INTRODUCTION
The Destinies of Hysteria

Hysteria, it is often said, has disappeared this century, its problems solved by Freud, or its investigation discredited by the antics of Charcot. And accompanying its alleged disappearance there has been a declining interest in its history among most historians. Yet hysteria was extraordinarily prominent in nineteenth-century medicine and culture. It posed in direct and personal form the key questions of gender and mind/body relations, and, as Henri Ellenberger has shown in his *Discovery of the Unconscious*, it formed the springboard for the discovery of the unconscious in psychoanalysis.

In this light, it is odd that only two full-length scholarly surveys of its history have been published within the last half century: Ilza Veith’s *Hysteria: The History of a Disease* (Chicago: University of Chicago Press, 1965), and Etienne Trillat’s *Histoire de l’Hysterie* (Paris: Seghers, 1986). There have been, of course, other approaches, for example, in the work of practicing doctors, amateur historians, and psychoanalytic theorists. Yet these two books have had a curious lack of influence. In the late 1960s, broad cultural and contextual approaches had not yet been developed within medical history, and there was little sense of the wider implications of Veith’s newly published and widely praised history. Veith wrote as an internalist medical historian who construed the history of hysteria in its realist dimension only, without casting an eye on its forms of representation or its broad social and cultural subtleties of class, gender politics, and ideology.

Trillat too took an internalist approach, meticulously consulting the history of a medical condition without considering the cultural, contex-
tual, or discursive resonances that have come to preoccupy humanists and historians in the last decade. In any case, because it was published in France, never translated into English, and not widely publicized, *Histoire de l'Hysterie* had little impact on the anglophone academic community.

Over the last decade, scholarship has, of course, been changing—enormously. Medical history has moved from a positivist to a critical phase and has begun to shift from the scientific history of disease to the cultural history of diseases and the study of illness as metaphor. The history of therapeutics now takes more account of the complex dynamics of doctor/patient relationships. The mind/body problem is no longer regarded as a technical or logical problem, focusing on canonical texts, for historians of philosophy or philosophers of mind to study. One could claim without exaggeration that in our time the social construction of both mind and body have come into their own. And above all, feminist scholarship has lavished great attention upon demystifying the gender and social control encoded in women’s diseases, especially the hysteria diagnosis, in the age of Freud. No less important, the role played by language and discourse in the analysis of virtually all medical conditions, ancient and modern, has been magisterially enlarged and problematized, and recent discourse theory has taught historians of all territories, medical and nonmedical, that the social history of language cannot be overlooked when tracing the rise and fall of medical conditions: plague, gout, dropsy, consumption, cholera, influenza, as well as the more psychosomatic conditions.

More specifically, the face of hysteria has itself altered, at least implicitly, in light of the work of such psycholinguists and psychoanalysts as Jacques Lacan, Hélène Cixous, and Julia Kristeva. Each has provided insight into the language-gender dimensions of contemporary hysteria and its semiotic groundings. In their work, word and image, doctor and patient, speaker and listener, have gathered new identities. Kristeva has argued with particular force that medical appearances can never be considered entirely apart from their linguistic moorings, any more than from their gender-based dimensions. And as a decade of new interdisciplinary research has marched forward during the 1980s, the interface of literature and medicine has become one of the most frequently played-upon themes in scholarship on both sides of the Atlantic.

This broad movement has also intensified exploration of the semiotic and linguistic dimensions of recent, or at least relatively modern, hysteria. But even if the medical diagnosis of hysteria has languished, for
reasons this book attempts to explore as an ancillary theme, the condition of hysteria as a state of mind has been revived through the intersections of these newly developing fields of inquiry. “Hysteria as a state of mind” especially describes thinkers of all types, not just patients, who concern themselves with the intersections of bodies and texts, and with medical conditions and discursive practices. Hysteria has thus been fragmented: everyone now seems to own a piece of it. Its grip is not confined to one field; its monopoly not limited to medicine. No longer, and perhaps never again, will it be the narrow province of medical doctors or a handful of medical historians.

