

Maupassant and Medicine:

The intersection between the works of Guy de Maupassant and the development of psychiatry
and neurology in fin-de-siècle France

By

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ABSTRACT

This thesis will demonstrate that the French nineteenth-century author Guy de Maupassant, through both his literary ability and his intimate knowledge of psychological and neurological disorders, provides a unique insight into French medical attitudes of the nineteenth century. Analysis will be based on a selection of short stories written by Maupassant which reflect both his progressing neurological and psychiatric symptoms and intersect with contemporary medical knowledge within the burgeoning field of psychiatry. Maupassant expresses his opinions on hysteria and hypnotism, a diagnosis and treatment respectively, in several of his writings — most notably in “Conte de Noël.” Further, through his writing, Maupassant explores his own experiences with hallucinations at a time when nineteenth-century French psychiatrists were beginning to characterize the phenomenon. Similarly, Maupassant examines the descent into madness and its relationship with suicide in several other stories, writing at a time in which outdated conceptions of insanity and modern diagnoses such as depression and obsessive-compulsive disorder were evolving.

INTRODUCTION

I. Purpose of this Thesis

In preparing to delve into the three chapters of this thesis, two introductory sections on Maupassant's illness and the state of psychiatry and neurology in nineteenth-century France will provide an essential foundation. It is necessary to understand Maupassant's illnesses and history to fully appreciate the incorporation of his experiences into his stories, which can often be read as case studies that depict various medical conditions. Likewise, an overview of the state of medicine in Maupassant's time will help the reader to better recognize the context in which the stories were written — a time when “psychiatry emerged as a discipline and insanity became medicalized, doing away with the possibilities of supernatural or occult beliefs.”¹ In Maupassant's stories, “the supernatural is internalized: it becomes the mysteries of the human mind,” providing a unique, literary perspective on mental illness and insanity and coinciding with the evolving definition of psychiatric diagnoses in the nineteenth century.² In preparation for this thesis, a number of writings from Maupassant's vast repertoire were read and evaluated. As a result, the upcoming thesis will center mainly on an array of lesser-known writings by Guy de Maupassant and on the lesser-studied aspects of the more popular stories, such as “Le Horla” and “Fou?.” By comparing this analysis to the contemporary medical knowledge it will be

¹ Atia Sattar, “Certain Madness: Guy de Maupassant and Hypnotism,” *Configurations* 19.2 (2011): 230.

² Dennis Hollier, ed., *A New History of French Literature*, (Cambridge, Mass.: Harvard University Press, 1989), 680.

possible to gain both an important insight into the evolution of French medical knowledge and a better understanding of Maupassant's writing.

II. Illness in the Life of Guy de Maupassant

Henri René Albert Guy de Maupassant is well known for both his realistic depictions of contemporary life in France and his eerie, fantastic stories. Over the course of his literary career, he wrote over 300 short stories; he also published six novels, articles, poetry, and plays. Throughout his life, Maupassant suffered from migraines and, after contracting syphilis in his twenties, developed General Paralysis of the Insane, an advanced form of neurosyphilis, which caused severe neurological and psychiatric symptoms and slowly drove him insane.

Maupassant was born in 1850 to Laure, née Le Poitevin, and Gustave de Maupassant. He was primarily raised by his mother, who obtained a legal separation from his father during his childhood. Laure de Maupassant corresponded with Gustave Flaubert for several years; Flaubert had been a good friend of Laure's deceased brother Alfred. Laure, a well-read, independent woman, suffered from various neuroses and nervous symptoms during her life. She wrote to Flaubert in 1872 that she experienced "des instants où [sa] tête est comme brisée et où [elle se] demande positivement si [elle] veille ou si [elle] rêve" [moments where her head seems broken and where she positively asks herself whether she is sleeping or awake]*.³ She describes fevers, health problems, and various neuroses in her letters, suggesting she was inflicted with some sort of neurological or psychiatric condition — which she may have passed to her two sons.⁴ Maupassant's brother Hervé suffered similar symptoms and died in an asylum in 1889.

* All translations from French to English in this thesis are my own unless otherwise stated.

³ Maurice Pillet, *Le Mal de Maupassant* (Paris: A. Maloine, 1911), 39.

