foot, rather than increasing it, causes a momentary cessation*”. This patient was observed for more than three months with no change in her condition. Dutil did not indicate the effect of sleep, but all his treatments using electrification or hypnosis failed (9).

Still women in the masculine medical eye

Because he was depicting nature, Désiré-Magloire Bourneville (1840-1909) underscored the physical traits of his patients. He was also undoubtedly influenced by the academic art of the times, such as that of William Bouguereau (1825-1905), famous for his concupiscent nudes and their strikingly white skin. Marie “*Blanché*” Wittmann (1859-1913) was known as the “*queen of the hysterics*”. She is immortalised by Brouillet’s painting (fig. 3). Bourneville described her as “*blond with a lymphatic complexion. Her skin is white with numerous freckles. She is very buxom*” (5). “*P... is tall, with white skin, light brown hair, regular features and an agreeable physiognomy*” (10). Augustine “*is tall and well developed (buxom, neck a bit thick, armpits and mons pubis covered with hair). Her tone and movements are decided, her mood is mobile and loud. She no longer has anything of a child’s manner and seems*

almost like a grown woman, but she has never menstruated” (fig. 3). In contrast, “*Marc... is thin, short (1.43 m/4ft 8in) with a vulgar physiognomy*” (2).

Illness and hospitalisation for life ?

While their arrival at La Salpêtrière is never clearly recounted, several of the patients apparently became *filles de salle* (cleaning, simple care-giving), remaining at the hospital for years, or even until the end of their lives. After Charcot’s death, Blanche W. became an aid in the photography laboratory, then one of the first victims of X-rays during the beginnings of radiology at La Salpêtrière. Conversely, “*B... A, who came to La Salpêtrière as a fille de service, was overcome a few days later with hysterical attacks. She was placed in the ward for epileptics and hysterics who were not considered lunatics*”. Ler... Rosalie, aged 56, stayed at La Salpêtrière for 33 years, reliving the terrors of her childhood in attacks lasting several hours: “*Violent, rapid and large movements (fig. 1). Backarches. ‘Ah! Ah!...’ shouting. ‘Monsters’ – her agitation was extreme. Ler... would rise all the way up, then let herself fall back on her bed. She would throw herself from side to side, beating the bed with her feet. ‘Help me... the thieves are here!... The murderer!... The monsters!... Death! Death!’*” (4).

Many of the patients attempted to escape and were in some cases successful: “*On 31 August 1867, Geneviève returned to La Salpêtrière pregnant. She gave birth to a girl on 27 February 1868*” (2). “*M. ran away from La Salpêtrière on 7 September 1877 to be with ‘her Ernest’*” (2). Augustine G. had a longer period of delirium than usual on 14 March 1878: “*She sat on her bed, head in her hands, and seemed to think. ‘No, I can’t run away from La Salpêtrière to make you happy and follow you to England... I did give you a few days... I don’t like England... well, I’ll try... In what month? At the end of April? Too bad if I can’t... no, I’m cured, I wasn’t at La Salpêtrière... They’ll follow us everywhere; my father will spare nothing to find me*” (4). The hospitalisations were long and repeated: V... C. “*stayed 15 months in Lariboisière Hospital, and had frequent attacks over 11 months, almost every day*” before coming to La Salpêtrière (4).

In light of all they went through, it seems impossible not to understand “*their strong impressibility since childhood*”, their permanent anxiety which caused palpitations, throat tightness and abdominal pain, their passions, their signs of despondency and discouragement, and their jealousy – all states in which Charcot saw the cause “*of a higher suggestibility determined by symbolic representations*”. A fact rarely noted, but one which Bourneville insisted upon, is that they all lived through the traumatic events of the Franco-Prussian War and the Commune (3,10).