Hence the time seemed ripe for a reexamination and reassessment, not merely to chronicle hysteria’s fragmentation or to narrate the fraught and tangled interplay between Charcot and Augustine, Freud and Dora, but to describe the entire career of the disease entity, or at least the problematic label and curious category: its long-term rise and alleged fall, its invention, construction, development, ascendency, obsolescence, and now relatively sudden disappearance.  

It seemed to us particularly germane as these transformations occurred in the 1980s to demonstrate that Freud was not the beginning of anything new in the history and conception of the condition but rather the end of a long wave. Though we are in no sense whatever compiling a complete history of hysteria, we wanted to extend our gaze to cover European civilization over three thousand years, while simultaneously concluding our narrative with the launching of psychoanalysis from the base of medical hysteria as it was construed in the late nineteenth century. The Viennese founder of psychoanalysis was not the kingpin of a new province of hysteria—however the condition or the category was defined—but the thinker best able to marshal the resources of an already rich kingdom that had seen itself rise and fall many times in the past.  

In the popular imagination hysteria begins and virtually ends with Freud, his antecedents and sequels accorded relatively minor consequence; much cultural history is conceptualized and written out as if all psychiatric thought before the 1890s consisted of footnotes leading up to the work of the one—and only one—great transformer, Sigmund Freud. Professional historians of science and medicine often link hysteria to a “mechanical revolution” and “nervous revolution” that transformed the face of modern science, but even they remain uncertain how the scientific revolution impinged upon the development of hysteria.

We believe this corrective should be launched as a historical discussion as well as a case study in the relations of realism and representation to this baffling human condition. We are sensitive to the differences be-
between so-called "real hysterics," who still present themselves as patients in clinics and waiting rooms, and the wide repertoire of metaphors that has attached to the condition over the centuries, just as other metaphors have attached to consumption, cancer, and now AIDS. Our treatment weaves the real and the representative, especially when we launch into far-ranging discussions of the social history of hysteria. We want to replace existing notions with more accurate, less mythologized, and less heroic ones about Sigmund Freud.

Although this book is a five-hander, it has been our aim from the start to produce not a collection of disparate essays but a consecutive and coherent synoptic interpretation, tracing the story forward from antiquity into the present century. The five of us hold different ideological viewpoints and come from different disciplines and nationalities; allegiance to the various theoretical bents of our disciplines prompts us to differ from one another more than we agree. But we are also bound by the shared views that, first, now is the time to reconsider hysteria; second, our differences will bring a type of balance to the evolving discourses (by which we mean all types of writing by hysterics and their doctors, as well as writings by nonmedical figures) of hysteria that will stand the reader—the imagined, ideal reader of this book—in good stead. Finally, we are united by our common interest in the linguistic and semiotic aspects of medicine at large, and by the internal contradictions, silences, and gaps we find in this remarkable discourse of hysteria.  

We saw both historical and critical elements as essential to the book. In our conceptualization there had to be copiously documented sections on the historical development of hysteria: one dealing with the ancient world, a second located in the period from the European discovery of the ancient medical texts in approximately the fourteenth century (when Hippocrates and Galen were being translated into Latin and read anew) to the end of the Enlightenment (construed as "the long eighteenth century"). Whatever small overlap might exist on the boundaries of these first two parts (around the fourteenth and fifteenth centuries), both sections were necessary for our revisionism and for thorough analysis of the development of hysteria over eighteen hundred years.  

