

HYSTERIA & HOLMES AT DARTMOUTH

When Dartmouth Medical School (then called the New Hampshire Medical Institute) began offering a medical degree in 1812, all candidates had to attend two full courses of lectures (at least one at Dartmouth), possess a competent knowledge of Latin, “sustain a good moral character” and write a dissertation on a subject of their choice “which he may be called on to read and defend at his examination as the Faculty may direct.”¹ Thesis topics selected by more than 1,200 students between 1815 and 1881 mainly concerned mundane subjects, especially infectious diseases which were the leading causes of sickness and death; less common topics were animal magnetism, tight lacing, masturbation, intemperance in eating, suspended animation, bloodletting and miasma.² To cite just one, in his 1824 thesis titled *Anatomy* Charles Knowlton appealed for people to donate their bodies for post mortem study:

Dissection of subjects is the best means of acquiring a knowledge of the science [of anatomy], it would be desirable to this end, that subjects should be attainable with the least possible difficulty. The legislature should never interfere, but to promote the facility of obtaining subjects ought to exert itself to remove from the minds of people all prejudices which have a tendency to destroy the general happiness of the nation.

Not mentioned by Knowlton was that he'd financed his Dartmouth education by grave robbing, selling bodies to the anatomy department for \$50 apiece – equal to the tuition for a full course of lectures. The last words of his thesis contained an interesting proposal:

Let it become a general practice for physicians to give their bodies ...for dissection and the prejudice existing on the subject will soon be done away; and it will be as common for persons to request that

their bodies may be dissected, as it now is, for them to beg that their graves may be guarded against resurrectionists [grave robbers].

At Commencement, Professor Reuben Mussey told the young man, “You have done our Institution great honor.”³ Apparently he wasn’t aware that at the very same time Knowlton was under indictment in Massachusetts – he’d been arrested the previous summer for “illegal dissection”, released on bail and still awaited sentencing. After receiving his Dartmouth diploma, the fledgling doctor had to spend two months in jail and his father was obliged to pay a \$284 fine. That was lenient. The penalty for grave robbing in New Hampshire earlier in the 19th century was a \$2,000 fine, two years imprisonment, “setting on the gallow” and 50 lashes! ⁴

What follows here are selections from four student dissertations which were written respectively by Otis Ayer (1841), Henry B. Tibbetts (1845), Charles H. Fischer (1847) and George Page (1852), each addressing the subject of Hysteria. Considered together, they reflect the prevailing confusion about the nature of this perplexing condition. Symptoms of hysteria enumerated in the theses included choking (globus hystericus), palpitations, seizures, anesthesia, contortions, flatulence, somnambulism and such behavioral oddities as excess talking, uncontrolled laughing, weeping, screaming, capriciousness, seductiveness, nymphomania and predilection for drama. As one frustrated clinician of the time complained, hysteria could present in “a thousand different forms and we cannot grasp any of them.” The full pharmacopeia of 19th century medicine was employed with variable success: strychnine, arsenic, cinchona, laudanum, valerian, zinc, tonics, cathartics, enemas, emetics and bleeding by lancet, cup or leech. One of the students wrote that “cold water is almost a specific, applied as a bath or by sprinkling or cold douche...cold water will

scarcely fail of accomplishing its object if vigorously applied.” To be sure, vigor was required for all forms of “heroic” treatment.

These Dartmouth students could scarcely have been aware that they were in the midst of a profound transformation of medical thinking. The ancient humoral theories and “systems” which dominated medicine from the time of Hippocrates and Galen were becoming obsolete. Indeed the school’s catalogue in 1847 noted that those lectures devoted to Theory and Practice were “mainly intended to guide the student in the acquisition of Truth and not Doctrine”:

It is deemed unnecessary to examine, historically or critically, the great Medical theories of the past or present time, or to attempt the enlistment of the feelings or the judgment in condemning or upholding more abstract opinions....All elaborate exposition of mere hypothesis is sedulously avoided and every effort made to give an intelligible history of those diseases which the practitioner is most likely to encounter.

