In this impressive monograph, Sabine Arnaud examines how a variety of maladies, variously described by medical professionals who emphasized the impossibility of fully grasping the complexity of such diseases, became codified under the single category “hysteria” in the early nineteenth century. Arnaud’s work appeared first in French in 2014 as *L’Invention de l’hystérie au temps des Lumières, 1670-1820.*[1] The French title is of note here in that it emphasizes both the active creation of hysteria as a diagnosis and the characteristics of the era in which this codification occurred (the Enlightenment). The English title changes direction slightly, but revealingly; instead of the “invention of hysteria,” we have the more exploratory “on hysteria,” and the Enlightenment disappears—the better to emphasize that hysteria is meant to serve in this study as an exemplary cautionary tale of the epistemological limits of medical nosology.

Arnaud’s study of this complex process is rigorous and, most of all, thorough. As a scholar who has worked primarily in eighteenth-century literary studies but aspires to continue to incorporate medical historical texts into my writing, I will profit greatly from the information contained in chapter one, for example, in which a nearly overwhelming series of texts, authors, and approaches is laid out. At the same time, as my use of overwhelming indicates, I was brought to contemplate anew, in reading this chapter, the gulf between our two fields; brought to wonder, that is, if a specialist well and truly trained in the history of science would have, like myself, wished for (far) more context and (far) fewer details. At other times, however, I was grateful for the depth that Arnaud brings to examining works such as Pierre Pomme’s *Essai sur les affections vaporeuses des deux sexes* (1760), a treatise in which, as Arnaud points out, the term hysteria does not appear.[2] This highly influential publication made Pomme a controversial figure—Voltaire took him on, as did many others—but he is now all but forgotten. Arnaud brings Pomme to life by contextualizing not only his career but also the totality of his writerly output, including a cache of unpublished letters with aristocratic patients that shows him to be part of an interactive generation of physicians. Alongside Tissot and others, that is, via epistolary consultations, Pomme cautiously negotiated with the wealthy patrons he was treating concerning their diagnoses and treatments. At the same time, he used his public persona to contribute to the creation of a new type of physician: the didactic doctor focused on symptoms rather than personalities.

The creation of this new type of medical professional, who comes to the fore in the post-Revolutionary era, is one of the many threads Arnaud weaves into her study. The individual who most notably embodies this type is certainly Jean-Baptiste Louyer-Villermay, whose fifty-page entry “Hystérie” in Panckoucke’s *Dictionnaire des sciences médicales* marks the end point of Arnaud’s account of the invention of hysteria.[3] In this long definition from 1818, Louyer-Villermay gathers a mass of divergent categories (uterine furors; suffocation of the womb; fits of
the mother; vapors; hysterical and hypochondriac passions; etc.) into one diagnosis, rejecting some features and emphasizing others, in order to facilitate the physician’s task. Arnaud concludes: “Through a series of equivalences, [Louyer-Villermay] reduced a broad spectrum of approaches to the body to a unique pathology” (pg. 9). As a true historian of medicine, Arnaud seems to regret the loss of the vivid complexity of the diseases across the hysterical spectrum brought about by this process of condensation; or she phrases it, by 1820, “Hysteria had lost its mystery; its history had been rewritten” (p. 29).

It is in exploring the astonishing breadth and diversity of the categories that preceded this limiting diagnosis that Arnaud’s study most fully satisfies. And yet, again, this work will be a painful slog at times for those without a strong background in the history of medicine; and perhaps for those in the field as well. Arnaud could have easily helped the reader (specialist or otherwise) by choosing clarity of expression over repetition and jargon, with no resulting sacrifice to her work. But that said, there is much of value to take from this study, far more indeed than a short review could ever indicate. I will therefore, in what follows, briefly touch upon some of the highlights of On Hysteria, before turning to what I view as a weak point in Arnaud’s analysis, linked, unsurprisingly, to her forays into literary studies (passages that remain fascinating, in any case).

Arnaud focuses on a series of historical moments at which the perception of symptoms or diagnoses related to hysterical illnesses was “renewed,” in order to study how this pathology was “created” (p. 2). Christening these focal points in her study moments of renewal rather than scientific advances allows Arnaud, of course, to avoid a teleological progression toward a nineteenth-century crystallization of knowledge in a final, evidence-based diagnosis. Of principal interest to Arnaud are the Convulsionaries of the 1730s; the lettered salon society of the 1750s and 1760s; the coming of the French Revolution and the illness of George III in the 1780s; and the birth of the new French nation in the 1790s. The section on the Convulsionaries of the 1730s is quite fascinating, with Arnaud’s detailed presentation aimed principally at downplaying the spiritual aspect of the reaction to this dangerous cultural upheaval. The closure of the Cimetière de Saint-Médard at the order of Louis XV relied, she argues, on a deliberately anti-spiritual (physiological) diagnosis of the antics of those attracted to the tomb of François de Pâris. This “instrumentalization” of the vapors and hysterical affection, used to combat a perceived attack on the Church, “served as an opportunity to portray these illnesses in a new light,” Arnaud argues, and that light was decidedly secular (p. 46).

