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abstract

Scientific interest in hysteria began in Mexico at the end of the 19th-century, as the medical profession expanded. The Mexican doctors studied madness, drawing on what was confidently regarded as a firm basis of epistemological knowledge. Using modern physiology they entered a discussion that had begun some time before in Europe. Encountering hysteria, an illness presumed to be caused by 'over-civilization', they searched for a universal definition. The doctors tried to impose a unifying concept onto the diverse symptoms of hysteria, and, although imitating European ideas, the discourse became distinctive in its attempts to relate hysteria to science and modernity so that all three would make sense. My interest in this article is the feminine; not a reconstruction of the relationship that medicine established between hysteria and the feminine, but a search for a space within the discourse that deconstructs identity and stereotypes. The feminine appears when the coherence of medical discourse is ruptured and when, to explain the illness, the doctors stop attempting to define it. This eventually occurs when the medical discourse considers the subject as unidentifiable and deceptive.

keywords

Mexico; hysteria; science; medicine; medical discourse

Allow me to conclude, condensing into a few phrases the ideas presented in this work, which, in its disorder, seems to have taken on the characteristics of the affliction that it sought to describe.

(Dr Demetrio Mejía, 1896: 467)

introduction

Scientific interest in hysteria arrived in Mexico alongside modernity. Hysteria is mentioned in some 18th-century texts and referred to at the end of the 19th-century, whenever mental health or female illnesses are examined. Even in the earliest accounts, it was portrayed as an illness caused by 'over-civilization'. According to Bartolache (1772), the main sufferers were the ladies of the upper and middle classes, and José Olvera (1895), agreed, identifying the victims of hysteria as those who could not resist the effects of civilization, and who were usually women. From the outset, hysteria was located within a discourse that regarded cultural evolution as a continuum, beginning with the 'savage', and culminating with the 'civilized'.

Mexican interest in hysteria began when the medical profession began to focus on mental illness, a field that until then had belonged to what one of the most versatile and prolific doctors of the time, Porfirio Parra, termed 'metaphysical psychology'. Hysteria came to be studied as part of the doctors' general enthusiasm for modern physiology, a discipline that provided the epistemological basis for the scientific study of illness. The foundations were in place to initiate in Mexico what had already begun in Europe. Reading the studies in hysteria that had been published in Europe, and citing all those authors who had written on the illness since the 17th century, the Mexican doctors aimed to provide a rational explanation of hysteria.¹

The doctors who took an interest in hysteria struggled with the same heterogeneous, incalculable, and shifting image of the illness that had appeared in European studies. They battled to contain hysteria; however, it would constantly transgress the boundaries of whatever classification they gave it, manifesting symptoms which moved from one part of the body to another in no apparent order, including paralysis of the extremities, blindness, aphasia, convulsions and delirium. The Mexican doctors revisited European discourse, searching for a concept that could unify these heterogeneous symptoms.

However, hysteria was not of particular interest to Mexican doctors at this time. According to Porfirio Parra and Enrique Aragón, hysteria was considered just another example of mental illness and Dr. Demetrio Mejía studied it only as part of his wider clinical interests. In contrast to the events in Europe, where according to

1 It is impossible to cite here all the publications on hysteria that appeared in Europe between the 17th and 19th centuries. Some of the major works known by Mexican doctors were: Esquirol (1840), Briquet (1859), Falret (1890) and Charcot (1890).

2 As far as we know, no treatise was written on hysteria in Mexico and no doctor performed a long-term specific examination of the illness. There are scattered theses in the Historic Library in the Faculty of Medicine, UNAM, and some articles published mainly in the most important medical journal of the time, the *Gaceta Médica de México* (GMM), published by the Mexican National Academy of Medicine. Some works were also published in the *Crónica Médica Mexicana*, a journal concerned with surgery and therapy.

3 It seems that no treatise was written in Mexico on hysteria and that no doctor worked on it for any length of time. In contrast to Europe and the United States where, according to Micale (1995) more than 400 works have been written on the subject, hysteria has not been an object of reflection in Mexico.