With their multiple daily attacks, these hysterics were not only manifesting their disturbance for Charcot; they were suffering significant psychological distress worsened by the close quarters (Fig. 4,5,6). Charcot was aware of the possible contagiousness of hysterical attacks, and his thinking excluded the culture of hysteria he was unjustly accused of creating: “*Clearly, dispersion and dissemination of the group is the safest method to prevent the disease from propagating in such cases*”. This could not be achieved at La Salpêtrière because the patients were crowded, living practically on top of each other (11). However, the hospital remained a refuge from the misery outside, as noted by Jane Avril, the pseudonym of Jeanne Louise Beaudon (1868-1943), one of the most famous dancers at the Parisian cabaret

Le Moulin Rouge. Avril was treated in the department for hystero-epilepsy. In her 1933 memoir, she wrote: “*I stayed for two years in what for me was an Eden, everything down here on this earth being relative*”. And about daily conditions, she added: “*It all came down to the one who could find some novelty to eclipse her peers, as a large group of students preceded by Charcot gathered around the patients' beds to watch their extravagant contortions, backarches, various acrobatics and other gymnastics. Several of the women had romantic adventures with the students, of which the living results became apparent after a few months. They were sent away during the time necessary for this sort of event. Then they'd come back like poor lost sheep, happy to return to the fold*” (12).

Treating the attacks

Putting an end to the patients' violent and repeated attacks was a constant preoccupation. The consoling words of physicians and nurses, or isolation, could in some cases ease the emotional and physical shocks endured, but not permanently. Since both Bourneville and Charcot were convinced of the “*material*” nature of the lesions “*in the sphere of ideas*”, they sought physical therapies. Charcot renewed the concept of ovarian hysteria, point of origin for the attack and a



Figure 3
From left to right
up: Blanche Wittmann, Augustine Gleizes at rest and « passionate attitude »
Photos by Albert Londe, Iconographie photographique de La Salpêtrière 1878.
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down: Blanche Wittmann, Unknown hysteric.
Original photos by Albert Londe, never published.
Private collection of the author.



Figure 4
Original graphite sketches by Paul Richer, drawn at patients' bedsides
in La Salpêtrière Hospital. 1879.
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local sign of hyperaesthesia: "It may be concluded that the ovary, and the ovary alone, explains the fixed iliac pain of hysterics" (6). It was not until 1882 that he defeminised hysteria by reporting cases in men. In 1879,

Bourneville wrote: "The ovarian region is the most well known of the hysterogenic regions. It has a dual property: using moderate pressure an attack may be triggered, then stopped by using more or less forceful com -

pression. This fact has been highlighted by our great teacher Charcot" (5). Bourneville's detailed accounts reveal many ambiguities as to the real effectiveness of this technique: "Ovarian compression is difficult to put into practice. It is only after prolonged efforts that one overcomes the resistance of the abdominal muscles and penetrates the pelvis. Tetany then stops, but only for a short time" (3). The ovary compressor was introduced in 1878 to increase the power and duration of the therapeutic effect. At his lesson on 24 November 1878, Charcot provoked an artificial contraction of Augustine G's tongue and larynx muscles. The patient remained aphonic. From 25 to 30 November, Bourneville unsuccessfully applied a magnet, electricity, hypnotism and ether. "The ovary compressor was used for 36 hours without success" (3). What terrible suffering was inflicted and endured!

Very surprisingly, Bourneville reported on a particularly cruel practice it is difficult to imagine him carrying out, a practice one would have thought abandoned long ago: "22 November 1873. Cauterisation of the cervix with a hot iron. Introducing the speculum was difficult and caused much suffering due severe vaginismus" (2). The phenomenological ambiguity of a uterine aetiology of hysteria can also be seen in the menstrual indications: "Her periods are sometimes accompanied by attacks, but not in any absolute way. Often the attacks occur in the intervals between periods. Delays in menstruation do not appear to have any action. Finally, a very long amenorrhoea (19 months) did not prevent the attacks from returning for 10 months" (2).

Paul Blocq (1860-1896) reported: "In Julie Antonine B., aged 32, both feet were affected by a strong equinus contracture. The patient could not stand up unassisted (...). Only the toes of her feet and the anterior extremity of her metatarsals touched the ground; her heels were raised around 10 cm". As manager of her father's failing clothing shop, she was present when he had a stroke. As he fell, he dragged her down with him. She then remained bedridden because the contracture of her feet made it impossible to walk. Although neither hydrotherapy, massage, orthopaedic devices nor chloroform corrected the deformity, Blocq confirmed the patient's hysteria and had her Achilles tendons cut. She was then able to walk and leave the hospital! (13)