⁴ *Ibid*, 40

Maupassant was sent through a number of private schools and joined the Ministry of the Navy in the French government in 1871. After seven years, he was transferred to the Ministry of Public Instruction, where he worked until 1881. Early in life, Maupassant met Gustave Flaubert through his mother; Flaubert would become his literary mentor and advisor until the end of his own life in 1880. Maupassant further adopted Flaubert's realist style of writing in the majority of his work. Publishing his first short story "La Main d'écorché" under a pseudonym in 1875, Maupassant became acquainted with several prominent authors of the time, including Émile Zola, J.K. Huysmans, Henry Céard, Paul Alexis, and Léon Hennique;⁵ in 1880, these six authors published the "Soirées de Médan" [Evenings at Médan], a collection of Naturalist short stories that focus on aspects of the Franco-Prussian War (1870-1871). Maupassant describes "Les Soirées de Médan" as a collaboration between "quelques amis... [avec] des sentiments très semblables sur toutes choses, une même tendance philosophique" [some friends... [with] very similar feelings about all things, the same philosophical leaning]; he describes one of these shared sentiments as a reaction against the sentimentality of Romanticism, the dominant literary genre of the early nineteenth century.⁶ Maupassant's story in this collection, "Boule de Suif," catapulted him to literary renown and ushered in the ten most productive years of his life.

Realism, as a literary movement, emerged in the late nineteenth century; it dealt with commonplace life and society and emerged in parallel with major developments in science, industrialism, and the social sciences. Realist novels often depicted the working class and contemporary settings without the sentimentalism or idealization of the Romantic novel, popular

⁵ Pascal Pia, *Œuvres Complètes*, ed Pascal Pia, Vol. 1, (Paris: Maurice Gonon, 1969), 10.

⁶ Guy de Maupassant, "Les Soirées de Médan," in *Œuvres Complètes*, ed. Pascal Pia, Vol. 11 (Paris: Maurice Gonon, 1969): 41-42.

in the early nineteenth century.⁷ This detailed look at ordinary lives provided a springboard for analysis of individuals with psychological and neurological conditions, whether intentional or incidental. Other notable Realist authors during this time, other than Flaubert and Maupassant, included Honoré de Balzac and Alexandre Dumas, fils.

Deviating slightly from the Realist movement was literary Naturalism. Naturalism took an almost clinical approach to the novel by providing very factual, detailed descriptions; it also attempted to dig deeper into the characterization of an individual and their social classes to explain the basic causes of a person's actions.⁸ The movement adopted the belief that heredity and environment play essential, unavoidable roles in an individual's life. The leader of the Naturalist movement was Émile Zola; other notable Naturalist authors included Alphonse Daudet, Jules Vallès, and the de Goncourt brothers.

Maupassant eventually broke with the Naturalist movement in order to concentrate on Realism and became a prominent, though reclusive, writer during the fin-de-siècle period. Some of his reclusive behavior may have been due to his progressing illnesses. Maupassant was prone to migraines from his early youth; one of his former neighbors stated that “[la migraine] le prenait subitement et il fallait qu’il se couche toute la journée... ça sentait toujours l’éther chez lui” [migraines took his suddenly and he would have to lie down all day... it always smelled like ether in his home].⁹ He also may have suffered from hallucinations early in life, as will be explored further in Chapter II. Dr. Maurice Pillet, who wrote a book on Maupassant's illnesses

⁷ Hollier, *A New History*, 715.

⁸ Ibid, 776.

⁹ Pillet, *Le Mal de Maupassant*, 7. Ether was a common remedy for migraines at this time.

soon after his death, conjectures that Maupassant contracted syphilis at the age of 23.¹⁰ He was diagnosed in 1877, stating:

J'ai la vérole ! enfin la vraie, pas la misérable chaude-pisse... non, non, la grande vérole, celle dont est mort François Ier. Et j'en suis fier... Alléluia, j'ai la vérole, par conséquent, je n'ai plus peur de l'attraper !

[I have the pox!¹¹ Finally the truth, not the miserable clap... no, no, the great pox, the one that killed Francis I. And I am proud... Hallelujah, I have the pox, and therefore I am no longer afraid of catching it!]¹²

Penicillin, the first cure for syphilis, was not discovered until 1928; thus, treatments during Maupassant's life were highly ineffective.¹³

Maupassant's syphilis progressed neurologically throughout his life. He developed ocular problems around 1880, which prompted him to consult several ophthalmologists during that year.¹⁴ He complained in letters to Flaubert and his mother about eye pain and vision problems, and his writing was often impaired by his symptoms.¹⁵ In a 1905 study on ocular signs of General Paralysis of the Insane, doctors found that common symptoms included irregular shaped pupils, absence of the pupillary dilation reflex, and slow direct light reaction.¹⁶ All of these symptoms would have made it difficult for Maupassant to write or even to spend long periods of time concentrating his eyes on one thing. Other symptoms of General Paralysis of the Insane include delusions, hallucinations, fatigue, headaches, depression, asocial behavior, and motor impairments; these occur as a result of inflammation of the brain and its meninges and atrophy of

¹⁰ Ibid, 62.

¹¹ Vérole was used as an informal term for syphilis.

¹² Alain-Claude Gicquel, *Maupassant, tel un météore*, (Paris: Le Castor Astral, 1993), 50.

¹³ J.M.S. Pearce, "Brain Disease Leading to Mental Illness: A Concept Initiated by the Discovery of General Paralysis of the Insane," *History of Neurology* 67 (2012): 277.

