# Bourneville, Charcot, and hysteria: a bureaucratic double play with lasting effects

**J. J. Zarranz**
Former head of the Neurology Department. Hospital Universitario de Cruces, Servicio Vasco de Salud-Osakidetza, Baracaldo, Spain.
Emeritus Chair of the Department of Neurosciences. UPV-EHU, Baracaldo, Spain.

**ABSTRACT**

The foundations of his success were his clinical know-how and shrewd ability to correlate clinical and pathology findings. Using the countless patients committed to La Salpêtrière as his research subjects, Charcot, more than any other scholar, laid the groundwork for the field of neurology. Nevertheless, his dealings with hysteria were more controversial.

Charcot showed no interest whatsoever in hysteria until 1870, when a bureaucratic decision transferred a number of hysterical and epileptic patients from a condemned building to his department. They were accompanied by Bourneville, who had been Charcot's intern in 1868. This marked the beginning of what was at first an unlikely alliance between two clashing personalities who used hysterical patients to achieve personal ends.

In those years, Bourneville expressed an interest in diagnosing and treating women with hysteria, which he believed to be the equivalent of what was once called demonic possession. This was just one of the arguments he used to condemn Church presence in hospitals. He also used these patients to increase readership of his published works, as well as to promote Charcot's name and developing department. In defiance of the established code of ethics, Charcot went so far as to use hypnosis deliberately to generate hysteria symptoms in dramatic sessions that soon became public spectacles. This approach contributed to his renown, but also introduced gross errors for which he was harshly criticised.

**PALABRAS CLAVE**
Charcot, Bourneville, hysteria, La Salpêtrière

## Introduction

Charcot is unanimously recognised as the father of neurology in France, as well as one of the world's great pioneers of that specialty. He gained his experience by working with the *pensionnées* entrusted to La Salpêtrière. Charcot followed the anatomoclinical method, as he himself stated in his first lecture as chair,[1] and as other authors have also pointed out.[2-3]

However, in addition to his monumental contributions to neurology, Charcot also developed an interest in hysteria thanks to Bourneville. This interest was initially guided by the anatomoclinical method, but over time his approach would be clouded by conceptual contradictions. It is also likely that he used patients to achieve his personal goals —fame and his chair— and received blistering criticism because of this.

## Material and methods

There is abundant literature on Charcot; the main sources for this article comprise two lengthy biographies[4,5] and a thesis.[6] Other sources used to prepare this article are listed in the references. This article does not purport to justify or condemn the conceptions of hysteria developed by Charcot and his school. Rather, it stands as a brief description of how hysteria influenced his professional career and his relationship with Bourneville. The specific aim of this article is to analyse the cooperative efforts between both doctors in their study of hysteria while

Corresponding author: Dr Juan José Zarranz
E-mail: juan.zarranz@ehu.eus, jj.zarranz@hotmail.com

**Received: 9 September 2015 / Accepted: 30 January 2016**

providing potential explanations of how hysteria, then considered a neurological disorder, came to be used as entertainment for the general public.

**Results**

Charcot: a short biography

Jean-Martin Charcot was born in Paris in 1825, within a middle-class family. He studied medicine from 1843 to 1846, passed the residency examination on his second try, and worked as a resident from 1847 to 1853. He chose La Salpêtrière for his medical rotation although the asylum held little renown at the time. He could already sense the enormous potential for research offered by its thousands of committed patients; in fact, he stated "I must come back for good".[7] Between 1853 and 1856, he was a *chef de clinique* with Piorry and opened a private practice. In 1856, he received the designation *médecin des hopitaux*. His publications reflect typical cases in internal medicine: rheumatism, goitre, endocarditis, parasitosis, diseases of the liver and bile ducts, intermittent claudication, etc. He passed the competitive examination to become a *Professeur Agregé* on his second attempt in 1860. Charcot became department head in November 1861; in early 1862, he returned to La Salpêtrière where he would remain for more than 30 years. Although he seldom did rounds, he set up an office and consulting room in the Pariset ward where he could receive patients. This method proved effective, and thus he began his exhaustive descriptions of neurological diseases, including tabes dorsalis in 1862 and multiple sclerosis in 1865.

