"Toujours la Chose Génitale": Charcot, Freud, and the Etiology of Hysteria in the Late 19th Century

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Abstract
In the late nineteenth century, Sigmund Freud studied under Jean-Martin Charcot, a famed neurologist with a special interest in hysteria. After Charcot’s death, Freud published his seduction theory, which claimed that hysteria developed from memories of childhood sexual abuse. Although Charcot is known for his hereditary theory of hysteria, Freud later attributed Charcot with postulating a genital (sexual) etiology in the phrase “toujours la chose génitale”; this discrepancy is not well explained in the literature. This paper surveys concepts of hysteria before Charcot and explains Charcot’s model of hysteria. It then examines Freud’s interpretation of Charcot’s work, and what role Charcot potentially played in the development of seduction theory. Based on the primary documents studied and on existing scholarship, there is no evidence that Charcot believed that hysteria was sexual in origin. The paper concludes by theorizing that Freud imagined, or at the very least misinterpreted, the famous “génitale” phrase.

The phrase is often repeated in the literature: “Mais, dans des cas pareils c’est toujours la chose génitale, toujours… toujours… toujours” [But, in such cases, it is always the genital thing, always, always… always]. Often the story is told of Freud, a young physician, on a term abroad in Paris to study under Charcot, the famous neurologist. The young Freud, awed by his formidable teacher, is invited to one of Charcot’s soirées. At the party, he overhears Charcot speaking to Brouardel, a forensic specialist. The two physicians are talking about a case where the husband was impotent and the wife severely hysterical. Many years later in 1914, in the “On the History of the Psycho-Analytic Movement,” Freud recounted hearing the now-famous “la chose génitale” utterance and seeing his teacher become lively while saying it. Freud wrote “I was almost paralyzed with amazement and said to myself ‘Well, but if he knows that, why does he never say so?’ But the impression was soon forgotten”¹ and Freud then returned to his studies in pathology and neurology. According to the story that Freud tells, it was not until several years later that he realized that sexuality – “la chose génitale” – was the root cause of hysteria and developed his seduction theory.

Assuming that Freud’s eavesdropping was correct and that his memory did not alter the phrase between hearing it in the winter of 1885/1886 and transcribing it in 1914, then we are left with what is for Charcot – who was adamant that all hysteria was caused by heredity – a very peculiar phrase to utter. This paper will try to understand what Charcot might have intended by it, and what Freud could have meant by attributing it to him. To do so, I will start by surveying concepts of hysteria before Charcot, then look at how Charcot used this previous information and created his own model of hysteria, and finally I will explore Freud’s interpretation of Charcot’s work, and what role Charcot (and the famous phrase) might have played in the development of seduction theory.

The concept of hysteria is first seen in an Egyptian text from 1900 BCE, entitled Kahun Papyrus.² From what can be gathered from this and similar documents, hysterical symptoms (including tonic-clonic seizures and the feeling of suffocation or imminent death)³ were attributed to a wandering womb, and treatments consisted of using herbs and substances to attract the womb back into place. The first mention of the word hysteria (derived from the word hystera, meaning uterus) appeared in Hippocratic texts in late 5th to 4th centuries BCE. According to these texts, hysteria was primarily a disease of mature women who were deprived of sexual relations.⁴ Following in Egyptian tradition, the mainstay of treatment through the Greco-Roman era was bringing the uterus back to its correct location.⁵ Galen of Pergamon (129-199 CE) then rejected the wandering womb hypothesis, and instead theorized that hysteria occurred in sexually deprived women (and men) because of retention of fluids.⁶ The wandering womb hypothesis prevailed in medical communities, but Galen’s work is important as the first concrete example of male hysteria.

In the late Middle Ages and Early Modern periods, with the rise of religious fervor and supernatural thinking, hysteria was linked to diabolic possession and exorcisms were used...
against hysterical women. This persisted for centuries, with witch-hunts in Europe and colonial America occurring in waves until the eighteenth century. Although various thinkers throughout this period had other theories about hysterical disorders, there was no overriding approach that took hold.