¹⁴ "Chronologie de la vie et de l'oeuvre de Guy de Maupassant," *Œuvres Complètes*, ed Pascal Pia, Vol. 1, (Paris: Maurice Gonon, 1969), 32.

¹⁵ Pillet, *Le Mal de Maupassant*, 87-88.

¹⁶ "Early Ocular Signs of General Paralysis of the Insane," *The Lancet* 166 (1905): 1856.

various brain tissues. Maupassant wrote about his progressing symptoms and sought treatment from several doctors before attempting suicide in 1892; he was then placed in an asylum and remained there until his death in 1893.

General Paralysis of the Insane was first described as a disease in 1822 in Antoine Laurent Jessé Bayle's *Recherches sur l'arachnitis chronique* [Research on chronic arachnitis]; he argued that the disease "included both mental and physical symptoms," of which paralysis was only one.¹⁷ He also contended that this disease, which produced many symptoms of madness, was due to an identifiable inflammation in the brain and meninges; here Bayle successfully linked symptoms of a mental disorder to a physical abnormality, a "new and controversial concept" that contradicted previous teachings.¹⁸ Most physicians ignored Bayle's discoveries and maintained that general paralysis of the insane was a psychiatric disease; it was not definitively linked to syphilis until the 1900s.¹⁹

III. Psychiatry and Neurology in Nineteenth-Century France

The nineteenth century brought several developments in medical treatments and discoveries relating to the brain. The early nineteenth century also brought some reforms to French asylums — for example, new regulations in admissions and implementation of more humane treatment of patients. The work of Dr. Philippe Pinel spurred some of these changes; in the late eighteenth century Pinel took charge of the Bicêtre Insane Asylum in Paris and emphasized moral treatment of mental patients, stating that he had become "convinced of the happy effects produced on patients by consoling and reassuring words" from their medical

¹⁷ Pearce, "Brain Disease," 274.

¹⁸ Ibid, 274.

¹⁹ Ibid, 273.

providers.²⁰ Pinel wanted this change to become an established part of the treatment of insane patients; in promoting this idea, he stated as evidence several case studies of patients without identifiable brain anomalies during their autopsies, suggesting that some “moral” component was implicated in their affliction.²¹

Knowledge of the brain was progressing as well. Jules Bernard Luys published the first atlas of photographs of the brain and nervous system and made several important discoveries in the anatomy of the brain.²² Pierre Paul Broca investigated the anatomy of the brain and discovered the speech center of the brain known as Broca’s area.²³ Jean Pierre Flourens proved that the brain is the location of the mind, not the heart. He also demonstrated that different areas of the brain are responsible for different functions.²⁴ All of these discoveries contributed greatly to progress in both psychiatry and neurology — with greater awareness of how the brain works came greater specificity in diagnosis and treatment.

The field of psychiatry, known then as alienism, was emerging at this time. New diagnoses of mental illness were constantly emerging, including Jean-Étienne Dominique Esquirol’s diagnosis of monomania. Esquirol referred to monomania as “madness directed to one or a small number of objects and accompanied by excitement and a predominantly expansive and gay mood,” introducing the possibility that the mind can be diseased in one area but normal in

²⁰ Jan Goldstein. *Console and Classify: The French Psychiatric Profession in the Nineteenth Century*, (Chicago: The University of Chicago Press, 2001), 79.

²¹ *Ibid*, 89-90.

²² John S. McKenzie, “Jules-Bernard Luys and his brain atlas,” *University of Melbourne Collections* 6 (2010): 20.

²³ “Dr. Paul Broca.” *Science* 1.8 (1880): 93.

²⁴ Levent Sarikcioglu and Fatos Belgin Yildirim, “Marie Jean Pierre Flourens (1794-1867): an extraordinary scientist of his time” *Journal of Neurology, Neurosurgery, and Psychiatry* 78.8 (2007): 852.

others.²⁵ Benedict Augustin Morel, one of the first French psychiatrists, investigated the nature and causes of mental illness during his career and was also a proponent of the theory of degeneration in psychiatric conditions, or the idea that these conditions accumulate over generations.²⁶ Georges Gilles de la Tourette was the first to describe Tourette's syndrome, which bears his name.