In 1867 he made an unsuccessful bid for a position as professor of internal pathology; his rejection may have been politically motivated.[4,5] One might safely speculate that if Charcot had been awarded the chairmanship of internal pathology, his pursuit of neurology would have come to a standstill, or even ended completely. As of 1866, 80% of Charcot's articles touched on neurological subjects, and in 1868 he began to hold his famous Friday lectures, the first of which appeared in print in 1872. That was also the year in which he became the chair of the anatomical pathology department, succeeding his friend Vulpian. He made his foreign début at the International Medical Congress held in London in 1881, where he delivered a masterful presentation on arthropathy in tabes dorsalis. As a result, Paget renamed that entity 'Charcot arthropathy'.

In 1882, after fierce campaigning and a fraught political struggle in which Bourneville's support was decisive, Charcot was awarded the new chair created just for him: *Chaire de Clinique des Maladies du Systeme Nerveux*. It was France's first department dedicated to what we now call neurology, and one of the first in the world. Using his chairmanship, and with help from his school and especially the grant money that Bourneville obtained for him, Charcot transformed what was initially a modest medical service within an asylum for the elderly and disabled into a veritable neurological institute. It boasted laboratories of all kinds, a museum, a photography unit, specialist consultations, electrotherapy and electrodiagnostics, hydrotherapy, and even beds and outpatient rooms for men, to name a few.

In 1883, on his third attempt, he was made a member of the French Academy of Sciences, an honour seldom bestowed on clinicians. Charcot treasured this distinction above many others he had received.

In 1893, following two years of angina and syncope, he died of acute pulmonary oedema. Charcot was sedentary and prone to overeating, obesity, smoking, and probably arterial hypertension. Those closest to him indicated that in his final months, he appeared "wizened, bent, with a slow and shuffling gait". What his student Pierre Marie would probably have diagnosed as *état lacunaire*, we now call vascular parkinsonism.

Charcot's arrival: La Salpêtrière,1862

Built in 1634, La Salpêtrière was initially a gunpowder factory (its name is derived from the component *salpêtre*, saltpeter). In 1656, La Salpêtrière and another eight buildings were grouped together to form Hôpital Général de Paris. This institution did not provide any sort of medical attention or care; rather, thanks to a royal edict, it kept thousands of beggars, vagabonds, orphans, and disabled persons locked away and off of the city streets. Beginning in 1837, La Salpètrière became a women's hospice (Hospice de la Vieillesse-Femmes) and its sister institution l'Hôpital Bicêtre became a men's hospice (Hospice de la Vieillesse-Hommes).

In 1862, when Charcot joined the institution, it housed 3000 elderly pensioners, plus some 1500 *alienées*. The latter group displayed what we now call psychiatric illness and forms of dementia including general paresis. These patients were divided into five services under heads of service trained as alienists, who were also responsible for hysterical and epileptic patients.

The 3000 elderly pensioners were distributed in two unequal groups pertaining to services headed by general doctors or internal medicine specialists (*médecin des hôpitaux*). Charcot and Vulpian arrived at the same time. Vulpian took charge of the smaller of the two groups (*le petit service*); Charcot therefore ran the larger service, with its heterogeneous population. It included most of the *Infirmerie Generale*, which functioned similarly to an urgent care unit within the asylum, as well as the department containing the 'indigent elderly' (the severely disabled or incurable patients and the *reposantes*, retired workers from that very hospital).

These historical details are fundamental for understanding the origins of neurology in Paris. Although popular wisdom tells us otherwise, La Salpêtrière was not essentially a psychiatric hospital, and neurology did not stem from psychiatry. Charcot did not have any contact with mental illness during his studies or his residency. He arrived at La Salpêtrière as an internist, and not only his view of medicine but also his working methodology, anamnesis, physical examination, laboratory, and autopsy methods were those of medical pathology. He showed considerable skill at modifying and updating those very methods to unlock the mysteries of neurological disease.

## A crucial gift and a meeting

In 1870, the St. Laure building was on the point of collapse. The government decided to close it and move its 150 hysterical and epileptic patients to Charcot's service; this kept them separate from the *alienées*, as was required by law. This transfer increased the scope of Charcot's observations, as he recognised openly: "this decision, unlooked for on our part, handed us a service with nearly one hundred and fifty beds; here, we can observe all forms of epilepsy and severe hysteria...".