The medications used at La Salpêtrière are now mostly considered narcotics. Amyl nitrite, used since 1867 to treat angina, has become a component of aphrodisiac drugs known as "poppers". As Bourneville noted in *Iconographie de La Salpêtrière*, "The inhalations stop the attacks". Under the influence of amyl nitrite, L... Th. (an 18-year-old florist who had her first attack after being unjustly accused of theft) came to her senses after 20 seconds and said "that she was suffocating, that she smelled a bad odour, that her throat hurt and she had a headache" (2). She died shortly thereafter of tuberculosis. Bourneville reported on the disturbances experienced by V... C.: "The effects of the medication are very marked: extreme cyanosis, discoloration of the fingers, purple fingernails; bluish tint to the tongue, the mucous membrane of the mouth and the eyelids. When the patient regained consciousness, she said, 'That's funny.

Everything's green. Aren't my nails green ?" (3) While chloroform was used very frequently to put patients to sleep or loosen a contraction, ether was used even more often. Some women developed iatrogenic addictions. On 3 March 1878, Augustine G. inhaled "125 g of ether. From then until 8 March, she had fainting spells, strange ideas and nausea" (2). As for Marie W., the following was noted on 13 December 1878: "As the patient had experienced bothersome tremors for a few days, we gave her ether. This resulted in hilarity followed by delirium: 'Give me more ether...'. She laughed, twisting the compress against her nose and mouth. (...) She asked for ether..." (5). Bourneville noted: "Ether worked initially, but its action gradually decreased to the point that, to quell the attacks, an enormous dose was necessary, resulting in a long inhalation time. This led us to administer chloroform once the patient had inhaled ether for 10 to 15 minutes. This double anaesthetic was used on many occasions with W." Static electricity was also used, "causing sensitivity to return to the entire right side of the body" in Marie W., on 10 January 1879 (Ramsden equipment). On 16 May 1879, she underwent electrification: "Her delirium continued nonetheless. Feeding by oesophageal tube" (5).

Charcot was certainly influenced by the demonstrations of Victor Burq (1823-1884) in 1851, which he had seen as an interne under Pierre-Adolphe Piorry (1794-1879). This led him to continue experimenting with metals and magnets, which he applied to the hysterics' paralysed limbs (6). "V... is sensitive to gold and zinc. A necklace of zinc plates, applied for five minutes, restores sensitivity of the bucco-pharyngeal mucous membrane. A single zinc plate, applied over the same time period to the left temple, momentarily restores the notion of colours on the left, but makes it disappear on the right" (3). Geneviève, deemed a "succubus" by Bourneville, was tortured by the nocturnal visits of her imaginary lover and fell victim to contractions: "The magnet was applied to the right wrist; after about 10 minutes, the contraction disappeared on the left and overtook the right wrist" (3). Referred to as "transfer" by Charcot, this phenomenon led to experiments that steered his research from a neuropathological approach to a psychological one: "Hysterical contraction can be artificially provoked in a woman who is subject to a hysterical diathesis. By itself, this surprising proposal reveals the cardinal importance of such a phenomenon and points to all the usefulness it will have for us in our future research to treat real hysterical contraction. Finally, the discovery of such laws will show us that hysteria is not one of these unknowns in which one sees all one wishes to see. Though it will not please sceptics and hysterophobes, hysteria has its laws and is no fiction" (6, 14).

Joseph Babinski (1857-1932) noted the case of a cook, aged 42. Following an event which frightened her at age 22, "she had a series of convulsive hysterical attacks accompanied by delirium". On 4 April 1892, she was struck by a car and taken unconscious to the hospital. When she regained consciousness, she had haemorrhage on the right side with facial paralysis and deafness. The exam also revealed hemianaesthesia and a reduction of the visual field, both on the right side.



Figure 5
Original graphite sketches by Paul Richer, drawn at patients' bedsides
in La Salpêtrière Hospital. 1879.
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Her reflexes were normal, which led Babinski to evoke post-traumatic hysteria. "On 20 April, around 4 pm, M. Jean Nageotte (1866-1948), an interne in the depart-

ment, hypnotised the patient, who was then unable to open her eyes despite all her efforts. It was suggested to her that she could walk normally. The immediate result was not satisfactory, but in the evening, the patient got up and found that she could walk much more easi-

ly. By the following morning, the locomotor impairment had completely disappeared. The patient's walking was no longer abnormal in any way, and has remained normal since then. Her facial paralysis, on the other hand, has not changed. On several occasions, we tried to improve this paralysis by suggestion, without obtaining any results" (15).

