

Jean-Martin Charcot (1825–1893) and his second thoughts about hysteria

Jean-Martin Charcot (1825–1893) y sus dudas sobre la histeria

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ABSTRACT

Jean-Martin Charcot's (1825–1893) concepts of hysteria evolved significantly over the last 20 years of his career. In the "*Leçons du Mardi à la Salpêtrière*" (Tuesday lessons), his original conception of a "dynamic lesion" coexists alongside a new psychological conception, sometimes in a rather contradictory way. According to the hand-written transcript of his Tuesday lesson on February 21st, 1888, Charcot stated: "Hysteria must be taken for what it is: psychic disease par excellence". However, in the printed edition of the Tuesday lessons, this emphasis on psychological factors was very much softened. The different wording and corresponding shift in meaning implicitly retrieved Charcot's former conception of a "dynamic lesion". Charcot himself had probably been made aware of the different wording by the editors, and had agreed upon it. After several years of studying this condition, Charcot was probably not confident enough in making too assertive conclusions on the psychological mechanisms underlying hysteria.

Keywords: History of Medicine; Hysteria; Salpêtrière.

RESUMEN

Los conceptos de Jean-Martin Charcot (1825–1893) sobre la histeria evolucionaron significativamente durante los últimos 20 años de su carrera. En las "*Leçons du Mardi à la Salpêtrière*", su concepción original de una "lesión dinámica" coexiste junto con una nueva concepción psicológica, a veces de una manera bastante contradictoria. Según la transcripción manual de su lección del martes del 21 de febrero de 1888, Charcot declaró: "La histeria debe tomarse por lo que es: enfermedad psíquica por excelencia". Sin embargo, en la edición impresa de las lecciones del martes, este énfasis en los factores psicológicos se suavizó mucho. La diferente redacción y el cambio correspondiente en el significado recuperaron implícitamente la antigua concepción de Charcot de una "lesión dinámica". El propio Charcot probablemente se había enterado de la diferente redacción por parte de los editores y lo había aceptado. Después de varios años estudiando esta afección, Charcot probablemente no estaba lo suficientemente seguro para sacar conclusiones demasiado asertivas sobre los mecanismos psicológicos subyacentes a la histeria.


Palabras clave: Historia de la Medicina; Histeria; Salpêtrière.

Jean-Martin Charcot (1825–1893) is widely considered the father of modern Neurology. While working as Chief of Service at *La Salpêtrière* (1862–1893), he became increasingly interested in hysteria. His concepts on this enigmatic condition have evolved significantly over the last 20 years of his career, which explains why they can sometimes appear contradictory¹. Charcot had initially regarded hysteria as an organic disease, seeking a cerebral localization through autopsy and anatomopathological exam. His failure led him to consider hysteria as the consequence of a "dynamic lesion" ("*lésion fonctionnelle*" or "*lésion dynamique*") of the nervous system; such explanation accounted for the lack of detectable morphological lesions in the brain of hysterical patients². Furthermore, he vehemently rejected the equation

between hysteria and simulation. Charcot became increasingly convinced of the importance of psychological factors in the genesis of hysteria only shortly before his death³; this idea would have been further developed by his pupil Pierre Janet (1859–1947). In Charcot's latest works, the original conception of a "dynamic lesion" coexists alongside the new psychological conception, sometimes in a rather contradictory way.

The "*Leçons du Mardi à la Salpêtrière*" (Tuesday lessons) are transcriptions of impromptu clinical presentations held by Charcot between 1887 and 1889. They incorporate the dialogues between Charcot and his patients, reflecting the spontaneity of real-life interactions⁴. Hand transcriptions of the lessons were made by his students, Edouard-Emmery Blin (1863–1930), Jean-Baptiste Charcot (1867–1936), and Henri

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Colin (1860–1930); they underwent thorough editing and revision before print publication between 1889 and 1892^{5,6}.

References to a “dynamic lesion” — a term still deeply rooted in an organic view of hysteria — recur frequently in the Tuesday lessons (see for instance lessons of January 17th, April 10th and 17th, November 6th, December 4th and 18th, 1888; and March 5th, 1889)^{5,6}. In his Tuesday lesson on February 21st, 1888, Jean-Martin Charcot described a 14-year-old boy with chest pain, dyspnea, and the beginning of opisthotonos. According to the typescript, on this occasion — after having emphasized that hysteria was totally distinct from simulation in children — Charcot stated: “Hysteria must be taken for what it is: a psychic disease par excellence” (“*Il faut prendre cette affection pour ce qu'elle est, c'est à dire pour une maladie psychique par excellence*”) (manuscript, page 205)⁷. Such statement has been widely quoted in the literature^{8,9,10,11,12,13,14} as the most concise and vivid expression of Charcot's late psychic conception of hysteria.

Intriguingly, this statement was reported differently in the printed edition, where it reads as: “It is definitely the case to present hysteria as a disease which for three quarters is psychic” (“*C'est le cas, ou jamais, de vous présenter l'hystérie comme une maladie aux trois quarts psychique*”) (page 138)⁶. Compared to the original handmade transcription, the statement sounds awkward and is definitely ambiguous: how else to consider the remaining quarter of non-psychic cases of hysteria? By weakening the emphasis on the psychological nature of hysteria, the different wording implicitly retrieves Charcot's former conception of a “dynamic lesion”. The shift in meaning underlying the different wording is extremely relevant and, probably, Charcot himself had been made aware of this by the editors, and had agreed upon it. After over 20 years spent studying this condition, Charcot was probably not confident enough in making too assertive conclusions on the psychological mechanisms underlying hysteria.

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