Arguably the first French neurologist was Guillaume-Benjamin-Amand Duchenne de Boulogne, who, in the mid-1800s, introduced electrotherapy as a medical treatment and as a method of triggering muscle contractions. Duchenne used electrotherapy to explore neuromuscular conditions, including Duchenne Muscular Dystrophy (progressive deterioration of the muscles), Duchenne-Aran spinal muscular atrophy (lower motor neuron degeneration), and Duchenne-Erb paralysis (paralysis of the arm resulting from nerve damage). He also documented his research with photographs, a technique that continues into present day. Duchenne's research helped pave the way for developments in neurology in fin-de-siècle France and later.²⁷

Following Duchenne was Jean-Martin Charcot, who has been called the father of French neurology.²⁸ His studies contributed greatly to the definitions of many neurological disorders, including multiple sclerosis (a disease involving damage to insulation of nerve cells), Parkinson's disease (degeneration of the central nervous system), and amyotrophic lateral sclerosis (a neurodegenerative disease leading to muscle atrophy and difficulty speaking,

²⁵ J.M. Baillarger, "Classic Text No. 75: Essay on a classification of different genera of insanity," trans. G.E. Berrios, *History of Psychiatry* 19.3 (2008): 360.

²⁶ Peter Koehler, "About Medicine and the Arts: Charcot and French Literature at the fin-de-siècle," *Journal of the History of the Neurosciences* 10.1 (2001): 27.

²⁷ Kristian Borg, "The man behind the syndrome: Guillaume Duchenne," *Journal of the History of the Neurosciences: Basic and Clinical Perspectives* 1.2 (1992): 150

²⁸ Egberto Reis Barbosa, et al, "Charcot's contribution to the study of Tourette's syndrome" *Arquivos de Neuro-Psiquiatria* 66.4 (2008).

swallowing, and breathing). He also furthered the “anatomy-clinical method,” which linked clinical observations with anatomical injuries.²⁹ However, arguably Charcot’s most noted contribution to medicine during this time — though it is largely discredited today — was his work at the Salpêtrière Hospital in Paris. While there, he studied what was then called hysteria. Today “hysteria” is no longer a diagnostic term, and what was previously called hysteria is now categorized into several different psychiatric disorders, including dissociative disorders, somatoform disorders, anxiety, and epilepsy. Charcot also regularly exhibited hypnosis of patients during his demonstrations at the Salpêtrière and during lectures that drew many students from around Europe, including Sigmund Freud, William James, and Pierre Janet, and attracted artists, writers, and other members of the community.³⁰ Maupassant was known to attend Charcot’s lectures between 1884-1886 and he incorporated his opinions on Charcot’s demonstrations into several of his writings.³¹

²⁹ Christopher G. Goetz, “Jean-Martin Charcot and the anatomy-clinical method of neurology,” *Handbook of Clinical Neurology* 95 (2009).

³⁰ Simon Shorvon, “Fashion and cult in neuroscience — the case of hysteria,” *Brain* 130 (2007): 3345.

³¹ Koehler, “About Medicine,” 36.

CHAPTER I: HYSTERIA AND HYPNOTISM

In “Conte de Noël,” [A Christmas Tale] published on December 25th, 1882, Guy de Maupassant presents a critique of hysteria and hypnotism. In the short story, Doctor Bonenfant recounts the tale of a local woman, the wife of a blacksmith, who eats an egg found in the snow by her husband and promptly succumbs to a hysteric attack. The town priest believes she is possessed and brings her to the church where her demons are exorcised and she is cured by staring at “l’ostensoir ceint de rayons d’or” [a monstrance girded with golden rays].³²

To create the setting, Maupassant establishes two distinct frames that encase the entire story. In the first frame, Doctor Bonenfant searches his memory for “un souvenir de Noël” [a Christmas memory] to tell to a group of unidentified women;³³ he finally settles on an example of faith although he “ne croi[t] guère à rien” [believes little to nothing].³⁴ This frame leads the reader to anticipate a tale of a Christmas miracle so profound it inspired a self-proclaimed unbelieving man to be “converti par ce [qu’il a] vu” [converted by what he had seen].³⁵ Though the doctor is supposed to be a learned scientific man, he speaks about miracles and faith; this role reversal prepares the reader for the incredible story ahead. The second frame of the story is established as the doctor describes a terrible winter that buried a town in snow. The combination of these two frames — the doctor’s account within Maupassant’s larger story — imbues the

³² Guy de Maupassant, “Conte de Noël,” in *Œuvres Complètes*, ed. Pascal Pia, Vol. 7 (Paris: Maurice Gonon, 1969), 227.

³³ *Ibid.*, 221.

³⁴ *Ibid.*, 221.

³⁵ *Ibid.*, 221.

inner story with a fictional, mystical quality. This background is strongly in contrast with the case study that can be identified within “Conte de Noël”; Maupassant’s clinical descriptions of a woman with hysteria are made within the fantastical descriptions of a Christmas miracle. The placement of hysteria within a fantastic setting may reflect Maupassant’s skepticism about hysteria, as evidenced in his “Une femme” and as discussed later in this chapter.