Suggestion, miracles or anticlerical proselytism

Referring to Justine Etchevery and how her contracture disappeared by suggestion, Charcot noted in 1872: "We must understand the possibility of these cures which, still today, make people speak of miracles, but which only charlatans boast of. Before our century, such facts were often evoked to convince the most glib minds of the therapeutic influence of supernatural powers" (6). As for Bourneville, after practically every clinical description, he added instructive historical accounts to decry how religious superstitions kept common people in ignorance. Without ever saying so clearly, Charcot shared Bourneville's anticlerical opinions, which were evident in *Iconographie de La Salpêtrière*. This medical publication also served as a cultural weapon: it compared clinical cases with women described as possessed, considered witches, exorcised, burnt at the stake or otherwise stigmatised over the centuries. Geneviève was born on 2 January, 1843, in Loudun, a city famous for its Ursuline nuns bewitched by Urbain Grandier in the 18th century and the subsequent witch trials. By a curious coincidence, Geneviève presented with "nervous attacks, recurring daily. Her belly was very big as a result of them and also due to the irregularity of her menstruation. The nuns imagined that she was pregnant and persecuted her, claiming that she had tricked them". Suffering from this hysterical pregnancy, Geneviève mutilated her breasts, was placed in a "strait jacket", ran out on a roof to approach the workers there, had several attacks in which she removed her clothing, called for spectators, and said to one of them "Kiss me". Treated with opium extracts, chloral and strong doses of ether, she was the victim of hallucinations and a "saltatory delirium" (fig. 1). Bourneville noted that "her attitude is that attributed to visionaries such as Sainte-Thérèse, complete with ecstasies and prayer positions to conclude her erotic delirium", reminiscent of the Belgian stigmatic Louise Lateau (2). It is likely that today, Geneviève would be treated for psychosis, perhaps schizophrenia, a clinical picture that had not yet been isolated in her day. In the case of Marc... Céline, there were "demoniacal attacks" alternating with "lewd positions". Bourneville noted the crucifixion attacks of Léontine V..., who "would emit a long cry, spread her arms and fall slowly backwards (...). Her arms were rigid, extended perpendicularly to her trunk in the shape of a cross" (2). As for Richer, he also concluded his observations with historical notes: "It is not surprising that religious excitation provoked, during certain periods of exaltation, these reactions of the nervous system which, in the final analysis, give rise to grande hystérie" (4). Spectacular attacks were demythified, as Charcot wished them to be, according to a positivist and anticlerical ideology inspired by Auguste Comte (1798-1857) and Emile Littré

(1801-1881). Charcot used this ideology to fit hysteria into the common clinical framework, which was subject to neurological and thus scientific reasoning.