Furthermore, along with a new population of patients, Charcot inherited someone else from Delasiauve's ward: the 30-year old doctor, Bourneville, who had been his resident in 1868 before rejoining his first master, Delasiauve.[5] That well-known expert alienist trained Bourneville, who in turn introduced his former teacher Charcot to the study of hysteria.[4] He also drew up the syllabus for the course on hysteria, sent *Le Progrés Medical* descriptions of case after case, and subjected Charcot to "torture by badgering" (Bourneville's own assessment) so that he might publish an article on hysteria. Charcot seemed reluctant to do so at first, whether from caution or from lack of familiarity with the disease.

## Charcot and Bourneville: opposing personalities and ideologies

The first thing we must understand about Charcot and Bourneville is that their personalities were diametrically opposed; it seems no less than miraculous that they were able to work together for so many years. This suggests that the bond between them was stronger than would normally exist between teacher and student; they must have had other shared interests in addition to their penchant for studying poor women exhibiting strange behaviour. Bonduelle[5] also opines that Charcot accepted the 'cultural' use of hysteria as promoted by Bourneville ("the Charcot-Bourneville team could not have functioned effectively had not Charcot shared to some extent his junior colleague's perspective on the broader cultural uses to which the hysteria diagnosis may be put").

Charcot came from a modest middle-class family, but with time and growing success he acquired a more bourgeois outlook. He has been described as mentally inflexible, obsessive about punctuality and order, timid, and quiet.[6-8] He was also authoritarian, egocentric, determined, and ambitious with regard to his goals, which revolved around his professional career and self-promotion. Charcot's enemies were quick to point out his narcissism and his unhealthy love of praise. Freud, ever gentle with his master, wrote an obituary in which he somewhat euphemistically stated that Charcot felt a "very natural pride in his accomplishments and liked to recall his origins and the milestones of his career".[9] His early failures during his residency and university years were unable to discourage him. His crowning glory, the chair of nervous system diseases, was partly the result of his professional abilities –this much cannot be refuted– but also of his political manoeuvring and self-promotion. With this accomplishment, Charcot reached the pinnacle of his career. He was now universally recognised and his department received visitors from all over the world, even as his well-apportioned private consulting room filled up with international celebrities. He invited select members of high society to his soirées at home; according to Leon Daudet, one of his frequent guests, he developed a bitter hatred of those who declined his invitations. At the same time, he flattered and cultivated friendships with the great names of the Third Republic, especially Gambetta, the influential President of the Council of Ministers.

Cold and calculating, he remained *au-dessus de la melée* and did not embroil himself in the struggles for reform and the political controversies that had gripped his own students,

and which could only bring him more enemies. It would not be wrong to say that he tiptoed through the Second Republic, the Second Empire, and the Third Republic. Even his position on religion was unclear; although he expressed some hostility toward Catholicism, his children were baptised and celebrated their First Communions. In the same vein, Charcot showed only lukewarm support for making hospitals secular institutions. It fell to Bourneville to lead that particular charge, and he soon found himself embattled, especially with the Jesuits.

Charcot enjoyed travelling, art —although his taste was quite conservative— and a good table; in summary, he was quite the *bon vivant*. His wife, a cultured and sensitive lady, assumed a traditional role as helpmeet and homemaker, which only served to exacerbate Charcot's dominant bearing. His authoritarian tendency, as witnessed by his servants and students, was absolute; these relationships showed a dynamic of despotism and subjugation.

Having covered the socially and professionally imposing personality of *le patron*, what can be said of *le petit Bourneville* or *'Boubour'* as his friends called him? A biographical essay describing his professional and political career was recently published in this very journal.[10] In contrast with Charcot, Bourneville came from quite a humble background.[10] For the rest of his life, he would remain true to his roots, fighting for the common man and looking out for the least fortunate. He ran a simple private consult of family medicine, and despite holding political offices for some time, and having been a department head at Bicêtre for 25 years, he died poor. Bourneville's student Noir[11] summed up his career as follows: "after having provided constant care for the poor, he died poor himself". Rather than ministering to aristocrats and bourgeois society, he focused on the 'idiot children' at Bicêtre, and provided them with the best care imaginable.[10] A democratic republican, Bourneville was a staunch enemy of the empire and its privileges, and not so much secular as violently anti-Church. His boundless energy helped him become an editor as well as a radical left-wing politician; in that capacity, he was able to spearhead many of the most important educational reforms of his time, as well as initiatives to reorganise the health professions and tackle public health and hygiene.[10]

## Major periods in the study of hysteria by Charcot and his school at La Salpêtrière

Until 1870, Charcot showed little or no interest in hysteria, even though this disease was popular among other leading doctors and frequently chosen as a topic for doctoral theses.