Further, when establishing the setting, Maupassant places a strong emphasis on the isolation and bleakness of the countryside where the story takes place. Everything is painted as covered in snow, soundless, and still. Maupassant describes the houses as seeming “éloignées de cent lieues les unes des autres” [separated from each other by 100 leagues]³⁶ in a vast countryside where “aucun bruit ne traversait” [no sound traveled].³⁷ Maupassant evokes images of death throughout the setting; “tout semblait mort, tué par le froid” [everything seemed dead, killed by the cold] while everyone stayed trapped inside his or her houses.³⁸ The area is “ensevelie” [buried]³⁹ in snow during the course of one night.⁴⁰ In addition, he mentions terrifying noises imagined by the country residents: “des voix la nuit, des sifflements aigus, des cris qui passaient” [voices in the night, shrill whistling, passing cries].⁴¹ By evoking several different senses, Maupassant embroils the reader in the “terreur mystérieuse” [mysterious terror] affecting the country inhabitants.⁴² In doing so, he foreshadows the terrifying events to come.

³⁶ Ibid, 223.

³⁷ Ibid, 222.

³⁸ Ibid, 222.

³⁹ Ibid, 222.

⁴⁰ The word *ensevelie* is often used to refer to burial of the deceased.

⁴¹ Ibid, 223.

⁴² Ibid, 223.

After the blacksmith's wife becomes "possessed," the setting is slightly altered. Though the "pale désolation des champs" [pale desolation of the fields]⁴³ is still emphasized, the inhabitants of the town suddenly "venaient de partout" [came from everywhere]⁴⁴ when they hear of the possession. The setting is lit by "une lueur vive" [a bright light] and the church is described as being illuminated and full of people singing.⁴⁵ This terrifying event brings the townspeople together and seems to have restored life to the previously bleak community.

Before examining Maupassant's descriptions of the "possessed" or "hysterical" woman, it may be useful to briefly explore the contemporary views of hysteria. In 1870, Dr. Jean-Martin Charcot gave his first lecture on hysteria at the Salpêtrière, sparking a career-long interest in the condition.⁴⁶ By the 1880s, Charcot was a world leader in the research and treatment of hysteria. Along with his intern Paul Richer, Charcot developed a four-stage model of grand hysteria in order to define "a canonical general type... in terms of regularly recurring phases."⁴⁷ These phases were defined with specific movements and occurrences:⁴⁸

1. Phase one, the epileptoid phase, was preceded by an aura and was characterized by clonic and tonic seizures, mimicking epilepsy.⁴⁹ Clonic seizures involve rapid muscle spasms and jerks, while tonic seizures involve stiffened and contracted muscles, loss of

⁴³ Ibid, 226.

⁴⁴ Ibid, 225.

⁴⁵ Ibid, 226.

⁴⁶ Christopher G. Goetz, et al. *Charcot: Constructing Neurology* (New York: Oxford University Press, 1995), 179.

⁴⁷ Ibid, 196.

⁴⁸ These steps, though defined in Charcot's writings and today extensively detailed in several other texts, are outlined here to better clinically examine the hysterical attack that occurs in "Conte de Noël." For further detail, see Asti Hustvedt, *Medical Muses: Hysteria in Nineteenth-Century Paris* (New York: W.W. Norton & Company, 2011).

⁴⁹ Ibid, 21.

consciousness, difficulty breathing, and eyes rolling back into the head; when clonic and tonic seizures occur together, they are commonly known as a ‘grand-mal seizure’.⁵⁰

2. Phase two, *grands mouvements* or clownism, involved contortions and acrobatic positions similar to those of circus performers.⁵¹ This phase was characterized by specific postures, such as “the arching of the body in a semicircle” so that only the head and feet were touching the ground; this position was reminiscent of circus clowns — hence clownism — and tonic seizures.⁵²
3. Phase three, *attitudes passionnelles*, was characterized by “emotional states such as terror, ecstasy, and ‘amorous supplication’.”⁵³
4. Phase four, the final stage, was delirium.

Before Charcot, hysteria was classically believed to be related to the womb and “sexual excess” came to symbolize hysterics during the nineteenth century.⁵⁴ Charcot, on the other hand, approached hysteria from a neurology perspective; he rejected the idea that the uterus was responsible for a disease that he defined as a disorder of the nervous system. However, the vast majority of patients treated at the Salpêtrière were women and Charcot developed a theory of ‘hysterogenic zones’ — primarily the ovaries and breasts — that could start or stop a hysteric attack, further perpetuating the conception of hysteria as a female disease.⁵⁵

The woman in “Conte de Noël” represents the quintessential hysteria patient of the late nineteenth century. During this time, working-class or poor women “outnumbered rich women

⁵⁰ “Tonic and Clonic Seizures,” The Johns Hopkins University, last modified 12 Oct. 2014, http://www.hopkinsmedicine.org/neurology_neurosurgery/centers_clinics/epilepsy/seizures/type/s/tonic-and-clonic-seizures.html.

⁵¹ Hustvedt, *Medical Muses*, 21.

⁵² Goetz, *Charcot*, 197.