4 On the history of science and the relationship between the centre and the periphery, see Fefer (2003), Cueto (1989), Rutsch (1997) and Saldaña (1996). On colonial discourse see Bhabha (2002).

historians there had been a 'Golden Age' of hysteria, in Mexico very little was written on the subject. Some university degree theses and articles focusing on hysteria were published in the medical journals of the time, and other studies mentioned it in passing while discussing women's illnesses, hygiene issues and the legal aspects of medicine, three major themes in 19th-century Mexican medicine.² In reality, these few articles construct only the outline of a discussion. The situation in Mexico is characterized by a discourse which skips across theories and authors from Hippocrates to Charcot, in an attempt to cover everything known about hysteria in a few pages.³

Using clinical studies that were occasionally published on hysteria, it is only possible to weave together a fragmented and incomplete picture of Mexican discourse on the subject. If located within the limits of a traditional history of science, using concepts of progress and backwardness, and focusing on selected individuals, traditions and precursory schools, this article can be regarded as no more than a case study. Within these parameters, Mexican history is bound to be 'peripheral', either considered as a selection of local anecdotes to complement European historiography, or as a review of the contributions to knowledge about hysteria made by Mexican medicine thus contributing to the history of national science. On these terms, this case study will remain in the shadow of a colonial discourse that merely imitates European discourses while searching in this imitation for the origins of a unified national identity.⁴

I will attempt to break with this centre-periphery dichotomy in my discussion of images of hysteria, not only because, as Foucault states, hysteria's manifestations 'allow us to see it as an image, rather than an illness' (Foucault, 2000: 437) but also because of the metaphor presented by Ilza Veith. Veith sees hysteria as a 'globule of mercury' (Veith, 1965: 1) that adopts different forms and various colours in accordance with the cultural environment in which it is found. The attraction of the image is that it can account for plurality of representation and environment. The idea is that hysteria, presented as an image, may speak from a place other than a unified medical discourse.

Four images will be presented, each one referring to an episode in the history of hysteria in Mexico and each constructed from a different disciplinary context: obstetrics, hygiene, mental health and literature. These images have two things in common. Firstly, they are constructed from scattered sources and therefore present a fragmented discourse, and secondly, they show the speed with which the Mexican doctors wanted to clarify general knowledge about hysteria in just a few articles. After nearly a century of war, they rushed to take advantage of a moment of political stability. At a local level, these images repeat European discourse; however, in the repetition they become distinctive, aiming towards a singular

explanation that can make sense of hysteria, science and modernity simultaneously.

Finally, these images are followed by a question. Through them I return to Mexican medicine at the end of the century and the discourse on hysteria in an attempt to trace the feminine outside of unity, identity and stereotype. In the end, this search for the feminine raises the question of how history is written. The desire to think about history from a perspective other than one based on modern identity brings into question traditional historiography's preoccupation with accumulating facts about the formation of institutions, the state and national identity. Through these images we may shift our focus and change historical perspectives, so that a space is created within medical discourse where the feminine may become visible.

between the uterus and the brain

In this first image, an explanation for hysteria is found somewhere between the uterus and the brain. The image stems from the doctors' attempts to distance themselves from uterine theories and from the type of medicine which Francisco Flores, the 19th-century historian of Mexican medicine, termed 'metaphysical' (Flores, 1886), that is, adhering to the Christian and Hippocratic traditions and their beliefs in evil spirits, possession and the humours.

At the end of the 19th century, no scientist could give credence to supernatural forces capable of possessing a human body and communicating through it. For José Ramos, a doctor interested specifically in the physical and optical phenomena associated with hysteria, 'that unhappy age of ignorance' had to give way so that the light of science could open a 'passage through the shadows' and reveal the truth about 'the complicated phenomenon of hysteria' (Ramos, 1905: 216). Dr. Jiménez argued that the cause of hysteria was not God, the devil or even sex. In his 1882 thesis on male hysteria, he stated that the uterus could not disobey reason and move in all directions, as suggested by Plato. He also rejected Hippocrates' claim that the uterus sent fluid to the brain, Galen's suspicion that it liberated accumulated retentions and Aetius' theory that it produced vapours that rose through the nerves to reach the brain.