Such a statement couldn’t have been made a half century earlier, but during the early 19th century a generation of young American physicians were travelling to Paris, as if to Mecca, in order to be enlightened.⁵ A main attraction was the abundance of cadavers more than 4,000 a year, to practice their dissecting skills upon – not only were bodies cheap and available (a cadaver could be purchased for only thirty sous), so were wine and women. Of even greater importance, in post-Revolutionary France the notion took hold that the human body answered the same laws as the rest of the physical universe. It was the dawn of bedside teaching where a doctor should directly observe, record, and later correlate and classify. Moreover, proof could be found by looking inside, for as Xavier Bichat famously explained in *Anatomie generale* (1801), a physician could spend

twenty years taking bedside notes on obscure outward signs of diseases but “open a few corpses, and immediately this obscurity, which observation alone would never have revealed, will disappear.”

Concerning hysteria, an emerging theme was that correlation of anatomical and clinical observations eventually would disclose a tangible explanation for the condition. Of course, none of our four earnest neophytes had any direct experience in patient care yet and relied almost entirely on their hastily scribbled lecture notes or reading textbooks in Dartmouth’s well stocked library, which during the 1840s contained more than one thousand volumes. Perhaps they’d read the French physician Louyer-Villermay who asserted that hysteria could be attributed to such things as “an ardent and lascivious uterine system...voluntary or forced continence, sometimes onanism...a burning imagination...an overly tender or excitable heart...overuse of perfumes,,,,,reading novels.”⁶ And surely they were familiar with the recently published lectures of Sir Thomas Watson who’d acknowledged that although “dysfunction of the uterus and its appendages may be mediated by the nervous system -- how they do so we no more know than we know how the little finger is bent when we resolve to bend it.”⁷

The introduction of the dissertation written by Charles Fischer (Windham County, Connecticut) stands out for its sheer verbosity:

Among the varied and complicated “ills which flesh is heir to,” there is not one, probably in the whole catalogue, so infinitely varied, as that Protean Malady, which forms the subject of this present Dissertation; neither is there one which demands from us more sympathy for its victims, including alike the suffering patient and the...baffled practitioner, occupying as it does a front rank in the list of frequent diseases, affecting mostly the active, the ardent

and the intelligent, those of warm hearts and generous impulses, existing alike in count and in town, including the landmarks of time, overlapping the boundaries of Princes and Kings and Nations, appearing in all countries and under all climates, existing under all circumstances, and in every possible variety of form and of feature, confined exclusively to neither sex, exempting neither wealth nor rank nor station, is still maintained, as it has done from “time immemorial,” its tyrannous supremacy; defying with almost absolute impunity, the investigations of science and the Therapia of Arts.

Yes, that was a single run-on sentence! Otis Ayer (New Hampton, New Hampshire) got straight to the point and emphasized that hysteria was a legitimate entity:

Among the diseases which manifest a partiality for the female sex, Hysteria holds a prominent station. It is a disease, the nature of which there was formerly little known, It has been viewed by our remote predecessors as a trifling affair made up of nervousness, fancifulness, and imbecility; not infrequently it has scarcely been treated with common humanity – often turned into a ridicule and considered as undeserving serious attention...Every filthy and disgusting odor, and every abominable drug that the surface or bowels of the earth affords has been unsparingly used in its cure. But happy for the unfortunate patient, as well as creditable to the profession, observation and investigation have cast new light....Now instead of its being looked upon as a combination of nervousness, fancifulness and hallucination which associate for the purpose of tormenting the gentler sex, it is divested of its ghostly character, has assumed a tangible form and become subject to fixed pathological laws. Hysteria is a disease which varies in

severity from the slightest abaration [sic] from health to a malady the most annoying to the patient and baffling to the physician of any which the human system is susceptible.