⁵³ Hustvedt, *Medical Muses*, 22.

⁵⁴ Goetz, *Charcot*, 174.

⁵⁵ Hustvedt, *Medical Muses*, 26.

by two to one” among hysterics.⁵⁶ As a blacksmith’s wife, the ‘patient’ is likely relatively poor. It is obvious by their typical peasant meal — soup, bread, and butter — that the couple is not well off.⁵⁷ This woman’s lower-class status marks her as having a perceived high susceptibility to hysteria. Additionally, there is no mention made of any children in the house — which would have undoubtedly been mentioned in the aftermath of their mother’s attack — nor is any reference made to the woman as a mother. The husband is called “père Vatinel” [literally father Vatinel, or Vatinel Sr.] at one point, but this is the only potential reference to children.⁵⁸ As such, Maupassant insinuates that the wife is barren, which would fit with the contemporaneous theory that hysteria arose from sexual dysfunction.

The egg presented by the husband, “comme tous les oeufs, et bien frais” [like all eggs, and very fresh], instigates the woman’s hysteric attack.⁵⁹ A symbol of feminine reproduction, the egg can be seen to represent the theory that hysteria is caused by female sexual organs; in the mid-nineteenth century, the ovaries were “regarded as the control centers of female reproduction.”⁶⁰ For example, the ovary compressor, a device that pressed on the uterus and “hysteric center,” was commonly used at the Salpêtrière to suppress or initiate hysteric attacks.⁶¹ Further, in a reversal of gender roles, the husband presents the egg to his wife after keeping it “sur l’estomac pour qui n’refroidisse pas” [on his stomach so that it did not cool].⁶² This artificial incubation of the egg does not affect the man as it affects the woman, perpetuating the idea that hysteria is generally confined to females; while Charcot provided examples of males affected

⁵⁶ Martha Noel Evans, *Fits and Starts: A Genealogy of Hysteria in Modern France* (Ithaca: Cornell University Press, 1991), 12.

⁵⁷ Maupassant, “Conte de Noël,” 224.

⁵⁸ *Ibid.*, 223.

⁵⁹ *Ibid.*, 224.

⁶⁰ Evans, *Fits and Starts*, 29.

⁶¹ Shorvon, “Fashion and cult,” *Brain* 130 (2007): 3345.

⁶² Maupassant, “Conte de Noël,” 223.

with hysteria, he believed that men did not provide the ideal environment for hysteria to flourish while women were extremely susceptible to developing the condition.⁶³

The initial description of the woman's "possession" or "hysterical attack" strongly resembles Charcot's stages of "la grande hystérie." After biting into the egg, the woman immediately stares at her husband with "des yeux fixes, hagards, affolés" [with fixed, crazed, and distressed eyes] before falling to the ground.⁶⁴ Her convulsions "de la tête aux pieds" [from head to foot] as her arms twist and she rolls on the ground are strongly reminiscent of Charcot's epileptoid phase.⁶⁵ During a tonic seizure, the muscles "initially stiffen," similar to the woman's arm-twisting, while a clonic seizure initiates muscle spasms, like the woman's head-to-toe convulsions.⁶⁶

The woman next seems to proceed to Charcot's clownism, when she is "déformée par de hideuses convulsions" [deformed by hideous convulsions].⁶⁷ At that point, Doctor Bonenfant is called, but he is unable to find an effective treatment. He concludes that she is "folle" [crazy], though the rest of the town decides she is possessed.⁶⁸ This difference in opinion between a medical professional and the general public can be interpreted in the context of Charcot's changing definition of hysteria; through his work at the Salpêtrière he attempted to ascribe conditions to medical causes instead of the traditional attribution to supernatural or religious causes. Charcot even attempted to retroactively prove that old religious drawings of "possession and religious ecstasy" were actually manifestations of hysteria.⁶⁹

⁶³ Hustvedt, *Medical Muses*, 27.

⁶⁴ Maupassant, "Conte de Noël," 224.

⁶⁵ *Ibid.*, 224.

⁶⁶ "Tonic and Clonic Seizures."

⁶⁷ Maupassant, "Conte de Noël," 224-225.

⁶⁸ *Ibid.*, 225.

⁶⁹ Evans, *Fits and Starts*, 35.