The first period stretches from 1870 to 1876. Charcot may have been more interested in epilepsy than in hysteria at first, but he would have had to study both in order to identify the clinical manifestations and signs that differentiate the two entities. In this period, Charcot regarded hysteria as a 'neurosis', a concept then including all nervous system disorders of unknown pathology, including Parkinson's disease. He began studying hysteria using the same methodology as he would for any other disease: beginning with a detailed clinical description, listing the signs and symptoms peculiar to the disease and distinguishing it from other entities, and examining its biological basis, and eventually researching its pathological processes. Because of this method, Bourneville and Charcot's earliest studies contain a wealth of semiological details pertaining to either 'simple' hysteria (muscle spasms or paresis, for example) or to 'grand' hysteria, the form resembling a generalised seizure. They are also dotted with tables of biological measurements, laboratory results, etc., as they would be for any other type of neurological patient.

The turning point in Charcot's interest in hysteria came with the introduction of hypnosis in 1876, a practice he only employed privately at first. And yet by 1878, he was holding public sessions, even though the code of ethics of that time had prohibited 'mesmerism'. His interest in hypnosis was expressed as pure research; he never explored its use in treatment. He reduced patients to docile study subjects at will, and they became able to repeat symptoms again and again so that they could be observed and described.

Although Charcot held Tuesday seminars on cases from his outpatient clinic, and Friday sessions in which he presented formal, previously written lectures and patients with known diagnoses, it seems this was not enough. The Friday sessions were public, but attendance was probably restricted, possibly through an invitation system. A Friday session provides the setting of the well-known painting 'A Clinical Lesson at the Salpêtrière' by Brouillet. Here, Charcot is surrounded by his students, a few other doctors, and a handful of distinguished hospital directors, politicians, and writers. The session depicted in the painting appears to have been held in a room located off Charcot's office in the Pariset ward.

And yet, despite the drama of its *mis-en-scène*, with Blanche's shamelessly erotic posture and neckline,[12,13] this session was still a modest affair compared to the more

crowded public showings Charcot presented on Sunday mornings, in an amphitheatre seating 400. The newspaper *L'Union Medicale* published two news stories on these sessions in 1878. One very brief anonymous piece simply relates that President Gambetta had been very pleased to attend, and had congratulated Charcot sincerely.[14] The other one is much longer and provides a very detailed description of the Sunday rush in the Latin Quarter occurring when a wave of people descended on La Salpètrière,[15] followed by the events of that session in which the behaviour of all patients was neatly controlled by Charcot, who admitted to dosing them with ether, albeit "with their consent".

In 1883, at the height of his influence, with a brand new chair of his own and buoyed up by considerable political support, Charcot pressured the Académie des Sciences to authorise the use of hypnosis with his presentation 'Sur les divers etats nerveux determinés par l'hypnotisation chez les hysteriques'. Despite her well-known admiration for Charcot, Catherine Bouchara does not mince words in her criticism of this course of action, which she describes as arrogant to say the very least.[16]

The third phase in the study of hysteria stretches from about 1888 to Charcot's death in 1892. Hysteria, such as Charcot had taught it with an iron fist, was by then showing signs of flagging. Keep in mind that the first issue of the *Iconographie…*, prepared under Bourneville in 1876, covered nothing but hysteria.[17] In contrast, the first issue of *Nouvelle Iconographie…* in 1888, now edited by Richer, Gilles de la Tourette, and Londe —Bourneville had by then been at Bicêtre for almost ten years— contains just two articles on the semiology of hysterical gait and spasms, with the remainder being a variety of neurological cases.[18]