The most revealing and interesting thread running through this study, to my tastes, concerns that of the vapors, both as attached to the female body (arising from the womb), and insofar as this malady was for a time labeled an aristocratic affliction, and thus (more or less) unsexed. Arnaud’s early claim, potentially confusing to many readers, that “Louyer-Villermay’s theorization [of hysteria] finds its justification in etymology and exemplifies the emergence of a new way of perceiving woman” (p. 28) makes sense only in the context of her subsequent elaboration of the divorce of the (aristocratic) vapors from the womb in Chapter Six. This chapter explores how physicians such as Pierre Pomme, Joseph Raulin, and a host of others theorized the vapors in a manner that amply demonstrates their reliance on aristocratic patronage. Arnaud’s description of the power of well-born patients (conceived of as sensible and thus racially superior) to influence the diagnosis and treatment of the vaporous diseases that ailed them, down to the tiniest of details, is a telling account of the push and pull of medical diagnosis. The image of the Princess de...
Lamballe falling into fits at the sight of a lobster is one that will not soon leave the reader’s mind, especially if that reader knows of her ultimate fate: torn to pieces during the September Prison Massacres, as a result of her loyalty to the Queen. Marie-Antoinette’s own vapors, it is noted, resolved with surprising alacrity as the Revolution progressed. Arnaud demonstrates how the abrupt fall from grace of this caste of patients enabled the subsequent appropriation of both social prestige and diagnostic power by French physicians.

Arnaud’s description of Diderot’s role in the waxing and waning of the womb’s fortunes is less satisfactory, and leads into my principal critique of her analysis. She refers to Diderot’s essay “Sur les femmes” (1772) as signaling “a third period” in the function of the famous citation on the womb from Plato’s Timaeus, claiming that it “inaugurated a reading of women from their organs that would subsequently be reproduced without such a positive slant” (p. 72). I would question both the influence of this essay on the medical establishment (without further proof) and the positivity of its presentation of women; Diderot’s ludic tone can be quite biting on the topic of women’s inferiority, even as (especially as) he claims to paint them with aid of the dust from a butterfly’s wings. And while the Pythian Sybil may indeed be a powerful female figure, as a materialist atheist, Diderot can hardly be said to have admired her cryptic mutterings. I have questions about Arnaud’s reading of La Religieuse as well, although I admired her analysis of how Suzanne’s meeting with each mother superior is “marked by the arrival of what contemporary physicians called frenzy, catalepsy, ecstasy, and uterine furors” (p. 172). Arnaud is indeed quite good at exploring the power relationships among the women in each convent, but her analysis of this novel would have benefited from a reading of the compelling work on Diderot and gender that has appeared over the last two decades. One striking lacuna in Arnaud’s argument comes, for example, when Suzanne is stuck by a pin by her sisters in front of the vicar general, in order to make her appear possessed by a demon. It is not, ultimately, Suzanne’s unique ability to explain what has happened that “makes the interpretation of demonic possession impossible” (p. 75); rather, it is the patriarchal authority granted this visiting male figure, in addition to his enlightened ability to interpret the truth of the situation, that spares Suzanne additional suffering at the hands of her sister nuns.

Arnaud’s reading of La Religieuse strikes me as based on a rather outdated poststructuralist approach, which leads her to make statements such as the following: “In this novel, the truth of the sign does not exist. There are only interpretations, which, grafted onto signs, can manipulate perception. All reasons invoked to explain the crises are presented as the result of exterior projections—yet the art of representation is precisely the art of making what one sees signify” (p. 176). Suzanne is a young, uneducated (however intelligent) woman; it is by infusing her first-person narrative with an all-too-womanly confusion that Diderot (the enlightened philosophe) reveals the all-too-material tragedy of the conventual system to his readers. Arnaud also writes: “At the end of the narrative, Suzanne has fled with a priest whom she then has to abandon” (p. 172). If Suzanne flees this priest, it is because he rapes her, or at least violently attempts to rape her, in the carriage in which he waits outside the convent walls for his young victim. Nowhere, in other words, does the abusive nature of ecclesiastical power appear more referentially evident in this novel than in the moment that Suzanne leaves the convent. This novel, in my view, makes no poststructuralist statement about the inability to interpret signs; to the contrary, it denounces the continuing insistence on a perverse misinterpretation of signs by the Church, and the resulting
vulnerability of a young girl forced into the convent. Again, Diderot’s sensitivity to this young woman’s vulnerability, in all its pathos, could hardly be less condescending to her sex.

The brief conclusion to *On Hysteria* reads something like a review in its own right, but as such, it will prove quite useful to Arnaud’s readers, as it very clearly states the value and breadth of her argument. Arnaud’s most far-reaching claim as to the value of this work--that she demonstrates how “the variations in the interpretation of a pathology must be read as something other than progress in the knowledge of the body” (p. 257)--is not entirely new, but in hysteria she has found the ideal, even paradigmatic topic to explore this epistemological truth. My quibbles with her reading of Diderot aside, I learned a great deal by reading this work, and look forward to her next monograph.

NOTES


[2] Pomme’s *Essai sur les affections vaporeuses des deux sexes,* first published in 1760, presents symptoms such as convulsions and paralysis as caused by hardening of the fibers arising from bodily dryness; he prescribed cold baths (2-10 hours per day); moderate bleedings; and chicken, veal or frog broth. Later editions appeared in 1765, 1767, 1769, 1771, 1782, and 1804, with translations in Italian, German, English and Spanish.


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