Despite Galen’s hypothesis that sperm retention could be related to hysteria, the illness remained firmly in the women’s realm (and in the realm of the uterus) for millennia. In the seventeenth century, Charles Lepois noted the presence of male hysteria as evidence against the wandering uterine theory. In the eighteenth century, as medicine shifted into its modern scientific form, hysteria started to shift from a disease of the uterus to a disease of the brain.

In the nineteenth century, there was increased curiosity in hysteria and many physicians took up research in the area. Of note in France are Paul Briquet and Charles Lasègue. Lasègue (1816-1888), a celebrated Parisian academic physician, had an interest in mental illnesses but restricted his research of hysteria to a small number of cases.9 Briquet (1796-1881), a hospital doctor of lower prestige, took a systematic approach to hysteria. His landmark work, Traité Clinique et Thérapeutique de l’Hystérie, published in 1859, drew on more than 400 cases of hysteria and took a statistical approach looking at etiology, symptomatology, and treatments.

Briquet’s interest in the etiology of hysteria is particularly noteworthy for this paper. Several authors of treatises on hysteria continued to uphold the belief that hysteria had a genital origin (Briquet points to three among many physicians publishing on the illness at the time)9 and Briquet reiterated that male hysteria disproved the Hippocratic uterine theory.10 Instead, Briquet stated that women were more prone to hysteria (twenty times more prone by his calculation) because of a special sensibilité that women are endowed with that allows them to fulfill their roles of raising children, taking care of people, etc.12 He is quite clear that genitals are not the basis of womanhood (nor of hysteria) and illustrates cases of ‘normal’ women without uteruses.13

So if not wandering uteruses, then what? He wrote “L’impressionnabilité augmentée de l’élément affectif du système nerveux constitue le fond de la prédisposition à l’hystérie [the hypersensitivity of the emotional component of the nervous system is the basis for a predisposition for hysteria]”14 and that this hypersensitivity had various contributing factors. Briquet found that hysteria was hereditary, with one quarter of women born to a hysterical mother developing the disease15 and that the more severe the hysteria in the parents, the more likely a child was to develop it.16 To use the terminology of Roudinesco, Briquet also incorporated a very “sociologique” perspective to his work, and took hysteria further away from the uterus and into the mind.15 In analyzing what today we would call the socioeconomic determinants of health, he calculated that hysteria was twice as common in lower class women as compared to higher. Although he noted that in rare cases the brain could be affected by genital needs’ not being met,19 this was not the rule. In analysis of women based on sexual activity he showed that hysteria overall was quite rare in nuns20 and much more common in servants, who are neither deprived, nor overly sexually stimulated. He found uncommonly high rates of hysteria among prostitutes, but saw it as a result of lifestyle and trauma as opposed to sexual over-satisfaction:

“La misère, les veilles, l’abus des boissons alcooliques, les craintes continues des exigences de la police, ou des mauvais traitements de la part des hommes avec lesquels elles vivent, les séquestrations forcées qu’occasionnent les maladies qu’elles contractent, la jalousie effrénée et les passions violentes qui les animent, expliquent assez chez elles la fréquence des accidents hystériques.”21

What Briquet describes in this passage would now be considered psychological trauma and he concluded that the most common moral cause of hysteria was maltreatment of children by their parents or women by their husbands.22 In analyzing Briquet, however, it is easy to fall into a trap of presentism. As Ian Hacking points out, “whatever we find in Briquet’s book, it was not, and I think could not have been, read in our way, in terms of child abuse, during his lifetime.”23 The concept of traumatisme morale as we understand it did not exist until Janet and Freud systematically employed it as an etiology of hysteria. Although many themes that would eventually form modern views of psychological trauma and social determinants of health are present in Briquet’s work, he did not re-invent hysteria as a socially acquired disease. Instead, Briquet’s 700-plus page traité is important because it was so thorough, and can be seen as a triumph of large-scale population analysis at a time when so much research was based on few cases.