Science did shed some light on the complicated phenomena associated with hysteria by asking a new set of questions that could not be readily answered. Hysteria could only be regarded as a field of scientific knowledge if it could be separated from the violence of demonic possession and the sexuality of the uterus.

5 A description of the general consensus among doctors of the time can be found in Cortés (1987) and Viesca (1993).

José de Jesús González, a doctor from Guanajato, and a member of the Mexican National Academy of Medicine, still referred to the end of the 19th century and the beginning of the 20th century as an 'age of demolition' in which 'the most firmly believed notions risk collapsing' (González, 1909: 796). This image marks the end of one tradition and the beginning of another. According to the new thinking, the explanation of hysteria was separate from invisible, exterior factors, and was instead based on a point of reference which was material, visible and localized inside the body. This explanation was grounded in pathological anatomy, an approach based on the regularity of the causal relationships that can be established between symptoms apparent on the surface of the body and wounds inside. Thus the *Littre Dictionary* defined the word 'symptom' as the manifestation of an organic disorder.⁵

However, this image of hysteria could not be centred entirely on the uterus. Observing the body's surface and looking for physical wounds inside the uterus, the doctors could still not find the cause of hysterical symptoms. Suddenly, this organ, which for many centuries explained the entire feminine condition, ceased to be an entity with a life of its own, capable of emitting vapours and shifting all over the body, and became instead a contractile organ, fixed in one specific region of the body, its function bound by its physical limits. This new image of an immobilized uterus lacked the powers of explanation previously ascribed to it. The pathological anatomical approach thus dredged up all the old questions formulated by those who had written about hysteria previously, from Willis to Charcot. What was responsible for the displacement of the hysterical symptoms, and what did convulsions, spasms, cramps, suffocation, delirium, blindness and paralysis have in common?

The shift indicates the moment when the power of the uterus is questioned by doctors. Unsuccessful in their search for injuries to the uterus, they turned their attention to the nervous system. This had been discovered in Europe in the 18th century, and in the 19th century was regarded as the model that could finally explain the diverse symptoms presented by hysteria. The new image was of a series of nerves running through the uterus, picking up sensory information from the organ and carrying it to the brain, or a series of nerves that ran around the entire body until they reached the uterus and affected it. For one doctor, hysteria was 'a neurosis produced by the volatility of the uterine nerves' (Anonymous, 1874: 96–97), and for another it was the effect of the 'condition of the blood' transported through the nerves: if this was not 'well constituted, viscous red blood' (López y Muñoz, 1875: 110) it could upset the nervous centre so that the uterus would be affected.

Hysteria was thus located somewhere between the uterus and the brain, in the domain of the nerves. The nerves functioned as messengers, either

upwardly, carrying sensory information from the uterus to the brain, or downwardly, modifying the state of the uterus. The cause of hysteria was located in the uterus or in the nerves; either the uterus altered how the nerves worked, or some external factor modified the state of the nerves, which then influenced the state of the uterus. The changes in the uterus itself were sometimes the cause and sometimes one of the effects; at times, the uterus completely confounded the precise anatomical pathological facts upon which the explanation was based.

This first image moves inconsistently between the uterus and the brain. It stemmed from doctors' doubts about outdated uterine theories, shifting the explanation towards the brain, and finally ascribing it to the 'spider's web' of the nervous system. This explanation is situated between two polarities: the theory that cause and effect relationships exist between symptoms and physical injury, and the idea of an obstruction between the surface of the body and its internal organs. Commenting on the nervous system, Dr Demetrio Mejía admitted that hysteria produced 'the most disassociated phenomena, unrelated to the laws of pathology, and beyond all foresight' (Mejía, 1878: 478). He ended one of his articles with a phrase taken from Briquet: hysteria 'is partial, fugitive, moveable, extravagant and capricious in its existence and its form' (Mejía, 1878: 478). Recognition of the changeability of the illness was not a satisfactory explanation, and, with the move from a traditional explanation to a new one, hysteria remained as incomprehensible as ever.