Otis Ayer acknowledged that the pathology of hysteria, “although not so well known as in many other diseases...yet is generally admitted to be confined to the uterus and its appendages... [Some] have advanced the opinion that spinal irritation is the immediate cause....[and] claim that by applying appropriate treatment to the spine, the symptoms will disappear or be mitigated -- but it has been the misfortune of others to be called to treat cases that would not yield to such remedies.” As for treatment, Ayer noted that “depended upon individual circumstances – if the patient is plethoric bleed her occasionally...if debilitated, recommend a generous diet, purgatives, exercise and cheerful company.”

Writing four years later, Henry Tibbets (Northfield, Massachusetts) cautioned that traditional theory concerning a uterine cause might be insufficient:

Hysteria, though not exclusively, is chiefly confined to the female sex. The range of its sway is almost entirely confined to the period which intervenes between the commencement and the complete cessation of the uterine functions....There is something peculiar in the female organization which renders them especially the subjects of this remarkable affliction. From all the circumstances relating to the peculiarities of the disease it may be inferred that the proximate causes of hysteria are seated in the uterus and its appendages, a doctrine which is indeed expressly implied in the name given to this affliction.....The idea that the uterus was the seat as well as sole cause of the hysteric passion is as old as the times of Hippocrates

and Galen and seems to have descended from generation to generation like some ancient heirloom so that even in these days, when an enlightened pathological knowledge has proved its fallacy, there are not wanting those who still insist on clinging to the ancient theory that hysteria arises from derangements of genital function in a vast majority of cases, will readily be admitted but that its “seat” and whole existence is in the uterus” is a position which cannot be sustained, when we know that hysteria may exist without any previous or present abnormal condition of the uterus or its appendages, and that every variety of uterine disease may exist any length of time without inducing hysteria

Tibbets went on to speculate vaguely about the action of a “ganglionic reflex” located somewhere in the spinal cord that worked mysteriously, comparable to why when we see some one yawn, we “give way to the inclination” and mimic it. Writing last, George Page (Haverhill, New Hampshire) rejected the uterine theory outright and understood that the culprit was “the mind and its influences.” He suggested that in addition to some nervous system pathology, cultural factors may account for the marked prevalence in women which needed to be addressed:

That hysteria is a disease of the nervous system and not of the uterus simply, we think may be shown beyond a doubt. From the name it appears absurd to apply the same to any condition with which it may meet in the male, but this error must be attributable to the older writer, for the same excitable condition of the nervous system does occasionally present itself in males as is attested by good observers. The different systems of education of the sexes accounts in a great measure for the frequency with which the disease is met in the females over that of the male. Boys are sent at an early age to school where the greater share of their time is spent

in outdoor exercise -- running, jumping, leaping, while the girls, like tender plants, by nature of much more fragile constitutions, are kept in heated rooms without being permitted to breathe the fresh air... Thus they acquire a precocity of mental development at the expense of the physical.. So this method of bringing up the children must be ascribed as a reason for the difference in bodily health of the sexes, the development of the muscular and nervous systems of the young men

In no disease is it more important that the mind should be operated upon by proper influences than in hysteria. If the disease seems to have originated in, or to be dependent upon loss of friends, or disappointment in some love affair, the patient's circumstances should if possible be completely changed, less attention [paid] to her own condition, and her interest enlisted in matters of general interest. In this way often times much more good may be done than by dosing in medicines... No more agreeable and certain mode of accomplishing this can be advised than journeying or taking a voyage to a foreign country, but if the circumstances of the patient do not allow of this expense, her habits of life at home must be completely changed and her time occupied in some healthful and interesting pursuit.