Hypnotic suggestion and legal repercussions

Based on the work of Charles Richet (1850-1935) concerning "induced somnambulism", Charcot used hypnotism as a tool for pathophysiological exploration after conceding the failure of his anatomical-clinical method. An insidious conceptual shift led him to assimilate hysteria with hypnosis, which is described according to three stages: lethargy, catalepsy and somnambulism. Then current events of the time took an unexpected turn, and La Salpêtrière patients were affected. Like Charcot, Gilles de la Tourette constantly sought to inform public opinion about the dangers of hypnosis, very much in fashion since Mesmer, particularly harmful hypnosis therapies. In the famous trial of the Gouffé affair, Gilles de la Tourette and Charcot opposed Hippolyte Bernheim (1840-1919) and Jules Liégeois (1833-1908) of the "Nancy School" by maintaining that a crime could not be committed under hypnosis. Curiously, Gilles de la Tourette nonetheless recounted a crime suggested to a patient in a hypnotic state: "We said to H. E..., placed in the somnambulism stage, and who had had a few problems with our friend B (fig. 2). (Paul Berbez?), an interne within the department: 'You know Monsieur B.' 'Yes.' 'He's charming.' 'Oh, no! He won't give me my pills, he's not a good doctor.' 'Really! In that case, we're going to get rid of him, so that another interne will come and take better care of you.' 'I'd like nothing more.' 'You're going to be in charge of it: here's a pistol (and we placed a ruler in her hand); when you wake up, you'll fire at him once. He should come here; wait for him.' We blew on her eyes. After waking, H. E... continued to chat with us while toying with the revolver (or the ruler, which she took for a revolver). (...) Then our friend B... walked in. B... knew what awaited him. Once he had approached H..., she coldly fired on him point blank. B... fell to the ground, crying: 'I'm dead!' 'What!' we said to H... 'You've killed Monsieur B...! What motives pushed you to commit such an act?' 'Monsieur B... was a bad doctor; I took my revenge.' 'That's no excuse.' 'Oh? Too bad. Besides, I had other reasons; he was supposed to be killed by me.' We put an end to the experiment, which had lasted long enough and was threatening to cause a state of nervous overexcitement in H... and potentially an attack of hysteria." Blanche W. also underwent an experiment involving a similar suggested crime. For Gilles de la Tourette, these were only experiments and "the hypnotised patient always remains an individual who can manifest her will by resisting the suggestions (...). A somnambulist, noted Monsieur Richer, can completely refuse to perform certain acts while offering no resistance to anything else" (16,17,18).

Redemption

All of these writings reveal the constant desire to improve the material and moral conditions of the women who ended up at the hospice. As Jules Clarétie reported: "Originally, La Salpêtrière was, as Monsieur Gilles de la Tourette tells us, hellish. Charcot made of

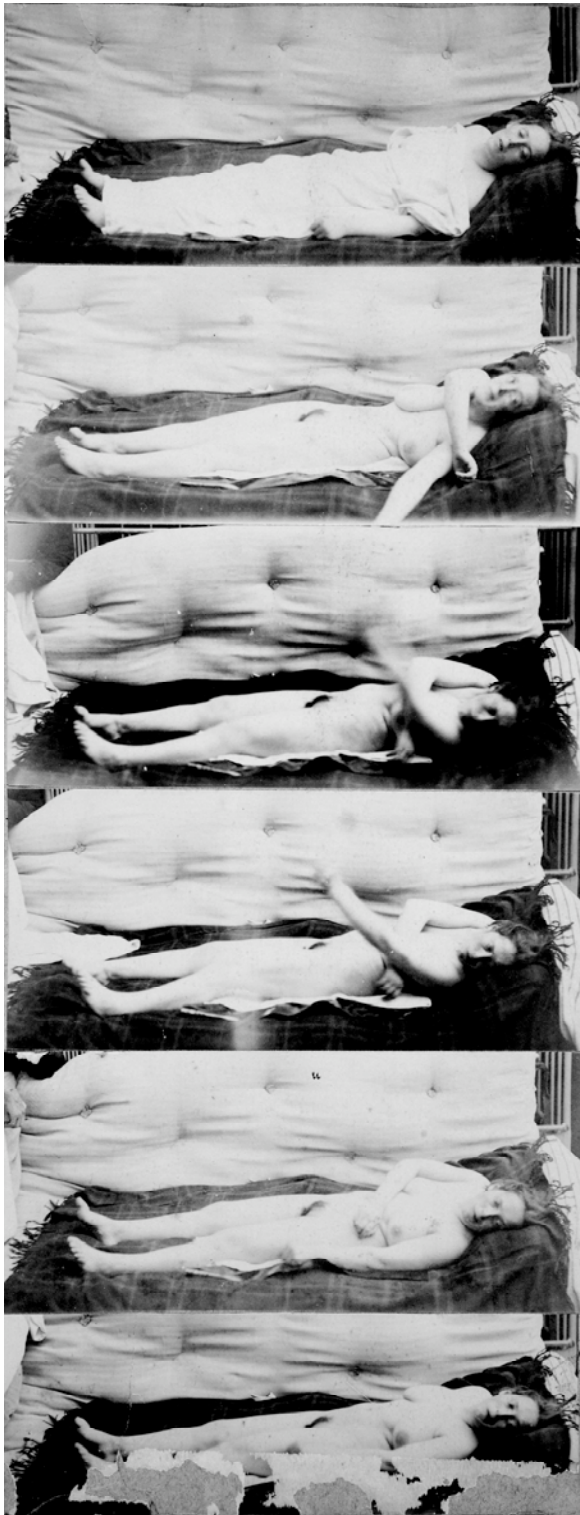


Figure 6

Fall into hysterics, successive phases by Albert Londe, 29 October 1882
 A series of six photographs, albumen prints
 © Paris, Ecole des Beaux-Arts. With kind permission