But after chronological surveys guiding the reader from the Athenian world to the high European Enlightenment, _Hysteria Beyond Freud_ intentionally veers into another mode. From this point forward there was no need to chart and plot hysteria as the first two historical sections do. Instead, we required discussions of three seminal but by no means exhaustive topics. All of us realize that we have been coaxing out the representations of hysteria, rhetorically searching for its metaphors and
metonymies, visually following its iconographic relations and imagery—all this out of a belief in the significance of the cultural representations of illness within society. This is not to say that we discard realist medical analysis, empirical cause and effect, the patient in therapy, diagnosis and cure, much less the genuine neurochemical and technological advances that diminish human suffering and increase longevity. But the five of us are nevertheless persuaded that realism and representation, ideology and gender, have been held too far apart in the discussions about human bodies and their so-called pathological states; we are also united in the belief that medical material adds a valuable dimension to the understanding of the creation of social categories in all these different epochs. The boundary between the historical first section (King and Rousseau) and the thematic second one (Porter, Showalter, Gilman) marks the turning point in the book's architecture.

One condition of this shift is the new version of historicism King and Rousseau wish to impose. This is not the new, upper-case Historicism—if there is one such version—but a more contextualized and, in Helen King's case, more scrupulous philological examination measured against the reigning cultural trends of the ancient world. King examines the early history of hysteria in antiquity, more precisely explaining why Classical hysteria is in reality but a mare's nest, a spurious entity invented by later physicians in the Middle Ages and Renaissance and legitimated after the event by medical historians.

This view overthrows Veith's and will no doubt disturb medical historians who consider the older views gospel. But King also demonstrates why the category is so doubtful and supports her argument with the verbal and historical documentation of a classicist with her particular joint training and expertise in ancient history and anthropology. After King's revisionism it may well be that studies of Hippocrates will never again be the same. Certainly no one will ever again be able to reiterate the now discredited notion that Hippocrates is the father, the discoverer, the inventor of a Western hysteria that has endured with constancy over the course of many centuries.

George Rousseau explores the legitimation of these later doctors and medical historians and—crucially—the implications of this dire legitimating for Renaissance and Enlightenment culture. Rousseau's task is to chart the fate of hysteria as the body's anatomical model gradually moves away from a one- to two-sex model, and as Cartesian and Newtonian science sweeps through Europe. In this sense he, too, necessarily imposes the mold of realism on his revisionary historical task. But as Western culture was transformed in the seventeenth and eighteenth
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centuries under the weight of science, secularism, and economic and political reform, as the cults of certainty, progress, and optimism gradually replaced those of uncertainty, pessimism, even gloom-and-doom, hysteria found itself at the center of a debate about melancholy and the nerves, and about gender, sex, and the fabric of human culture far exceeding its own local, anatomic, and medical domain. And in this sense it was hysteria construed as a category—almost a philosophical category—rather than as a medical diagnosis or set of therapies. But as certain tenets of Enlightenment culture gained strength, especially the reliance on reason, observation, logic, predictability, secularism, and the waning of a faith in superstition and magic, hysteria continued to find itself reinvigorated and regenerated. A self-renewing discourse, it was capable of transforming itself both as diagnosed disease, medical category, and—linguistically—as a critique of male-female relations. Rousseau shows that hysteria’s uniqueness lies specifically in these acts of transformation, especially under the teachings of Dr. Thomas Sydenham, the so-called “English Hippocrates” and medical associate of John Locke, the doctor-philosopher. Sydenham, according to Rousseau, is the unacknowledged hero of hysteria: the first doctor to see beyond its ironclad gender boundaries, the first to apply the illness to men, the first to gaze into its psychogenic origins. Sydenham alone made the unique transformative power of hysteria his first principle: on this fundamental belief he built everything else in his theoretical medical scheme.