Concerning this last suggestion, Henry Tibbetts had an interesting alternative: "If the person [is] in any degree predisposed to this affection, early and judicious marriage." To be sure this wasn't a new idea for more than two millennia earlier Hippocrates wrote, "I advise maidens who suffer from hysteria to marry as soon as possible. For if they conceive, they will be cured." Charles Fischer agreed that a patient's life style is significant, and he was pleased to note that "the progress of science" was abolishing superstition:

A great majority of cases of hysteria are the results of an improper mode of life and the disease might have been obviated by a change in that mode. All of the exciting causes of hysteria should be avoided, especially by females...late hours, strong mental excitement, excessive sexual indulgence...in short, all of the thousand and one modes of dissipation and excess attendant on the routine of an easy and luxurious life. Active physical exercise should be resorted to -- riding on horseback, walking, sailing and all the various gymnastic exercises. If scheming mammas and “pennywise” dummas [?] were more considerate, if to be delicate and “beautifully weak” was not deemed a necessary accomplishment in fashionable life, the protean hysteric passion would be less rife among the middle and higher classes and an immunity granted to many otherwise beautiful girls.... I cannot help indulging in anticipation of the glorious future... We rejoice at the downfall of superstition and the progress of science. The light of learning is not now confined, as in feudal days to” the convent, the cloister and the crown,” but is diffused and will go on expanding and brightening ‘till the shadows of hysteria...will be entirely dispelled by its flood like radiance. “There is a good day coming.”

Good days came soon enough for young Fischer who went on to have a long and successful medical career in Rhode Island where he was a leader in civic and professional affairs.

PROFESSOR OLIVER WENDELL HOLMES: 1838--1840

In July 1838, several years before Messrs. Ayer, Fischer, Tibbets and Page arrived on the Hanover plain, Dr. Oliver Wendell Holmes accompanied his friend Ralph Waldo Emerson who’d been invited to give an oration to Dartmouth’s literary societies; years later he would recall the “cautious old

tenants of the Hanover aviary...[and] the endemic orthodoxy of that place.”⁸ Nevertheless, OWH was “mightily pleased” to be invited to join Dartmouth’s six member medical faculty as professor of anatomy and physiology.⁹ He’d recently completed two years of studying in Paris and on his return obtained his medical degree from Harvard (1836) and opened a small practice in Boston. When he accepted the Dartmouth position, he wrote to a friend, “This is a very excellent appointment and as I do not lecture until next August, I shall have plenty of time to get ready.”

Oliver Wendell Holmes already had a reputation as a poet and was invited to give the annual Phi Beta Kappa speech at Dartmouth’s next commencement, which would occur the week before his first scheduled anatomy lecture.¹⁰ Although his oration was well received, some questioned whether the twenty-nine year old, five foot four inch tall professor wasn’t an entering freshman? When OWH taught in Hanover, a professor’s salary was \$400 for each term, supplemented by ticket sales that students paid directly to their teachers. Anatomists had to provide their own teaching models -- at one oral examination, OWH had his students reach into a bag of bones and describe whatever they pulled out; afterwards he gleefully exclaimed, “They can’t do that at Harvard.”¹¹ The job required his presence for only fourteen weeks from August through October, and that first year when Holmes arrived by stage coach several weeks early, he was charmed by the bucolic surroundings: the elm trees, Mt. Ascutney looming in the distance, and the village “lying in cataleptic stillness.”⁸ In later years, he rhapsodized about his “autumnal sojourn by the Connecticut, where it comes loitering down from its mountain fortress like a great Lord.”¹²

In Hanover, Professor Holmes met a kindred soul of the same age, the brilliant Elisha Bartlett who also joined the faculty in 1839 as professor of theory and practice. The two boarded at The Dartmouth Hotel (on the site of

the present Hanover Inn) which OWH described as “that caravansary on the bank of the stream where Ledyard launched his log canoe.” After delivering forty-four lectures Elisha Bartlett wrote, “the class is respectable and that is about all that can be said,” but he was restless and resigned after a single term. Shortly after they’d met Bartlett wrote about his new friend, “His talk at table is all spontaneous, unpremeditated he pours himself forth...in a perfect torrent. His wit and humour are quite lost in the prodigal exuberance of his thought and language.”¹³ How much both men valued table talk is suggested in a letter from Bartlett to Holmes -- written in October 1839, several months after Bartlett left Hanover – in which he described his current dining companions: “We had at our table d’hote a lot of inane asses, wrongheaded and long eared enough to take away the appetite of a gourmand.” For his part, Holmes wrote to Bartlett, “The students looked quite inconsolable and the hotel seemed like a hearse-home.”¹⁴