In terms of treatment, this meant a return to inserting silver pessaries into the uterus to keep the womb in its normal place, prescribing massages to the pelvic area, applying pressure to the ovaries, and even, as Galen suggested, prescribing marriage to alleviate the symptoms. If there was no relief after all these measures, the cervix might be amputated, 'with a scalpel and a suture, as they prefer in Germany'. If all other pain-relieving methods proved futile, asked Ricardo Fuertes, 'Is the doctor not authorized to embark on castration, as a heroic and final remedy to cut out the root of the evil?' (Fuertes, 1886: 30).

between the physical and the moral

The second image emerges when a causal link between the symptom and the wound can no longer be certain, when to explain hysteria it is necessary, as José Galindo stated, to 'study it with a twist' departing from the 'proper method' (Galindo, 1875: 244). The image appears when Dr. Demetrio Mejía finds that the wound is an 'enigma' to the diagnostician and a 'pitfall' for therapeutics. He reaches a dead end, and recognizes that knowledge reveals only ignorance of hysteria (Mejía, 1896: 465–466).

In the midst of this uncertainty, a further shift occurs. Observation focuses not on the inside of the body but on the environment. It switches from the search for physical wounds to the influence of exterior factors on the nervous system, and from a preoccupation with the individual body to the relationship between body and environment. This could be seen as a return to Hippocrates, who believed that health depended on social practice and environment, to Lamarck, who studied continuous interaction between the individual and his or her surroundings, and to the French doctors of the *Annales d'Hygiène Publique et Médecine Légale*, who were convinced that strong links could be found between medicine, social organization and law. In other words, the shift is from a discourse based on pathological anatomy to one based on hygiene.

Within this new context, hysteria was seen as a psychic or moral illness, influenced by external factors. The nervous system was an organic membrane, at once separating and allowing communication between the exterior world and the inner self, a sort of vital fluid that carried the exterior world to the interior. This was a view subscribed to by Dr. Fernando Malanco, who saw the nervous system as a web of nerve centres, nodes and cells that communicated between themselves through multiple connections, and whose stimulation could create varying symptoms (Malanco, 1896). Shifting hysterical symptoms were therefore believed to be the result of connections between various nerve cells stimulated by the exterior world.⁶

⁶ In the 19th century it is not possible to separate hysteria from the nervous system. See Rousseau (1994) for his theory of a 'semiotic of the nerves' as an explanation of modern European culture. On the Montpellier school see Williams (2002).

Everything could affect the way the nervous system worked to provoke a hysterical state: the impact of a fright, embarrassment or sorrow, the violence of an accident, the intensity of a certain mood, inherited characteristics, the influence of the climate and environment, even painful memories from a remote past. This continual interaction between the body and its surroundings made the difference between heredity and environment indiscernible. For this reason, José Galindo did not rule out that one cause might be the social climate of Mexico, where social divisions had given rise to over excitement (Galindo, 1875). José Olvera thought that fathers who were alcoholics and mothers who were prostitutes or suffered from hysteria could transmit the illness to their children, and that a weak, under-nourished and effeminate constitution was more likely to parent hysteria. 'Reading exaggerated and ill-chosen novels', in his view was a common problem among women, and fostered a predisposition to hysteria (Olvera, 1895). Similarly, Dr. Jiménez commented that the causes of hysteria could be found within the commotion of urban life and in hereditary characteristics such as weak constitutions and nervous temperaments, an 'effeminate' education, emotionally driven morality, the reading of 'inconvenient' texts, and anything capable of stimulating the nervous system (Galindo, 1875: 244).

Here, hysteria appears as an illness of sensitivity or feelings and nervous sensitivity as an 'irrepressible function of nervous activity' (Malanco, 1896: 569). According to Porfirio Parra,⁷ this sensitivity could be sensory, muscular, genetic, organic and psychological; nervous activity was involved in all life's activities, all 'the vital biological, philosophical, psychological, therapeutic and gruesome phenomena' (Malanco, 1896: 569) of the human body. Regarded as an illness brought on by sensitivity and the disturbance of nervous activity, this new image of hysteria characterized the human machine as delicate, like 'a harp in the wind that will vibrate at the slightest breeze' (Malanco, 1896: 569).⁸