Now identified as “La Possédée” [the Possessed One], the woman next demonstrates Charcot’s third stage, “attitudes passionnelles” [passionate poses].⁷⁰ Bringing her into the church for her ‘exorcism,’ the doctor says “elle n’avait plus la forme d’une femme” [she no longer had the form of a woman] and describes her “visage contourné” [twisted face].⁷¹ Her shrill screams and contorted face could represent terror, one of the emotions described in the third stage. Finally, the woman is certainly delirious by the end of her attack; she has “les yeux fous” [crazy eyes] and “regards effarés” [frightened stares].⁷² Throughout her attack, the woman does not speak; her only utterances are hysteric screams. Furthermore, her story is narrated by a practically omniscient male doctor instead of from her point of view. Here Maupassant’s depiction of a hysteric woman coincides with other writings featuring hysteria in the nineteenth century. As Janet Beizer argues, hysteria in nineteenth-century French literature provides a medium “whereby woman’s speech is repressed in order to be expressed as inarticulate body language, which must then be dubbed by a male narrator.”⁷³

Having demonstrated that the possessed woman in the story could in fact be suffering from a hysteric attack, Maupassant moves on to the “exorcism,” or potentially the hypnotic cure. Charcot maintained that “the susceptibility to be hypnotized was a symptom of hysteria” and hypnotism could be used to treat as well as study patients with hysteria.⁷⁴ In order to put a patient into a hypnotic state, Charcot exposed the individual to “un bruit intense, [une] lumière vive placée sous le regard... la fixation prolongée des yeux sur un objet quelconque” [a loud noise, a

⁷⁰ Maupassant, “Conte de Noël,” 226.

⁷¹ Ibid, 227.

⁷² Ibid, 227.

⁷³ Janet Beizer, *Ventriloquized Bodies: Narratives of Hysteria in Nineteenth-Century France*, (Ithaca: Cornell University Press, 1994), 9.

⁷⁴ Hustvedt, *Medical Muses*, 60.

bright light placed under their gaze... prolonged fixation of their gaze on an object].⁷⁵ It could therefore be argued that the shining metal of the priest's monstrance in "Conte de Noël" used to attract the woman's gaze fits with Charcot's described tools of hypnotism.

The priest holds the gold monstrance above his head, showing it to the woman, who stares at it, "l'oeil fixé, tendu sur cet objet rayonnant" [eyes fixed on the radiant object].⁷⁶ The woman remains fixated on the monstrance, while her screams and convulsions gradually decrease; she "ne pouvait plus baisser les yeux, qu'ils étaient rivés sur l'hostie" [could no longer lower her eyes, as they were fixed on the host].⁷⁷ Finally, she is silent and falls asleep, apparently rid of all demons. Doctor Bonenfant apparently misspeaks when he says she is "hypnotisée, pardon! vaincue par la contemplation persistante de l'ostensoir" [hypnotized, excuse me! overcome by the persistent contemplation of the monstrance].⁷⁸ The doctor believes that the woman was cured through hypnotism, but corrects himself to say that she was cured by exorcism through Christ; this may point to Charcot's fight to separate medical causes from religious ones or possibly to Maupassant's own opinion on hypnotism.

Also written in 1882, "Une femme," an article published in the Parisian literary periodical *Gil Blas*, illustrates Maupassant's views on hysteria:⁷⁹

"Nous sommes tous des hystériques, depuis que le docteur Charcot, ce grand prêtre de l'hystérie, cet éleveur d'hystériques en chambre, entretient à grands frais

⁷⁵ J.M. Charcot and Paul Richer, *Contribution de L'Hypnotisme chez les Hystériques* (Nendeln/Liechtenstein: Kraus Reprint, 1978), 403.

⁷⁶ Maupassant, "Conte de Noël", 227.

⁷⁷ Ibid, 227.

⁷⁸ Ibid, 227-228.

⁷⁹ "Une femme" focuses on the Fenayrou affair; in 1882 Marin Fenayrou killed a former employee for having an affair with his wife. He threatened his wife, Gabrielle, into helping him; they were both arrested for murder. Gabrielle was accused of being a hysteric, but Maupassant disagreed; he argued that Gabrielle's actions were based on revenge after being abandoned by her lover and that many other women in "colères d'amour" [angers of love] are "capable des plus cruelles violences" [capable of the most cruel violence] ("Une femme" p.357).

dans son établissement modèle de la Salpêtrière un peuple de femmes nerveuses auxquelles il inocule la folie, et dont il fait, en peu de temps, des démoniaques. Il faut être vraiment bien ordinaire, bien commun, bien raisonnable, pour qu'on ne vous classe point aujourd'hui parmi les hystériques."

[We are all hysterics, since Charcot, that grand priest of hysterics, that breeder of chamber hysterics, maintains in his model establishment the Salpêtrière at great expense a number of nervous women among whom he inoculates madness and of whom he makes demoniacs in no time. One needs to be very ordinary, very common, very reasonable to not be classed among hysterics.]⁸⁰

It seems, therefore, that Maupassant believed hysteria not to be a real nervous illness. He insinuates that it has become a catch-all diagnosis for women with characteristics outside the norm; he also states that prominent men like academics, politicians, and philosophers could be diagnosed with hysteria under the contemporary conception.