The shift in Charcot's concept of hysteria, from a neurological illness to a mental illness, did not occur overnight, and its course was not smooth. By 1888, he admitted that hysteria could have a psychological basis: "*à la verité, ce n'est peut-être pas autant de physiologie que de psychologie qu'il s'agit*". Nevertheless, in 1890, in the preface to the thesis by Athanasio, he still insisted that "hysteria has its laws and its cause and effect, the same as any other nervous illness with an organic lesion. But this anatomical lesion has yet to be discovered...". In contrast, his preface to Janet's book in 1892 states, "hysteria, for the most part, is a mental illness". This conceptual change can be summarised in his words to Guinon, his last head of *chef de clinique* ("our notion of hysteria is outdated and must be revised") and in the ideas expressed in his well-known article 'The faith cure' (*La foi qui guérit*). That article was his 'philosophical testament' on this subject according to Gilles de la Tourette. Whether the concept is rendered as *foi* or 'faith', Charcot refers to trust or belief in the curative properties of an intense mental influence that is usually sudden, and which may proceed from ordinary life events, a doctor's intervention, or a religious experience. Here, Charcot faces the fact that some of his most famous hysterical patients were cured following an emotional shock. He interprets this finding as another argument supporting that cures at pilgrimage sites are not in the least miraculous.

**Discussion**

How did hysteria come to fascinate Charcot's department more than any other illness? Were there other interests in or ideas about hysteria apart from Charcot and Bourneville's strictly clinical interpretations? Did each doctor take advantage of the other in addition to using hysteria for personal gain (the chairmanship for Charcot; journalistic and political success for Bourneville)?

Charcot's position may have been more subtle, but Bourneville, ever more frank and direct, left definitive testimonies confirming that the matter of hysteria served first and foremost as a tool in his personal struggle against religion. Bourneville felt that hysteria was the modern interpretation of demonic possession.[17] In fact, some have described his *Iconographie…* as propaganda expressly designed to support his aim of liberating unfortunate women from the religious obscurantism that would once have sent them to the stake. Using recently developed photographic techniques, researchers were able to capture the 'passionate attitudes', contortions, and grimaces once thought to indicate ecstasy or possession. The following excerpt is from Bourneville's description of the case of Rosalie Ler...

> If we compare the case of Ler... to the history of convulsing individuals who would formerly have been exorcised, or even burned at the stake, we see that they display the same [clinical] traits as before, and that the pathology of hysteria has not changed....
>
> We at La Salpêtrière employ ovarian compression, amyl nitrite, chloroform, etc. to halt attacks, and we are pleased to say that it can be done....
>
> But enough said. Thanks to advances in the study of the pathology of mental illnesses —advances that we are proud to claim for the glory of our profession, since almost all were the work of doctors— and thanks to the tireless labour and courage needed to

> keep the priests and executioners away from our unfortunate patients, asylums today have taken the place of prisons, and appropriate treatments have substituted torture and bonfires.

This is a typical example of Bourneville's style and language, but it did not fully reflect the actual situation. He may have had the best of intentions, and he may have truly believed that the methods applied to hysterical patients at La Salpêtrière to halt their episodes were less aggressive than were earlier ones. It is obviously true that no one was burned at the stake at that institution. Nevertheless, the devices for ovarian compression that were often worn for hours were essentially a form of torture, and the cauterisations of the cervix which Bourneville himself performed were worse. His unhappy patients also remained in a fog thanks to ever-increasing doses of ether, chloroform, amyl nitrite or morphine, to which many became addicted; they were also viewed as fair game for anyone to hypnotise, and they were examined and manipulated while in that state. They were also made to follow frivolous and abusive orders while under hypnosis.

The result of Bourneville's possibly intentional sensationalism, referring both to his language and the images he selected, was that *L'Iconographie*… took on a tone that may have seemed almost pornographic in its time. Walunsinski directly states that these images must have given the reader a sensation of voyeurism.[19] Presenting these women as sinful and provocative 'witches' was a way of accentuating the self-congratulating message that they were fortunate to be undergoing medical treatment rather than being sent to an exorcist or hangman. At a time when the female form was covered from head to toe, publishing partially nude photographs of young women, and printing the obscenities they uttered during episodes, would have been viewed as highly provocative. The literal transcriptions of the explicit sexual propositions these women made to the men attending the session, and of their fantasies about their lovers (*L'Iconographie…*, vol. 1, p. 70 and on) was more daring than anything available in popular literature at the time. It comes as no surprise, given these written and photographic chronicles of events at La Salpêtrière, that the public would flock to see live, free showings.[15] Without dwelling on Axel Munthe's tense relationship with Charcot, his description of the crowd attending the presentation at La Salpêtrière is certainly revealing.