The research conducted by Briquet found its way into much of the writing on hysteria in the late nineteenth century. Charcot credited him “for having established in his excellent book, in a manner beyond dispute, that hysteria is governed, in the same way as other morbid conditions, by rules and laws, which attentive and sufficiently numerous observations always permit us to establish.”24 The data Briquet collected shows up in Gilles de la Tourette’s Traité Clinique et Thérapeutique de l’Hystérie d’après l’Enseignement de la Salpêtrière,25 in which de la Tourette lauds the research done by Briquet and uses his statistics to give weight to his arguments surrounding heredity in hysteria. Briquet’s research also comes up frequently in Pierre Janet’s medical doctoral thesis Contribution à l’étude des accidents mentaux chez les hystériques (1893).26 Interestingly, Charcot’s famed Leçons du Mardi only briefly mention Briquet’s work.27

While the early nineteenth century had taken hysteria away from the uterus and into the brain, and Briquet’s work emphasizes the social aspects of the illness, with Charcot
we find an entirely new conception of hysteria. Jean-Martin Charcot (1825-1893) was a physician and professor whose fame extended throughout France and globally. Primarily a neurologist, Charcot took an interest in hysteria, and then in hypnosis, when he was appointed chief at the Parisian hospital la Salpêtrière. Because of the prestige and scientific credibility he brought to his work, Freud credits Charcot for restoring the dignity to hysteria. 

Although Charcot was not a prolific author himself, his clinical teaching, theories, and work are well-documented by a large body of work produced under his direction by his students including de la Tourette, Janet, and Babinski.

As Freud put it, Charcot “regarded hypnotism as a field of phenomena which he submitted to scientific description.” Charcot, like Briquet, took a systematic and clinically-driven approach to hysteria and elucidated a comprehensive concept of etiology and symptomatology of the disease. He also looked historically, analyzing reports of hysteria as far back as ancient Greece, to determine the ‘true’ nature of the illness (that is, not influenced by context or suggestion). While any number of medically unexplained symptoms had been attributed to hysteria through the ages, Charcot created a more unified definition and Janet wrote about five core symptoms - anaesthesia, amnesia, abulia (amotivation), motor control diseases, and modification of character. Charcot called the characteristic form of a disease the type and used the term forme fruste for a patient who had a rudimentary, difficult-to-diagnose, form of the illness. In 1879, Charcot and Richer undertook a study of hundreds of cases of hysteria, and Charcot used this information to define the “four stages” of the hysteric attack. This was a controversial concept that was refuted by Bernheim and the Nancy school, who maintained that hysteria was not a distinct entity, but rather that hysterical symptoms developed because they were suggested to the patient by the environment (for example, their physician) or by themselves (autosuggestion).

Charcot’s theory of the etiology of hysteria is well-explained in de la Tourette’s 1891 treatise. Charcot maintained that hérédité was “la cause primordiale” of hysteria and that all other factors are just agents provocateurs. According to Charcot and his followers, hysteria was part of la famille névropathique of disorders, inherited through families and most common in certain ethnic populations (Charcot frequently used the example of Jewish people). 

Although heredity was fundamental in Charcot’s view, his concept of agents provocateurs was very well developed, and included everything from physical illness to la misère. Among these agents is trauma. In the mid-nineteenth century railway accidents were very common in Britain, and a phenomenon was noted whereby individuals (primarily men) would experience severe pain and other physical symptoms following an accident in the absence of a physical lesion. Named railway spine, the condition was made famous by the British surgeon Erichson and was seen as a ‘nervous shock’ following an injury. Charcot postulated that this nervous shock was analogous to hypnosis, but where with men the cause was a physical trauma, with females it was “suggestion by speech.” And while Charcot believed that trauma could provoke hysteria (“railway brain” as he comments), he maintained “Mais au fond la maladie nerveuse se montre toujours de la même quelle que soit la cause provocatrice.” So while trauma (physical trauma) is important in Charcot’s work, the type of provoking agent (trauma or otherwise) does not determine the course of an individual’s illness.