Hysteria appeared to be dormant within the body, only becoming physically apparent when provoked by the exterior world. The inconsistency of its material presentations made it hard to identify as an illness. Such are the features of this particular image of hysteria: a heterogeneous body, whose varying symptoms led doctors to classify it as a pathological affliction. Under the doctor's authority the body becomes image and variability becomes pathology. A fundamental pathogen, a 'nervous hysterical element' (Mejía, 1896) runs through the nervous conduits breaking the natural harmony: 'I am not sure what other name to give this core pathogen, which fleetingly fixes itself on diverse nervous centres, or on defined nerves, and carries with it the most profound functional disorders' (Mejía, 1896: 466). Malanco thought that this nervous hysterical fluid acquired the power to affect the organs of its victims if it was not intercepted. With pathology, all the variables seemed to meet at one central point; heredity, temperament, constitution and emotion all coincided to determine 'a pathological predisposition to hysteria' (Jiménez, 1882: 13). Mejía, Parra, Malanco and Jiménez all imposed this single and inflexible pathological norm on the body.

The doctors explored the environment searching for evidence of heredity factors. They investigated the moral characteristics of each case, and afterwards, using this data, confirmed the presence of a certain pathological inclination and internal disposition towards hysteria, transmittable even if the origin was an environmental influence. Therefore, therapy could only be used as prevention. In a speech presented to the members of the Mexican National Academy of Mexico, Dr. Olvera confirmed that serious and incurable neuroses could be passed from parent to child and thus spread throughout society. As such, he commented, there were 'reasons to prevent the marriage of certain individuals' (Olvera, 1895: 5).

The study of variability gave way to a national discourse concerned with the social progress of the country and obsessed with law, social pathology and national reconstruction. The belief that those who cured the body could cure society made

7 Porfirio Parra (1854–1912), Student of Gabino Barreda and Professor of Hygiene and Pathological Anatomy at the School of Medicine. Barreda introduced positivism to Mexico.

8 Malanco may have taken this image from Payot 1894. Like the vitalism of the School of Montpellier, Malanco believed that the nerves could explain everything. Human life, he argued, 'owes all that it is and whatever it might be to the nervous system'. On Montpellier see Williams (2002).

doctors responsible for eradicating epidemics, transmittable illnesses, vices and any other degenerative tendency displayed by the population: in this way, they would contribute to the idea of 'creating healthy, good children' (Chaix, 1870: 6), consolidating the country's institutions, and finally putting Mexicans on the road to modernity and civilization.

Porfirio Parra was optimistic about the future:

The hereditary transmission of aptitudes may be innate or acquired from the cerebral cell, a transmission which gives a solid basis to the belief in the indefinite perfectibility of our species, thus transforming what seems to be fanciful desire into foresight.

(Parra, 1878: 20–21)

between the interior and the exterior

This third image begins with modernity being blamed for a rise in cases of nervous illnesses. According to hygienists, the enemies were not the indigenous or 'Mexican low-life' (Olvera, 1895: 5) whose dirtiness had been considered resistant to citizenship, but the groups that emerged with modernity and were susceptible to its influence. Hysteria, observed Dr. Mejía, took more alarming forms, the more refined the family; according to him the illness attacked those who 'educate their senses to perfection, who refine their sensitivity to extremes, and who live the abstract more than the positive', whereas, 'it has to be said that those with a limited education and who are not concerned with intellectual improvement seem to have less inclination towards hysteria' (Mejía, 1878: 476).

Hysteria thus becomes a nervous illness caused by civilization. Dr. José de la Vega described delirium as a symptom exclusive to civilized societies: 'the evolutionary march towards civilization and progress brings with it abuses of the mind's energies' (De la Vega, 1899: 29–30). José Olvera believed that the majority of hysteria's victims were weak men, and those who lacked the ability to resist the effects of civilization, particularly women, whose comfortable lives made them innocent, decadent and excessively impressionable. Previously, the doctor asserted, when weddings were arranged by parents 'passions that fatigue the spirit, and pleasures that agitate the nervous system' were not allowed to be indulged in. In contrast, once young people had the freedom to choose whom they might love, nervous hysteria appeared, with a 'tendency to exaggerate' the ardent and impulsive emotionalism that led them to love and hate blindly, and to value these sentiments over all other things, 'though posing a danger to their life' (Olvera, 1895: 29–30).