> ...the huge amphitheatre was filled to the last place with a multicoloured audience drawn from tout Paris, authors, journalists, leading actors and actresses, fashionable demi-mondaines, all full of morbid curiosity to witness the startling phenomenon of hypnotism, almost forgotten since the days of Mesmer and Braid.

As for Charcot's position on hysteria, he clearly believed it was closely linked to spiritism.[21] Yet he was more cautious and refrained from expressing anticlerical sentiments. Any potential manipulation of hysterical patients by Charcot would not have stemmed from radical ideology as in Bourneville's case, and Charcot made no explicit declarations on this subject. Our interpretations are therefore speculative and based on the intentions that potentially motivated Charcot's work with hysterical patients. His intentions manifest at two levels: the more overt aims at winning fame and climbing socially,[22] while a more hidden or subconscious level suggests erotic or sexual motivation.[23-25] According to Freud,[26(p34)] Charcot was well aware that sexual trauma was at the root of hysteria, and he asked himself why his master never said so directly.

It is possible that Charcot, like Bourneville, also believed that he was contributing to one form of women's liberation by declaring hysteria an illness instead of demonic possession, and by providing its sufferers with doctors rather than executioners and exorcists. On the other hand, it is perfectly clear that he asserted his dominance over these women.[27] The well-known case of the punishment doled out to Geneviève, one of his most famous patients, speaks volumes. Geneviève fled La Salpêtrière on various occasions, and Charcot punished her on one of them by relegating her to the pavilion for the insane, which was the worst possible experience for a girl at that institution. Following that lesson, Geneviève's obedience to the master was absolute. Charcot may have believed that a repressive, dominant attitude toward women, like solitary confinement, was necessary for treatment reasons; the theory that his own personality was marked by an underlying psychological disorder is unsubstantiated, but certainly intriguing. Power flowed in both directions: Charcot had to keep hysteria within the limits that he himself had set, and to this end, he required cooperative, submissive patients. In turn, these patients needed the master if they were to maintain their status as the stars of the show. Charcot never used hypnosis to try to treat hysteria or understand its psychological basis, but rather to view and analyse its manifestations. As a result, he turned patients into ideal medical specimens and living dolls who could be manipulated at will. Once again, this highlights his need to exert dominance. It is hardly surprising that he was beset with harsh criticism from both feminist sectors and from the medical profession, and these attacks appeared in personal testi-

monies[22] and in the press.[28] The bulk of the criticism came from Great Britain, and it focused specifically on the use of hypnosis as a means of 'experimental manipulation' of his patients.[4]

Any outside observer would have suspected a strange dynamic, including a iatrogenic component, within the hysteria cases at La Salpêtrière. How could Charcot, seemingly so calculating and scientific, fall prey to presenting theatrical exhibitions of his hysterical patients? Some even asked his students the same question, since they were astounded that no one had ever dared to question or condemn a practice that seemed entirely incoherent. Freud in particular,[26] whose criticisms of his admired professor were always restrained, wrote the following on Charcot's use of hypnosis.

> I cannot deny that the same question has crossed my mind many times. Charcot was surrounded by assistants with sound scientific knowledge, gifted with penetrating critical minds and outstanding moral values. It seems impossible that none of them would have doubted the sincerity of certain subjects, and not regarded some events as highly unlikely. Why, then, did they not warn Charcot? The sole explanation that occurs to me, and not without reservations, is that they did not dare to speak up for fear of violent repercussions on the part of the master, whom they called the Caesar of the Salpêtrière.

Years later, Babinski[29] published a scathing exposé of the excesses and errors in the study of hysteria at La Salpêtrière, although he never lost his respect and admiration for Charcot. In his words,

> the once commonplace grand crises, paralysis episodes, the spasms that lasted for years...are now very scarce. We no longer see major episodes with their four classic stages, or those grand hypnotic states characterised by lethargy, catalepsy, and somnambulism. Medical students and young doctors who read the descriptions of hysterical disorders in treatises from those years will view them as paleopathology.