Much has been written about Charcot, but for this paper I will now focus on a discussion of how Charcot’s theories were interpreted by his student, Sigmund Freud. When Freud visited Paris, he was enamored with the novel teachings of Charcot, but as Freud started to develop his own theories, he found himself with criticisms of Charcot’s views. According to the picture painted by Ellenberger, Charcot was not the sort of man one would want to disagree with, and his authoritarian behavior was the reason many of his disciples left. The only point on which Freud openly criticized Charcot during his teacher’s lifetime was the idea of hérédité being the cause of all hysteria. In Freud’s footnotes to his German translation of the Leçons du mardi, Freud expressed that “The conception of the ‘famille névropathique’… could scarcely stand up to serious criticism.” Here, although Freud was going out on a limb by criticizing the great French master of neurology, according to Goetz, Bondu-elle, and Gelfand he was on fairly steady ground by using the Fournier-Erb model for tabes, because the idea that syphilis could cause a disorder previously considered psychiatric was becoming widely accepted by the medical community at the time. What is interesting here is not just that we have Freud’s criticism, but that we also have Charcot’s response. In a letter dated June 30, 1892, just after Charcot received Freud’s German translation of the work, he wrote that he was “delighted by the notes and critical comments that I encountered” and then proceeded to dispute them. He maintained that syphilis was merely an agent provocateur and wrote “I am astonished to see the extent to which the theory of the syphilitic nature of tabes, and of P.G.P., wreaks havoc right now among the best minds.” For Charcot, even if 90% of tabes was caused by syphilis, the 10% unaccounted for was evidence enough that it was not the cause.

Freud continued with his critique of Charcot in the obituary he wrote immediately after Charcot’s death. In the piece, Freud spoke of the enormous impact Charcot had had on neurology and especially on the knowledge of hysteria. And while most of the obituary was full of praise, he also used the document to further his criticism of Charcot’s insistence that syphilis was only an agent provocateur. As Freud’s own theories became more developed, we see him shifting even further away from Charcot’s hereditarian etiology, syphilis and tabes being just the tip of the iceberg.
In the mid-1890s, Freud developed his seduction theory. He published a series of papers in 1896 that outlined his new conception of the etiology of hysteria. In analyzing the cases of hysteria he had seen, Freud came to the conclusion that “at the bottom of every case of hysteria there are one or more occurrences of premature sexual experience, occurrences which belong to the earliest years of childhood but which can be reproduced through the work of psycho-analysis.” He described these childhood sexual experiences as “traumas” but differentiated his ideas from Charcot’s physical trauma. He wrote “the singling out of the sexual factor in the aetiology of hysteria springs at least from no preconceived notion on my part. The two investigators as whose pupil I began my studies of hysteria, Charcot and Breuer, were far from having any such presupposition; in fact they held a personal disinclination to it which I initially shared.”

Not long after, in 1897-1898, Freud abandoned his seduction theory. He decided that he had made a mistake in believing his female patients, that their stories were far too unlikely, and that their childhood ‘memories’ of premature sexual experience were fantasies created to cover up their early autoerotic tendencies. Freud’s abandonment of his seduction theory has been much discussed and debated, with Jeffrey Masson controversially arguing that “what Freud had uncovered in 1896—that, in many instances, children are the victims of sexual violence and abuse within their families—became such a liability that he literally had to banish it from his consciousness.” Whatever his true reasons, Freud moved away from the seduction theory, but infantile sexuality maintained a central role in his conception of hysteria.

Now that we have discussed the theories of hysteria (and of sexual links to hysteria) before Charcot, have explored Charcot’s concept of the etiology of hysteria, and have seen some of Freud’s interpretations of Charcot’s work, it is time to come back to “On the History of the Psycho-Analytic Movement” and “la chose génitale.” In 1914, when Freud looked back on his theories and how they came to evolve, he mentioned Charcot several times, and two of these references, both dealing with the development of the seduction theory, may strike the reader as odd.

The first of these statements I will address concerns Charcot’s notion of trauma. “Influenced by Charcot’s view of the traumatic origin of hysteria,” Freud wrote, “one was readily inclined to accept as true and aetiologically significant the statements made by patients in which they ascribed their symptoms to passive sexual experiences in the first years of childhood—to put it bluntly, to seduction.” As we have seen, while the concept of trauma was important in Charcot’s work, it was physical trauma he spoke of. In 1886, when Freud was fresh from his sojourn at la Salpêtrière, he wrote about Charcot’s study of “neuroses arising from trauma,” in no way suggesting that trauma was anything other than physical, and even referring to this mechanism of neuroses as “railway spine.” Thus between 1886 and 1914 (when he wrote “On the History of the Psycho-Analytic Movement”), Freud’s interpretation developed from Charcot’s concept of physical trauma causing psychological distress to viewing Charcot’s trauma as an underlying seed of his more purely psychological seduction theory.