Passion arrived with modernity, and was seen to be directly responsible for the rise in cases of hysteria. Passion, as defined by Jesús González Ureña, was 'a great emotion created by a disproportionately small impression' (Ureña, 1903: 213), or, in the words of Malanco, a desire that soon resulted in action: 'When needs are violently provoked, the resulting desire feeds itself, converting itself into a passion, or a wildly exaggerated need' (Malanco, 1897: 407). The disproportion between emotion and reality led to exaggeration. But this excess could not be explained only by environmental circumstances.

Confronted with these passions, doctors were unsure if there was a direct relationship between the outside world and an individual's intellect. In what he termed 'a small digression', Malanco stated that humans were not passive beings, receiving impressions from the outside, but that they were actively compelled by interior impulses, 'real forces motivated by the individual mechanism as well as the social', a population of 'interior voices', 'which act on their desires' (Malanco, 1897: 407). Having what he called 'its own energy', this was an inner being that ceased to be a receptacle of the external world. It was no longer a passive organ, a clean slate, a mere reminder of latent impressions from outside, as Locke thought. Instead, the images emanated from within, in a torrent, and not always related to a definite object or thought. According to González Ureña, this was akin to hallucination, a perception without a stimulus, where 'everything takes place within' (González Ureña, 1903: 211).

Passion was concomitant with modernity, an inner being with its own energy. The nervous system is thus split into two: a system of voluntary actions controlled by the brain on the one hand, and a system dominated by need, instinct and passion, which operates independently through the spinal system, on the other. Hysteria is not about a dislocated uterus or a web of infinite movements, but two systems engaged in open struggle: consciousness versus the contortion of muscles, paralysis, blindness, faintness, delirium and the partition of the self. Hysteria provides the clearest evidence of this partition, and shows that the struggle can be dominated by desire and instinct. In a given moment, passion interferes with consciousness, will is dominated by need, and hierarchy, which usually keeps the spinal activity subordinate to the brain's activity, is transgressed. Careful attentive observation of a victim of hysteria, said Dr. Jiménez, 'can help one understand that in this unhappy episode the brain has lost control and that the body's functions dominate, throwing off the yoke of the will. It quickly becomes clear that in the struggle between the two, the spine has beaten the brain' (Jiménez, 1882). Dr. González also described the case of a woman who would quickly fly into a rage, gesticulating and imploring, tearing off her clothes, believing herself to be a Queen, and walking naked through the rooms of her house. She, said Dr. González, 'lives in the world of her hallucinations and generally *believes herself to be another person*' (González, 1909: 6–8).

9 In his work on perception González Ureña followed the ideas of Esquirol (1840). On medical discussion of perception and pre-presentation, see James (1995) and Bowra (1996).

Passion had the capacity to create images of its own, without reference to any exterior object; it could make something appear that did not exist other than as representation. Hysteria, then, had the capacity to reject all forms of direct representation. Thus, Dr. González Ureña had to ask, like Esquirol before him, whether sensation was possible if there was no external object capable of provoking it.⁹

This image of hysteria begins with modernity, but takes form when medical research diverts its attention from the environment to the inner being. The inner being becomes an obstacle lodged between the body and the soul, a barrier that obstructs communication between the body and its environment. Passion, said Porfirio Parra, does no more than 'derail the relationship between the moral being and the physical being of man' (Parra, 1905: 208). Like the image of the nervous system, the image of hysteria and passion pits the inner being against external determinants: in therapeutic terms, therefore, how is it possible to cope with desires that are not based in any organic referent or with possessive voices that call from an indefinable inner source that depends on neither heredity nor temperament, but belong to the innermost part of the self?

between the subject and the object

Mexican doctors were aware of the debate that had taken place in Europe over the double function of the nervous system. They had read Bichat and knew about the power of the cerebellum to impose itself on the brain, but they clung on to the idea of consciousness. For many of these doctors, the acceptance of an inner being with its own desires and appetites meant a return to the times when it was believed that the uterus had a life of its own and was independent of the rest of the body. This meant that another voice, another discourse, could take control of the self and speak through it. If two autonomous systems existed and a personality could be split in two and if reason and unreason presented the two sides of an open struggle, how could they forego the idea of a double nature?