it what Pinel had once made of the holding place for poor, insane women: an asylum. Hope returned. There was consolation, relief from the horrible evils that gave rise to such cries and suffering” (19). Jane Avril des-

cribed herself as “tossed about by life and for so long incapable of considering things normally; living in a perpetual dream without understanding the value of things or even seeking to find out!” She found solace at La Salpêtrière. Her account was published much later, in 1933: “There were crazy girls, whose illness, called hysteria, was mostly a matter of faking”. It contrasts with that of Blanche W., recorded shortly before her death by Alphonse Baudouin (1876-1957): “I’d like you to explain something about the attacks you used to have.’ After hesitating a moment, she replied: “Well! What do you want to know ?” ‘They claim that all these attacks were faked, that the patients pretended to be asleep and that the whole thing was a joke on the doctors (fig. 3). What’s the truth in all that?’ ‘None of it’s true. It’s all lies; if we fell asleep, if we had attacks, it was because we were helpless to do otherwise. What’s more, it was very unpleasant.’ And she added: ‘Fakery! Do you think it would have been easy to fool Monsieur Charcot? Yes, there were tricksters who tried; he simply gave them a look that said: Be still. “That was how this ‘confession of a hysteric” ended, with an homage to the great deceased neurologist (12,20,21). “Indeed, Charcot was never fooled. As he wrote in 1872: “We have met with simulation every step of the way in the history of hysteria, and we sometimes surprise ourselves by admiring the incredible cunning, sagacity and tenacity that these hysterics deploy to deceive... especially when the victim of the imposture is a physician” (6).

To conclude

Several of these patients stayed in asylums directed by the alienists of La Salpêtrière, for example Jules Falret (1824-1902), Louis Delasiauve or Henri Legrand du Saulle. Comparing their various observations, as Nicole Edelman has done, highlights their different practices and concepts. Charcot developed a neurological semiology based on sensitivity, movement difficulties and amaurosis. He described the manifestations, then classified and ordered what he had observed, but with little regard for the suffering experienced, going so far as to state during his Tuesday Lesson, 12 June 1888: “It is not always easy to question the patients. They offer up inaccurate facts or interpretations we have no use for” (22).

The alienists used psychiatric terms: hysterical psychosis, hallucinations, melancholy, erotic delirium, etc. They emphasised the mental state of the patients and attentively listened to their life stories. Trained under Delasiauve, Bourneville was very clearly the link between the two worlds, moving from one to the other with his empathy and his ability to listen. He took an interest in patients' pain, despair, imaginary guilt and fears of abuse, which he was able to transcribe in his observations. Charcot's conceptual shift (1870 to 1893) from an organicist clinical approach to a social analysis taking poverty and its difficulties into account as causes of hys-

teria owes much to Bourneville, a pioneer in neuropsychology (23).

The opinion of Georges Guillaumin (1876-1961) is one we should share: *“The disdain expressed for the work of Charcot, who was an observer and clinician of the highest order, is not justified. Obviously Charcot, who studied neuroses at La Salpêtrière between 1862 and 1892, may have committed a few errors, but he described clinical types that have remained unchanged. He understood the role of suggestion in patients and was not unaware of the frequency of simulation. He indicated therapies to which we have nothing to add”*.

And in the same vein: *“Charcot’s service to nosography is inestimable. He isolated types of psychoneurosis that continue to exist”* (24). Psychosis and anorexia are now treated by psychiatrists. But doesn’t hysteria crop up periodically under new names, requiring concepts adapted to each age? Don’t the terms psychosomatic disorder, spasmophilia and fibromyalgia mask entities described by the great neurologist of La Salpêtrière?

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