The second reference to Charcot in Freud’s “History” that I wish to speak about is that with which I began this paper—“la chose génitale.” Charcot maintained through his whole career that the neuroses were hereditary, and that trauma (a physical conception of it) was only an agent provocateur. Although the illnesses of the genitals could provoke hysteria (as seen in an 1889 case where the ovaries are implicated) this was no different from any other physical illness with the exception perhaps that females were considered especially sensitive to their genitals. This was not a sexual conception of the hysteria, and by no means did Charcot ever insinuate in his work that genitals were at the root of all hysteria.

Charcot was aware of sexual theories of hysteria. He did, after all, complete an extensive survey of historical cases of hysteria and therefore came across the ‘wandering uterus’ theories among others. But these theories were ancient history and had since been disproved, and in the research that was being published around the time that Charcot became interested in hysteria was very different. Briquet had explored the idea of sexual fulfillment as an etiologic factor of hysteria in his study comparing nuns, servants, and prostitutes, but he had found that an individual’s sexual gratification was not correlated with the development of the illness. If Charcot believed that sexuality was the source of hysteria, it was not based on the research that was going on at the time. There is a report by Georges Guinon that just prior to his death Charcot had remarked that la Salpêtrière’s concept of hysteria was outdated, but we do not know if Charcot meant that he was moving to a more psychological or physiologic approach to hysteria, and certainly no indication that he was moving toward a sexual approach.

A missing link in “toujours la chose génitale” being attributed to Charcot is why, if the eminent neurologist, had believed it, did he exclude it from his theory of hysteria? Charcot had enough clout in the medical world that his ideas, including previously marginal concepts like hypnosis and some very innovative neurological discoveries, were seen as legitimate. The only potential reason Charcot could have had for keeping genitals out of his concept of hysteria was to keep hysteria under the realm of neurological and not gynecological disorders. For Charcot, the presence of male hysteria meant that the illness did not fall under the care of gynecologists and perhaps by publishing that hysteria had a genital origin Charcot would have had to cede some of his domination in the field. This is a far-fetched hypothesis, however, and there is no evidence I have come across to indicate it was at all the case.

It seems highly unlikely, from what I have shown in this
paper, that Charcot believed that all hysteria was of a sexual origin. When Freud recorded overhearing Charcot say "c’est toujours la chose génitale" in "On the History of the Psycho-Analytic Movement," he told it as one in the context of three such episodes. He said that Charcot, Breuer, and the gynecologist Chrobak had “imparted to [him] an insight which, strictly speaking, they had not themselves possessed.” That insight was that hysteria had a sexual origin. Both Breuer and Chrobak had denied the statements Freud attributed to them, and neither subscribed to Freud’s seduction theory. As Freud wrote, Charcot “might also have done so [and denied his statement], had it been granted me to see him again.”

Freud was undoubtedly greatly influenced by Charcot, and from physical to psychological trauma and from hypnosis to psychotherapy, we see origins of Freud’s theories in the work of his mentor. In the case of Freud’s theories on sexuality, however, there is a large disconnect between Freud’s attribution of “c’est toujours la chose génitale” to Charcot and that which we know about Charcot’s views on the origins of hysteria. When Freud abandoned his seduction theory, it was because he believed that his patients had incorporated their fantasies into their unconscious memories. It is possible that Charcot’s statement “Mais, dans des cas pareils c’est toujours la chose génitale, toujours… toujours… toujours” was a similar type of fantasy for Freud – an event that did not occur as Freud remembered it, a fiction that became a reality in his own mind when it was ‘remembered.’

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42. Letter 10 in Gelfand’s translation of Charcot’s letters line 27.
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