In different ways, doctors like Demetrio Mejía and Porfirio Parra campaigned against duality. Although they observed hysterical attacks where the patient suffered muscular contortions, the whole body curved into an arc, the self split in two and the patient was unable to speak, they continued to present the individual and his or her consciousness as one. Thus, Parra distinguished between the diverse and the 'simply different', to reduce the apparent variability of the senses. He affirmed that all forms of feeling 'are homogeneous and are manifestations of a psycho-biological energy that is fundamentally always the same, no matter how broad its manifestations' (Parra, 1898: 358). Using the 'rigorous means of investigation', 'severe methods of reasoning', and 'doctrines of definitive

classification that are subject to verification' of modern physiology, Parra searched for a way to show that the nervous system did not exist separately from consciousness, and that like all mental illnesses, hysteria was not driven by an autonomous inner force. Physiology taught that both states, pathological and normal, were subject to the same rules and that all pathological phenomena, 'as strange, bizarre, and unusual as they seem', were no more than 'an exaggeration, attenuation, suppression, or corruption of normal phenomena' (Parra, 1978: 8). Consequently, hysteria could be no more than a variation of a normal state, an alteration in the usual state of consciousness.

Returning to the discourse initiated by Pinel and Esquirol, Parra, and also Jiménez, Mejía and de la Vega identified the brain as the single centre of emotions. According to Parra, all the stimuli in the outside world, sunshine, sound waves, body smells, physical contact, and so on were made conscious when they reached the brain, and from these stimuli came 'the notable psychic phenomenon of the consciousness of the self, or the notion of the human personality, of the self'. Everything took place in that consciousness and what occurred inside the body was no more than a transformation, and in no way a creation. Parra maintained that the histological parts of the nervous system 'are only transformers and carriers, not creators' and that the 'supposed spontaneity of the nervous system does not exist', 'not even in its most important areas' (Parra, 1978: 22 and 18). It was a question of impressions that were only perceptions of real exterior objects being transformed and made conscious in the brain. Following on from the ideas of Plato, Parra stated that all phenomena associated with the brain a 'form a microcosm, a miniature world composed of images of exterior objects that have had an impact on our senses' (Parra, 1905: 208). The mind was not capable of creating its own images, in sickness or good health. Therefore the symptoms of hysteria could be no more than an illusion, in which the sufferers believed themselves to have a perception that in reality they did not.

In the domain of consciousness, hysteria shifted, changing from an illness to a personality trait. In one type of brain physiology, hysteria went from being a nosological entity that simulated the symptoms of other illnesses to a behavioural trait, in which someone makes the doctor believe they are suffering symptoms that in reality they are not. The symptoms, with no physical cause, were therefore the illusions of a hysteric. At some point, Parra concluded that delirium was not brought on by false perceptions but by a person's incorrect beliefs about certain perceptions. Years later, Dr. Enrique Aragón decided that deceit was the fundamental characteristic of the hysteric. In many cases, he said, 'it is not the illness that is deceptive, but the person who wilfully invents the deception' (Aragón, 1929: 192).

As hysteria was fabricated, the doctors proceeded with suggestion as a means of therapy. Dr. Altamira used suggestion to work directly on the will of the patient. So, to treat a lady 'convinced that it was impossible to tolerate the entry of any external body into the vagina', Altamira decided to work 'on her false religious ideas' by showing her 'the sacred Catholic Bible that contains a detailed explanation of a wife's duties in marriage' (Altamira, 1900: 11). For Demetrio Mejía suggestion was best used to play along with the delusion of the patient. In the case of a 20-year-old woman who suffered from paralysis of the lower limbs, periodic convulsions, loss of memory and blindness, and who arrived 'announcing herself as the Queen of England', Dr. Mejía suggested that her husband should fulfil her wish to go to Villa de Guadalupe and pray to the Virgin, believing that if 'the idea is entertained and encouraged, the result may complete the hysteric episode, under the influence of its own suggestion, as has been observed in other hysterics' (Mejía, 1896: 462). Enrique Aragón understood suggestion as a series of deceptions, in which hysteria was simulated, and the doctor, conscious of the deception but seemingly taken in by it, performed a double-cross. Aragón joked about publishing a play alongside his case studies, entitled 'Misleading the Deception' in which hysteria tried to mislead him; however, he identified the illness's apparent deceptions using psycho-therapy, 'and in the end succeeded in deceiving the patient' (Aragón, 1929: 192).