Later the same year, citing the pressure of his private practice in Boston, and having married two months before the 1840 term began, Holmes also resigned his position. Seven years later he was appointed to chair anatomy and physiology at Harvard Medical School where during the next thirty-five years, he became the school’s most popular teacher and one of America’s favorite writers and lecturers. During Holmes’s two-year sojourn in Hanover, no doubt he bubbled over with new ideas he’d picked up during his equally long stay in Paris (April 1833--October 1835).¹⁵ Whereas Eleazar Wheelock may have entered Hanover’s wilderness “to teach the Indian” with a Bible, a drum and five hundred gallons of New England rum, the young professor brought a stethoscope, a microscope and a skeleton, all purchased in Paris. His time abroad had been both transformative and delightful. Most young Americans who studied in Paris -- more than 800 during the 1820s through 1850s -- could scarcely understand what their professors were saying, but Holmes hired a private language tutor and had

a grand time – he wrote to his father about “the Paradise of Paris” -- “I love to talk French, to eat French [and] drink French every now and then.” To a friend he confided that he “refreshed himself with making love to a pretty Grisette.”¹⁶ Concerning the French style of medical practice:

It was something to have unlearned the pernicious habit of constantly giving poisons to a patient, as if they were good in themselves, of drawing off the blood which he would want in his struggle with disease, of making him sore and wretched with needless blisters, of turning his stomach with unnecessary nauseous draught and mixtures – only because he was sick and something must be done. ¹⁷

In his Inaugural Lecture at Dartmouth on August 1, 1839, (175 years ago), Professor Holmes, spelled out his medical philosophy that was formed in Paris, and although his talk is long forgotten, Professor William C. Dowling of Rutgers has described it as a “noteworthy event in American medical history.”¹⁸ After all, the young professor was suggesting that the traditional medical model was outmoded, received doctrines, dogma and theoretic “systems” passé. A new era of skeptical empiricism and therapeutic nihilism had dawned in Paris and, as Dowling has suggested, with both Holmes and Bartlett on its faculty, “Dartmouth Medical School might in 1839 have claimed with some justice to be the major outpost of Paris medicine in the United States.” Perhaps so, but probably only a few of the more astute in the audience that balmy summer day were aware of the import of the lecturer’s message while most of their fellow students dozed.

Nearly a half century later, in his farewell address to his Harvard students (November 28, 1882), Oliver Wendell Holmes remarked, “Old theories and old men who cling to them, must take themselves out of the way as the new generation with its fresh thoughts and altered habits of mind come

forwards to take the place of that which is dying out.” While describing some of his early teachers, Holmes singled out Pierre-Charles-Alexandre Louis who during bedside rounds at La Pitié hospital advocated meticulous clinical observation and emphasized data collection on a large number of similar patients – his so-called called “numerical method.”¹⁴ As OWH wrote home, the French approach was based on three caveats: “not to take authority when I can have facts; not to guess when I can know; not to think a man must take physic because he is sick.” Pierre Louis taught his students “to love truth, the habit of passionless listening to the teachings of nature, the most careful and searching methods of observation.” It was this attitude that young physicians such as Holmes and Bartlett brought back and disseminated to their own students.