Despite the similarity of historical approaches taken by King and Rousseau, a counterpoint exists between their chapters, and then again between these chapters and the rest of Hysteria Beyond Freud. Yet for our discussion of hysteria after 1800 it seemed best to make thematic divisions along clearly defined lines. After traversing the nineteenth-century border, it was no longer necessary to provide a full “history of hysteria” except to glance at areas that had been underdeveloped or misconstrued. For this period extending from approximately 1800 to the overlaps of Charcot and Freud, mountains of writing have, of course, already accumulated. The physiological aspects of hysteria circa 1800 had been developed by all sorts of medical commentators in the period and during the next two generations of doctors (i.e., between 1780 and 1840). Georges Didi-Huberman, a contemporary medical historian in France, discussed its diagnosis and appearance in the light of visual images and artistic representations; Wolfgang Lederer, its sexual implications in Gynophobia ou la Peur des Femmes. And a veritable host of scholars dealing with Charcot and Breuer had written about nineteenth-century hysteria. But the philosophical, epistemological, ethical, and even more cru-
cial literary, social, and pictorial traditions had not been well-studied. Nor had hysteria been construed as a “discourse,” or as overlapping discourses, in the brilliant way that critics such as Hayden White and other hermeneutical theorists have looked at historical pasts, as partaking of the same attributes as all other discourses: rhetoric, metaphor, voice, speaker, speech act, and the implied power relations vis-à-vis race, gender, and sex established within the discourse. Furthermore, these previous students of hysteria had not understood what more culturally oriented scholars began to see in the 1980s: that the developing metacritique of hysteria had inscribed all sorts of power relations as well as developed a subcritique of gender arrangements that often masqueraded as a pure, objective, realistic, and scientifically validated discourse of hysteria. These are developments still awaiting due amplification. They are among the ones we seek to revise and amplify here.

Toward this specific goal Elaine Showalter, author of The Female Malady (1987) and recently of Sexual Anarchy (1991), examines hysteria over the last two centuries as an expression of the inscription of gender relations within medical discourse. Throughout its history, hysteria has been primarily constructed as a female malady, but it has also been a disorder of men. Applying feminist methods and insights to the symptoms and studies of male hysteria, Showalter shows that issues of gender are as significant in masculine experience as in the history of women. Not only the treatment, but also the historiography of hysteria, has been influenced by the traditional gender roles assigned to the therapist and the hysteric. When feminists occupy the roles of doctor, psychoanalyst, or historian, the narratives of hysteria change.

If medical discourse has assumed a whole set of gender relations in the last two centuries, the discourse of hysteria has been the chief site of debate over matters related to sex and gender relations. This localization within hysteria is the theme of Roy Porter’s chapter. It is a point that seems accessible but is knottier and more elusive than it at first appears. It is not at all surprising that the old Cartesian mind/body dualism should have endured as long as it has, nor that mind and body should have played such a magisterial role, as Rousseau shows, in the commentary on Enlightenment revelations (and, as often, obfuscations) on hysteria.

But Porter proceeds further than this point: he shows how the old mind/body questions became attached to the self-definition of medicine itself as a sphere of exclusive cognitive expertise. At the beginning of the period that forms the backdrop of his thematic study—approximately 1800—medicine still hovered in self-conscious doubt as a domain
of knowledge. At the beginning of the period, doctors and the paramed-
ical world had begun to professionalize and gather in institutional and
organizational ways that would continue throughout the nineteenth cen-
tury; a century later, medicine’s claims were bolder. Medicine now
claimed to be more a rational science than an inexact art: shorn of its
older magical and irrational tendencies, it was now the sister subject of
philosophy, science of the cognitive. Yet in medicine this application had
to be grounded within a specific discourse that was already controversial.
Where to locate the site of hysteria in a safe medical discourse in which
there was neither fierce debate nor professional divergence? In manias,
for example, or gout (now moribund after three centuries of tireless
writing and speculation)? Better to place it in an already controversial
zone, as Porter shows us in his chapter, and let hysteria be fought about
within the already bloody battlefields of Regency and Victorian philo-
sophical discussions of mind and body.31