Babinski was certainly among the *chefs de clinique* mentioned by Freud, who could not fathom how no one had ever publicly voiced concerns about the goings-on at La Salpêtrière.

With Charcot's death, interest in hysteria at La Salpêtrière declined immediately and had disappeared completely a few years later.[30,31] It held no fascination for his most prominent successors to the chair, including Dejerine and Pierre Marie. Paradoxically, hysteria, which had been studied mainly by neurologists, was shunted into the developing fields of psychiatry and psychoanalysis, Freud's brainchild (although Freud showed no interest in hypnosis). At La Salpêtrière today, hypnosis is practised by Dr. Catherine Bouchara in her psychiatric consult for children and adolescents. Bouchara is one of Charcot's admirers, and she has celebrated his contributions in a magnificent book[32,33] in which she stresses the profound importance of images in Charcot's life and works; he never went anywhere without a notebook and pencils for making sketches and diagrams.[34] Visual examinations provided his main channel of access to patients. It should come as no surprise that he immediately adopted the new technique of photography for his service, and in such publications as *L'iconographie photographique de la Salpêtrière*. In his own words, *"Je suis un visuel"*.[9] But his detractors might say, based on his evolving relationship with young hysterical women, that he was more of a voyeur, which is a terrible charge to lay at the feet of the man who is rightly considered the father of neurology.

Bringing these elements together, we might say that Charcot's passion for imagery, added to his obsessive, dominant personality, led him to create a show revolving around the female body. In doing so, he also wished to use the emerging art of photography to imitate the historical paintings of the possessed that adorned the walls in his office, and free them as the poor madwomen had been freed by Pinel, whose portrait he also kept there.

People do not remain untouched by their time and setting, or by the dominant political ideas of their era. Charcot was an eyewitness to the symbiosis brought about by the rapid ascent of doctors to a position of social hegemony and political involvement, thus allowing dominant ideas in medicine to exert a substantial influence on society. The alliance between medical and political discourse was especially pronounced in the case of hysteria, which after all addressed the role of women.[27]

A re-examination of Charcot after so many years shows that Bonduelle's analysis was correct[8]:

> …all this [worldly excesses and bourgeois airs] does not signify; his despotic, unyielding, timid, and brutal personality does not matter...behind him he left indisputably great neurological works bearing the stamp of his genius. And a second body of works that are controversial and refuted, but which even now show the audacity of an innovative mind.

**Conflicts of interest**

The author has no conflicts of interest to declare.