Elisha Bartlett had studied in Paris several years before Holmes and in 1844 published *An Essay on the Philosophy of Medicine* which he dedicated to Pierre Louis. In it he lauded the French model and aware that there’d be criticism from the old guard, he wrote to Holmes: “My doctrines, I am well aware....will encounter strong opposition, and I shall look to you as one of the few men disposed and qualified to stand by them.”¹⁹ To Elisha Bartlett’s mind, the Paris School was “the true protestant school of medicine. It either rejects as apocryphal, or holds as of no binding authority, all the traditions of the fathers, unless they are sustained and sanctioned by its own experience.”

Surely the fresh approaches proposed by the likes of Holmes and Bartlett must have influenced Dartmouth students – indeed, Charles Safford’s thesis which was written in 1839, the only year that Holmes and Bartlett lectured in Hanover, employed Pierre Louis’s “numerical method” in order to discuss a complicated case. Nevertheless, the four theses about hysteria displayed vestiges of the old way of thinking along with the new; after all, the first was written in 1841 when both of these young professors

had already departed Hanover and it's unlikely that their replacements were of the same caliber. So it's not surprising that the students' theses retained some of the traditional linkage of hysteria to the uterus or advocated bleeding as an effective remedy, while at the same time acknowledging that new ideas were emerging based on scientific evidence.

HOLMES AND HYSTERIA

Oliver Wendell Holmes, who seemed to have had an opinion about almost everything, never specifically addressed the subject of hysteria but we can indirectly piece together his attitude from other things that he wrote. At the time he was at Dartmouth, OWH was co-editing the American edition of Marshall Hall's *Principles and Practice of Medicine*, Hall being an English physician who wrote extensively about the features of hysteria.²⁰ Major characters in two of his fictional works (*Elsie Venner* and *Guardian Angel*) displayed typical hysterical features and it was Holmes who coined the expression "as fickle as a female in hysterics." In his Boylston prize dissertation titled *Neuralgia* (1836) Holmes ridiculed an earlier physician's suggestion that facial neuralgia could be "allied to, or identical to hysteria" because the condition was more common in men than in women, "particularly fishermen and sailors who are anything but hysteric subjects."²¹

In his student days Pierre Louis had learned the technique of auscultation directly from René Théophile Hyacinthe Laennec, who'd invented the stethoscope in 1819, and when Holmes returned from Paris, he brought one home as a souvenir. In one of his three Boylston prize essays he described auscultation as "that wonderful art of discovering disease which, as it were, puts a window in the breast through which the vital organs can be seen." But sometimes there could be unexpected complications, as described in *The Stethoscope Song – A Professional Ballad* (1848). This delightful poem describes "a young man in Boston town" recently returned

from Paris where he “bought him a stethoscope nice and new, all mounted and finished and polished down, with an ivory cap and a stopper too.” Those early models were monaural wooden cylinders and one day “it happened a spider within did crawl and spun him a web of ample size.” Later a few “imprudent” flies also took up residence and what followed was merry mischief as the young doctor mistook the buzzing and rattling he ausculted as indicating grave illness. Five stanzas within this long ballad, return us to the subject of hysteria – albeit, the condition is not specifically mentioned, the connection is evident:

Then six young damsels, slight and frail,
Received this kind doctor’s cares;
They all were getting slim and pale,
And short of breath on mounting stairs.

They all made rhymes with “sighs” and “skies,”
And loathed their puddings and buttered rolls,
And dieted, much to their friends’ surprise,
On pickles and pencils and chalk and coals.

So fast their little hearts did bound,
The frightened insects buzzed the more;
So over all their chests he found
The rale sifflant and the rale sonore.

He shook his head. There’s a grave disease,--
I greatly fear you all must die;
A slight post-mortem, if you please,
Surviving friends would gratify.

The six young damsels wept aloud,

**Which so prevailed on six young men
That each his honest love avowed,
Wherever they all got well again.**

Famously skeptical of quacks and frauds of all kinds, OWH also seems to have had doubts about the veracity of young damsels, such as the six described above who protested too much. This was expressed in a letter to the editor published in the New York Times, June 12, 1881:

As for moral and mental manifestations, a hysteric girl will lie so that Sapphira would blush for her, and she could give lessons to a professional pickpocket in the art of stealing. Hysteria may well be described as possession – possession by seven devils, except that this number is quite insufficient to account for all the pranks played by the subjects of this extraordinary malady.