From the complex relation of clinical medicine and philosophy, an
ancillary question presents itself: the matter of speculative thought in
relation to realism, and medicine in relation to representation.32 If medi-
cine had become cognitive by the nineteenth century, it could claim to
be exclusively so because its models of representation were then so mono-
lithically realistic. Set the chronological dials earlier, to 1840 or 1860, for
example, and one glimpses an England or France in which the medical
doctors are virtually certain that medicine is a rapidly advancing science
in which much more was known to them than had ever been available
in the history of mankind, and that soon even more would be discov-
ered. A science as positivistic and progressive as mid-nineteenth-century
medicine worried little about the representational—metaphoric, imagis-
tic, artistic—versions of its wisdom. Yet paradoxically and almost as a
counterpoint to this certainty about the knowledge of all (even in theo-
ries of hysteria) was the concomitant sense that medicine still had an ar-
duous road to hoe before it would be a rigorous science like mathe-
ematics, physics, or astronomy. Most of those who viewed medicine as an
art were usually willing to concede a large portion of ambiguity to the
medical situation, medical predicament, the scenario, case history, toute
la chose medicale in the hysteria diagnosis. More specifically for our pur-
poses, if hysteria had significant representational dimensions, how had
it been pictured in art? In what sets and constellations of images? And
how had its victims become figures in drawings and other media?

This is the question Sander Gilman pursues in his illustrated chapter.
Given his previous work on the iconography of disease,33 it is not sur-
prising that he has set hysteria in a wide context, viewing its sufferers
as one instance among many of the stigmatization of the pathological. Beginning with the late eighteenth century, many types had been stigmatized—not merely hysterics, but diverse “lunatics” over the broad spectrum of race, religion, and gender. Sodomites as well as hermaphrodites; the mad as well as the moody; Jews as well as blacks; and many other social pariahs as well—all were differentiated and eventually stigmatized. Stigma, indeed, was an ingrained habit of the hegemonic thought of the nineteenth century, a region of the imagination well understood by thinkers as diverse as Vico, Kierkegaard, and Nietzsche. But the stigmatizing of the hysteric was something else: more pronounced if also more elusive. The label *hysteric* became a key encodement of difference and danger, not just in respect to nubile girls or frustrated widows, but in the larger evaluation of cultural, national, and racial characteristics at a time when nationalism was on the ascendency.

Thus the eclectic representations of hysteria, as explored in this book, look inward to a developing micro history—of doctor/patient pairings in the clinical setting, playing their games of power, control, and liberation—while simultaneously looking outward, treating hysteria as a language for assimilating yet pathologizing the unknown, the unacceptable, the uncontrollable. The hysteria diagnosis has long been the frail and unsuccessful attempt to frame the fearful symmetry of one of the most potent tigers of the mind. Yet the beast, so to speak, is even larger than this. Once it becomes clear to what degree the pathology of the unknown became encoded in the hysteria diagnosis it also becomes evident that the category hysteria must never be far from the historian’s imagination. Otherwise, *all* human relations, not merely the pairings mentioned, take on attributes of “hysterical discourse,” in one medium or another.

The reader will notice a multitude of lacunae in this book—omissions of more types than one. For example, it will be observed that no professional psychoanalyst has been included among the authors, and that psychoanalysis and approaches fundamentally psychoanalytical are not included. The omission is by design: whereas none of us has any particular aversion to psychoanalysis as a therapy or method, our collective strategy was to provide a historical and representational approach that led up to, *not followed from*, Freud. We attempted to gaze at our various forms of representation with the eyes of historians of psychology or psychiatry rather than as scholars living in the aftermath of the Freudian revolution, and even less as scholars persuaded of the claims of psychoanalysis itself.

We have also said relatively little about religion and religious experi-
ence. There can be no doubt of its importance in the medieval world and beyond. But no matter how central religion was during the early period, this is not a book about the interface of religion and medicine, or of hysteria and possession, subjects that no doubt merit more attention than they have received but which cannot be fully treated here. The theme of possession—whether or not leading to hysterical symptoms—has itself been the subject of recent scholarship, as Rousseau notes, none of which we hoped to include in any detail in our eclectic approach. Possession is such a large canvas to survey that to focus on it would have fatally diverted us from the real focus of this book.