Working with deceptions, the doctors entered a game of illusion. The deceptions countered each other and, as happens when two opposing mirrors infinitely repeat an image, the final encounter with the object was indefinitely postponed. Here, hysteria is not just a physical state, but also a state of language that simply reminds us of the impossibility of conjoining reality and representation. The image of hysteria appears when, to explain mental illness, Porfirio Parra referred to *Don Quixote*, who interpreted reality 'through misplaced ideas' (Parra, 1905: 212–213). Don Quixote announced the advent of modernity, the acknowledgement that books do not tell us the truth about the world, and that objects retain their identity, whereas words change meaning over time and bear no real resemblance to what they represent, or may have once represented.

finally, the feminine

It is perhaps here that the feminine can be glimpsed: when hysteria's symptoms are no longer related to any physical determinant and a doctor quotes from literature. At this moment the discourse abandons binary logic and adopts the multiplicity of artifice. Before the games of deception begin, the images of the discourse are highlighted by the tension between the explanations of the illness and the empirical facts. While doctors attempt to reduce the variability, the concepts they construct fail to limit the pressure of the physical presentations.

These images show generalization conflicting with anomaly, a conflict that allows us to see each image as a separate strategy in the attempt to present the body under one unifying concept. Deception, however, allows for deconstruction, presenting a model where there is no image of hysteria or of the body to describe. Not being a state of the body but of language, or an issue of truth versus fiction, hysteria instead becomes a game of mirrors that transforms truth into simulacrum.

As a discourse that refers only to itself, and as simulacrum, hysteria opens a space for the feminine. On the one hand, it is a simulation because in such a game of mirrors where the object cannot be reached the feminine does not belong entirely to the image or the word, but is located somewhere between the two. The feminine puts the truth of the word in doubt from the perspective of the image, and breaks the image from the perspective of the word. The feminine thus appears each time an image is created and discredited, each time a theory appears that does not exist outside of its momentary expression. On the other hand, the feminine can be seen as simulacrum: it appears when signification is at the point of crystallizing an image, when the explanation shifts and the image's new incarnation is finally formed. In the domain of deception, the feminine is the difference that impedes the crystallization of images. The power of the feminine, according to Baudrillard, is the knowledge that there is no truth or anatomy, and that all signs are reversible (Baudrillard, 1993: 17). However, it may not suffice to dissolve hysteria into a plurality of signifiers. It may be necessary to go beyond the masquerade if we wish to recover hysteria as a state of the body. Julia Kristeva, writing about Hannah Arendt, proposes not to purge a woman of her hysteria, or to analyse her, but to let her transform it to improve her life (Kristeva, 2000: 86). This certainly represents a challenge. Returning to my initial question, has the use of images fulfilled the desired purpose to break with conventional medical discourse and write about hysteria from an un-unified, unidentifiable and non-stereotypical point of view?

To work through hysteria would mean moving away from its description in medical discourse as a pathological agent that needs to be purged from the body, or as something external that belongs to the object and as a consequence is negated. To work through it would mean bringing subjectivity into history and raise the question 'who am I?' posed to Freud by a hysteric, years after the Mexican doctors had written on the subject. After that question was posed, hysteria was no longer regarded as an internal element to be shaken off, or as an external malignant other (the other sex, the other social class). In the domain of subjectivity, hysteria would appear as the other that breaks the boundaries of identity; it posits the feminine as a place of alterity and not identification, and history as a way of recognizing difference. From this perspective, a history of hysteria in Mexico would ultimately pose a question about the radical unsustainability of our own identity.

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