Although Holmes didn't offer any specific suggestion about the fundamental nature of hysteria, no doubt, he would have approved of ongoing research which attempted to correlate anatomic lesions with clinical signs as a way of comprehending the condition. In his Inaugural Lecture, Holmes explained to his Dartmouth students how far things already had come by 1839 concerning nervous system pathophysiology in general:

There was a time when one of the ventricles was considered as the pocket of memory, and the soul was thought to be seated like a charioteer upon a little body of the size of a pea, where it holds the reins of reason in the shape of two little white hands – and grave men believed such things, and knowledge was choked up in volumes that contained long disputes upon such things. Wheresoever sound observation silenced such scholastic babbling, even if it cannot substitute any positive fact in the place of the idle

speculations it overturns, it removes a mountain from the path of the student.²²

SO WHAT EVER BECAME OF HYSTERIA?

A quarter century after Holmes's criticism of "scholastic babbling" and our four students' dissertations, a so-called "Golden Age of Hysteria" occurred in Paris where the condition achieved near cult status; flamboyant behavior sometimes even imitated by chic society women – a la mode. During the 1870s and 1880s the epicenter of this phenomenon was La Salpêtrière, a former gunpowder arsenal which was transformed to a huge storehouse for more than 5,000 miserable women – the demented and deranged mixed with beggars, prostitutes and the dregs of society. The medical director was the imperious neurologist Jean-Martin Charcot who variously described his domain as "this living museum of pathology," "this wilderness of paralysis, spasms and convulsions," "this vast emporium of human suffering."²³

Charcot had a special interest in the hysterics in his charge and frequently displayed the more interesting cases at weekly medical conferences (Lecons du Mardi) which attracted not only physicians but fashionable crowds. Like marionettes they acted out to their puppeteer's command -- barking, posturing, fainting -- and the most theatrical were celebrated like divas. Charcot insisted that these living specimens had an inherited neurologic disorder which predisposed them to classic "stigmata" that he could unmask through hypnosis. Neither madwomen nor malingerers, he believed that they suffered from a real enough disorder, albeit a specific lesion had not yet been identified. At the same time, the famous professor was typical of his misogynist era when women's emotional behavior seemed inexplicable to men – one journalist claimed that a quarter of the women of Paris were hysterics; another called it "the great modern

ailment” and many doctors felt they had to protect the weaker sex from their foolish inclinations.

Publishing hundreds of articles on the subject and consulting on thousands of cases, Charcot legitimated hysteria, but when le maître died in 1892, his reputation crumbled and his theories were quickly discarded. Twenty years before Charcot, only 1% of La Salpêtrière’s inmates were diagnosed with hysteria; during his heyday 17%; twenty years after his death none. That’s not to say that the disorder disappeared; it was merely called other things, e.g. conversion reaction, anxiety, panic attack. Modern medicine no longer talks about hysteria – no respectable physician would use the term – however, although Charcot’s theories were short-lived within the medical community, not so in the public mind nor in the fertile imaginations of novelists and playwrights. To this very day, novels, plays and movies continue to appear describing characters suffering from the symptoms and signs of hysteria.

It’s not surprising that nearing mid-19th century four Dartmouth medical students chose Hysteria for the subject of their dissertations and although they were confused about the nature of the condition, some of their suggestions regarding treatment or prevention were sensible enough – fresh air, exercise, an overseas trip, cheerful company, “early and judicious marriage.” Writing in 1847, young Charles Fischer predicted that a better day was coming: “We rejoice at the downfall of superstition and the progress of science.” Nevertheless, despite our more sophisticated, high tech modern approach, an adequate explanation for the enigma of hysteria still is lacking.