Our eclecticism may also be faulted for omission of any thorough, or systematic, treatment of the recent fortunes of hysteria in the work of Lacan, Kristeva, and other deconstructionists and poststructuralists. The reply is that here, too, as in the case of Freud, we have tried to see things primarily from a pre-Lacanian point of view. We are sensitive to Lacan’s concept of the Other and to the work of the Lacanian analysts at l’Ecole de la Cause Freudienne. But surely a pre-Kristeva angle of vision will not exonerate us, any more than it will please our critics to know that we have not tried to deconstruct hysteria. References to these figures do appear in our text as early as Rousseau’s chapter, which explores a theory of “female numbness” in relation to hysteria partly derived from the works of the French writer Marguerite Duras. But Elaine Showalter’s chapter makes better use of these figures, even if they do not play a central role in her conception of what is to be privileged about hysteria.

A thorough illumination of the linguistic representations of hysteria by other scholars would enrich our discussions. Although this book devotes itself to the history and representations of hysteria, it has not unearthed the hidden metaphors of hysteria. A whole book could have been written, and we hope it will be, merely on these metaphors of control, pathologization, stigmatization, castigation. An example drawn from the field of metaphors of incorporation is Dorothy Kilgour’s From Communion to Cannibalism: Metaphors of Incorporation. Hysteria has given rise to metaphors worthy of study in their own right, in much the way that Susan Sontag has identified those in the domain of illness and AIDS. We hope others will build on our work and trace the evolution of these languages of hysteria.

The bibliography of hysteria is by now a developed province in itself. The previous histories never provided their readers with a proper bibliographical essay or the equivalent, delineating the enormous amount of writing devoted to this subject. Indeed, so much has accumulated that it would require an expert and systematic bibliographer to perform the task. Only Mark Micale has undertaken any of this work, and his writing
on the subject is exemplary and in the bibliographical area second to none. 38 Micale has studied male hysteria in particular and demonstrated its trajectory from the Greeks to the present. Whether or not we acknowledge it explicitly in the following chapters, all five of us have profited from his studies and from his presentation at the Wellcome Institute in 1990 (see paragraph that concludes this introduction).

This then is not a full-scale history of hysteria, proceeding in linear time, each chapter surveying a period or historical unit. Nor is it an attempt to rewrite Veith under contemporary circumstances where the new ideologies and critical methodologies prevail, nor will it survive a strict and rigid post-Foucauldian application. The age of Foucault has passed, and with it the sense that mere representation apart from historical contexts is sufficient; in its wake a new commitment has arisen to historical rigor and accountable epistemological threshold. 39 This is especially true in such fields as the history of psychiatry and in discussions of the discourses on madness, wherein scholars can be radically "historical" without writing proper "histories of madness." All five of us are admittedly the children of Foucault in ways extending beyond our ability to verbalize them, especially insofar as we concur that in our contemporary world, power, authority, and marginalization are mirrored in the overlaps of hysteria, madness, and psychoanalysis. And we were also fortunate, as we pondered ancient and modern hysteria, to profit by the fruits of Foucault's labors in his multivolumed histories of sexuality. But we write here neither as converted Foucaldians nor as primarily historical revisionists intent upon correcting a fallible record. If our first two chapters appear to do just that, the reason—as we have already indicated—arises out of our belief that something fundamental in the historical tradition had to be corrected before we could proceed to our thematic analyses.

Many books could be and will be written about hysteria. We believe our groupings are richer for some of the reasons given above. No readers, or potential authors of such books, can close the covers of this book without questioning the disappearance of hysteria after so many centuries, or without being persuaded by our central theme: that Freud inherited a tradition surrounding hysteria. Freud came to hysteria at the end of a three-thousand-year-old lineage: he was not its progenitor—a truth more easily stated than applied and a historical fact often forgotten.