## References


1. Charcot JM. Oeuvres completes. Paris: Le Progrès Médical; 1892. Première Leçon. Leçon d'ouverture; p. 1-22.
2. Goetz CG. Chapter 15: Jean-Martin Charcot and the anatomo-clinical method of neurology. Handb Clin Neurol. 2010;95:203-12.
3. Kumar DR, Aslinia F, Yale SH, Mazza JJ. Jean-Martin Charcot: the father of neurology. Clin Med Res. 2011;9:46-9.
4. Guillain G. J.M. Charcot, sa vie, son oeuvre. Paris: Masson; 1955.
5. Goetz CG, Bonduelle M, Gelfand T. Charcot: constructing neurology. New York: Oxford University Press; 1995.
6. Corniou O. Vie et oeuvre de Jean-Martin Charcot [dissertation]. Créteil (FR): Université Paris Val-de-Marne; 2002.
7. Pouliquen JC, Langlais J, Obin MM. Jean-Martin Charcot [Internet]. Paris: SOFOP; ©2007 [accessed 2015 Sep 9]. Available from: http://www.sofop.org/Data/ModuleGestionDeContenu/PagesGenerees/02-Bibliotheque/Historique/CahiersGEOP/190.asp
8. Bonduelle M. Charcot. Dates. Légendes et réalités. Hist Sci Med. 1994;28:289-95.
9. Scribd [Internet]. San Francisco (US): Scribd HQ; ©2016. Charcot 1893: Sigmund Freud; [accessed 2015 Sep 9]. Available from: https://es.scribd.com/doc/280604118/Freud-Sigmund-1893Charcot-pdf
10. Zarranz JJ. Bourneville: a neurologist in action. Neurosci Hist. 2015;3:107-15.
11. Noir J. La carrière et l'oeuvre de Bourneville. Le Progrès Médical. 1925;30:318-9.
12. Harris JC. A clinical lesson at the Salpêtrière. Arch Gen Psychiatry. 2005;62:470-2.
13. Geoffroy M. Réflexions à propos du tableau de Brouillet «Une leçon clinique à la Salpêtrière». Le regard médical. [accessed 2015 Sep 9]. Available from: http://www2.univ-mlv.fr/revuethique/pdf/Geoffroy2.pdf
14. Magnétisme scientifique à La Salpêtrière. L'Union Médicale. 1878;3s:828.
15. Legrand M. Un dimanche à La Salpêtrière. L'Union Médicale. 1878;3s:893-4.
16. Combis-Schlumberger H. Dans l'oeil de Jean-Martin Charcot [Internet]. s.l.: France Culture; 2014 [accessed 2015 Sep 9]. Available from: http://www.franceculture.fr/sciences/dans-loeil-de-jean-martin-charcot#
17. Bourneville DM, Regnard P. Iconographie photographique de la Salpêtrière: service de M. Charcot. Paris: Bureaux du Progrès Médical; 1876-1880. 3 vol.
18. Richer P, de la Tourette G, Londe A. Nouvelle iconographie de la Salpètriére. Paris: Lecrosnier et Babé; 1888.
19. Bourneville DM. Recherches cliniques et thérapeutiques sur l'épilepsie et l'hystérie: compte-rendu des observations recueillies à la Salpétrière de 1872 à 1875 [Internet]. Paris: Progrès Médical; 1876. Troisième partie: de l'hystéro-épilepsie; [accessed 2015 Sep 9]; p. 113-92. Available from: https://archive.org/details/b22357373
20. Walusinski O. The girls of La Salpêtrière. Front Neurol Neurosci. 2014;35:65-77.
21. Munthe A. La historia de San Michele. Barcelona: Juventud; 1989.
22. Charcot JM. Seizième leçon: spiritisme et hysterie. In: Charcot JM, Babinski J, Bernanrd D, Féré C. Oeuvres completes de J. M. Charcot. Tome III. Paris: Lecosnier et Babé; 1890.
23. Bâillement [Internet]. [s.l.]: Bâillement; [s.d.]. Trois souvenirs, La Salpêtrière: Alphonse Daudet; 2012 Oct 15 [accessed 2015 Sep 9]. Available from: http://www.baillement.com/lettres/salpetriere_daudet.html
24. Lellouch A, Corman L. La personnalité de J.-M. Charcot (1825-1893): analyse critique morpho-psychologique et biographique. Hist Sci Med. 1988;22:107-13.
25. Lellouch A, Villar DCl. La personnalité profonde de J.-M. Charcot (1825-1893): étude psycho-grapho-biographique sur manuscrits inédits. Hist Sci Med. 1988;22:97-105.
26. Daudet L. Souvenirs des milieux littéraires, politiques, artistiques et médicaux de 1885 à 1905, 2e série: devant la douleur. Paris: Nouvelle Librairie Nationale; 1915.
27. Freud S. Ma vie et la psychanalyse. Paris: Gallimard; 1949, p 34.
28. Hustvedt A. Medical muses: hysteria in nineteenth-century Paris. New York: Bloomsbury; 2011.
29. Carbonel. Le docteur Charcot. La Gazette du Dimanche. 1891:562.
30. Babinski J. Démembrement de l'hystérie traditionnelle: pithiatisme. Paris: Imprimerie de la Semaine Médicale; 1909.
31. Bogousslavsky J. Jean-Martin Charcot and his legacy. Front Neurol Neurosci. 2014;35:44-55.
32. Bogousslavsky J. Hysteria after Charcot: back to the future. Front Neurol Neurosci. 2011;29:137-61.
33. Bouchara C. Charcot: une vie avec l'image. Paris: Philippe Rey; 2013.
34. Walusinski O. Catherine Bouchara: Charcot, une vie avec l'image. Eur Neurol. 2014;72:142-3.
35. Didi-Huberman G. Invention de l'hystérie: Charcot et l'iconographie photographique de la Salpêtriére. 2nd ed. Geneva: Macula; 2012.