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able for this meeting, and to Steve Emberton and Frieda Houser for the smooth running of this fruitful occasion. George Rousseau is grateful to Leila Brownfield and Linda Benefield for their kindness in accomplishing various of the tasks associated with the production of a book of this size. We owe particular thanks to William Schupbach and David Brady of the Wellcome Institute for their efforts in obtaining and organizing the many illustrations so necessary to Sander Gilman's chapter. We are equally grateful to our editor at the University of California Press, Elizabeth Knoll, for her encouragement throughout this project.

G. S. Rousseau
Roy Porter

NOTES


2. See H. Ellenberger, The Discovery of the Unconscious: The History and Evolution of Dynamic Psychiatry (New York: Basic Books, 1962); Ellenberger was, not ironically, one of the principal reviewers of Veith's book (see n. 3).

3. These are the two mentioned, and there have been no histories of hysteria since 1900. The last one in French before Trillat's was G. Abricossoff's L'hysterie aux 17 et 18 siècles (Paris: G. Steinhill, 1897). Of interest here is Trillat's brief but valuable discussion of the methodological issues involved in writing the traditional history of hysteria; see E. Trillat, "Trois itinéraires a travers l'histoire de l'hysterie," Historie des Sciences Médicales 21 (1987): 27–31.

4. An idea of the disciplinary milieu among medical historians in which Veith wrote is gained by consulting Edwin Clarke, ed., Modern Methods in the History of Medicine (London: Athlone, 1971), who wrote before the ideologies of class, race, and gender held any sway in the history of medicine—his plea was for a balance between medical training and knowledge of history, but it was a nominalistic, realistic history of persons, places, and things in which gender and sex, class and race, language and representation, played a small role. Another contemporary approach not very different from Veith's is found in I. Macalpine and Richard Hunter, George III and the Mad Business (New York: Pantheon Books, 1969), which sheds further light on the discipline of the history of medicine at the time and the epistemological problems involved in the perception of writing the history of madness during the 1960s. For the historiography of medicine, itself a scant discourse in the last half century, and as it would have appeared in the mindset of scholars like Veith and others of her generation, see R. H. Shyrock, "The Historian Looks at Medicine," Bulletin of the History of Medicine 5 (1937): 887–894; G. Rosen, "A Theory of Medical Historiography," ibid., 8 (1940): 655–665; idem, "Levels of Integration in Medical Historiography," Journal of the His-
tory of Medicine 4 (1949): 460–467; George Mora, Psychiatry and Its History: Methodological Problems in Research (Springfield, Mass.: C. C. Thomas, 1970), works that represent a portion of the methodological atmosphere in which Veith wrote.


10. Illuminating for bringing together many of the ideas of these theorists


12. However significant the Darwinian metaphors of rise and fall, evolution and flow, are in this context, they are less vital than the social construction of hysteria. Indeed, the debate between social constructionists and realists or essentialists has reached epic proportions, as group after group decodes the strengths of each method, some coming down on the side of the one, some on the other, and some (such as John Boswell, the Yale historian of homosexuality in early modern civilization) for a blending of the two. But the politics of representation also pose crucial questions: do we choose our representations because they are power-influenced and thereby capable of enhancing our own positions (as Michel Foucault argued) or because they are in some abstract ontological sense true (as in the ongoing current debates in the newly developing field of literature and science)? The antagonisms of realism and social constructionism have emerged as a field in itself, posing new problems for the decade of multiculturalism, and not without genuine implications for the construction of the category hysteria. For anticipations of the debate in both medicine and philosophy, see P. Wright and A. Treacher, eds., *The Problem of Medical Knowledge: Examining the Social Construction of Medicine* (Edinburgh: Edinburgh University Press, 1982); O. Moscucci, *The Science of Woman: Gynecology and Gender in England 1800–1929* (Cambridge: Cambridge University Press, 1990); C. E. Russert, *Sexual Science: The Victorian Construction of Womanhood* (Cambridge, Mass.: Harvard University Press, 1989); I. Paperno, *Chernyshevsky and the Age of Realism: A Study in the Semiotics of Behavior* (Stanford, Calif.: Stanford University Press, 1989); J. Leplin, ed., *Scientific Realism* (Berkeley, Los Angeles, London: University of California Press, 1984); D. F. Greenberg, *The Construction of Homosexuality* (Chicago: University of Chicago Press, 1989).

13. An essential task of this book, for example, is the charting of these gains and losses in some detail during the centuries that form the basis of modern European culture from the Renaissance to the end of the Enlightenment, vital
epochs whose medicine, and certainly whose hysteria, have been discussed much less than they deserve.

14. One corrective to this historically false view is found in the important work of Jan Goldstein; see especially her *Console and Classify*.


16. These consistencies and contradictions, and their particular cultural and historical appearances, form one of the central themes of this book. They constitute a further reason that we do not claim to write here primarily as “historians of medicine” but as students of the intersection of discourse and culture. For aspects of this intersection see S. Benstock, *Textualizing the Feminine: On the Limits of Genre* (Norman: University of Oklahoma Press, 1991); and Timothy Reiss, *The Discourse of Modernism* (Ithaca, N.Y.: Cornell University Press, 1982).


20. For the two-body model see Laqueur, *Making Sex*; for Newtonianism and medicine, see three books by L. King: *The Medical World of the Eighteenth Century* (Chicago: University of Chicago Press, 1958); *The Road to Medical Enlightenment,


22. Valid as the reinvigoration was, there is no mention of hysteria in some of the classic interpretations of the period, for example in P. Gay’s The Enlightenment: An Interpretation, 2 vols. (New York: Alfred A. Knopf, 1966–69), which devotes much space to medicine. The canvas painted by Gay and other synthetic historians of the Enlightenment provides a further reason for our revisionist treatment.

23. Although there is no such subgenre as the historiography of Sydenham studies, it is clear that over a century ago Sydenham’s significance for hysteria was intuited but not demonstrated; see J. Brown, M.D., Horae Subsecivaev: Locke and Sydenham and Other Papers (Edinburgh: David Douglas, 1890).

24. An early anticipation of this approach within the British tradition is found in Alexander Thomson, An Enquiry into the Nature, Causes, and Method of Cure, of Nervous Disorders (London, 1781); an example of the commonly found physiological dissertation in France is H. Girard, Considerations physiologiques et pathologiques sur les affections nerveuses, dites hysteriques (Paris, 1841).

25. See G. Didi-Huberman, Invention de l’Hysterie: Charcot et l’Iconographie Photographique (Paris: Macula, 1982); useful as this work is, it lacks the sweep and erudition of Sander Gilman’s chapter concluding this book.


30. These traditions of learning are brought together in Rousseau, ed., *Languages of Psyche*.

31. Porter's discussion should be complemented with the important writings on nineteenth-century hysteria of Mark Micale.


34. One can imagine Hans Mayer listening to the list of these pariahs and reconsidering his omission of hysterics from his brilliant study of the representation of the outsider; see his *Outsiders: A Study in Life and Letters* (Cambridge, Mass.: MIT Press, 1984).

35. If William McGrath's evidence is correct about the politics of hysteria, we may have enhanced the validity of our work by this exclusion rather than harmed it; see W. J. McGrath, *Freud's Discovery of Psychoanalysis: The Politics of Hysteria* (Ithaca, N.Y.: Cornell University Press, 1986).

36. For another form of deconstruction, see McGrath, *Freud's Discovery*.


39. As evidence we again suggest that the reader consult Goldstein's *Console and Classify* for evidence of what the post-Foucauldian methodology does in practice.