While Maupassant directly opposes the diagnostic purpose of hysteria in "Une femme" and questions its causes in "Conte de Noël," he also provides a critique of hypnotism in other writings. In its original conception, hypnotism was referred to as mesmerism, which entered the western scientific world through the work of physician Franz Mesmer in the 1770s. Mesmer believed that individuals possessed an invisible force that could cause physical effects and even cure illnesses. While his theories never gained scientific credence, mesmerism was used mainly for entertainment and in conjunction with the supernatural. James Braid, an English surgeon, is largely credited with transforming mesmerism into the more clinically accepted practice of hypnotism; he adopted some practices of mesmerism but attempted to use scientific reasoning to explain its psychological effects. Braid introduced hypnotism as a potential medical treatment in the 1840s.⁸¹ He states in his 1843 book "Neurypnology, or the rationale of nervous sleep":

⁸⁰ Guy de Maupassant, "Une femme," in *Œuvres Complètes*, ed. Pascal Pia, Vol. 16 (Paris: Maurice Gonon, 1969), 355-356.

⁸¹ Sattar, "Certain Madness," 216.

“By the impression which hypnotism induces on the nervous system, we acquire a power of rapidly curing many functional disorders, most intractable, or altogether incurable, by ordinary remedies, and also many of those distressing affections which, as in most cases they evince on pathological change of structure, have been presumed to depend on some peculiar condition of the nervous system, and have therefore, by universal consent, been denominated ‘nervous complaints’ ...”⁸²

Contrary to previous definitions of hysteria, Charcot defines it as a neurosis caused by an unobservable lesion in the nervous system; this clinical definition coincides with these diseases suggested by Braid that can be potentially ameliorated through hypnosis. It therefore makes sense that Charcot would be the first to adopt Braid’s theories amongst hysteria patients.

At the Salpêtrière, Charcot attempted to establish hypnosis as a medically valid treatment in a clinical setting; he gathered many followers who continued his work after he died. However, his “Paris School” of hypnosis was challenged by many, most notably the “Nancy School,” led by Hippolyte Bernheim, a professor of medicine at the University of Nancy. Though the debate between the two schools encompassed many aspects of hypnotism, including its application and its credibility, the essential argument was over the susceptibility of otherwise healthy patients to hypnotism. Charcot argued that susceptibility to hypnotism was associated with hysteria and that both are essentially characteristics of an underlying neurological disorder; Bernheim asserted that normal people were susceptible to hypnotism and that the “mental functioning of suggestion” strongly influenced Charcot’s observed hypnotic phenomena.⁸³ Toward the end of

⁸² James Braid, *Neurypnology: Or the Rationale of Nervous Sleep Considered in Relation to Animal Magnetism or Mesmerism and Illustrated by Numerous Cases of Its Successful Application in the Relief and Cure of Disease*, ed. Arthur Edward Waite (London: George Redway, 1899), 97.

⁸³ Andreas Mayer, “The Controversy between Paris and Nancy over Hypnotic Suggestion,” in *Sites of the Unconscious: Hypnosis and the Emergence of the Psychoanalytic Setting* (Chicago Scholarship Online, 2014), 1-2.

the 1880s, the debate between these two schools was extended to the courts: would individuals commit crimes while hypnotized? Could this be used as a criminal defense?⁸⁴

Maupassant returns to hypnotism in his famous short story “Le Horla” in 1887. While the story is perhaps better known for its supernatural descriptions of a man who believes himself to be possessed by an alien force, it also delves into Maupassant’s views on hypnotism.⁸⁵ Maupassant attended Charcot’s lectures in 1885 and 1886; even before this, he was well aware of Charcot’s work. He references Charcot in his 1882 story “Magnétisme”; when they discuss magnetism he includes in this field “des tours de Donato et les expériences de Charcot” [Donato’s tricks and Charcot’s experiments].⁸⁶ Maupassant compares Charcot’s work in hypnotism to Donato, a hypnotist who was well known for his “stage antics”; in doing so, Maupassant suggests that Charcot’s work is nothing more than an extension of the decidedly unscientific sensationalism of popular hypnotism.⁸⁷ Later, in “Le Horla”, the protagonist visits his cousin and her friend Dr. Parent, where they discuss the “résultats prodigieux obtenus par des savants anglais et par les médecins de l’école de Nancy” [prodigious results obtained by English scholars and by doctors of the Nancy School].⁸⁸ Maupassant is perhaps not dismissive of all experiments in hypnotism; rather he agrees more with the ideas of the Nancy School. Further, the description of the protagonist’s hypnotized cousin aligns more with the Nancy than the Paris School. His cousin, a seemingly healthy, sane young woman is hypnotized by Dr. Parent. While

⁸⁴ Julien Bogousslavsky, et al., “Crime, Hysteria and Belle Époque Hypnotism: The Path Traced by Jean-Martin Charcot and Georges Gilles de la Tourette,” *European Neurology* 62 (2009): 196.

⁸⁵ Several articles have already been written on “Le Horla” as a reflection of Maupassant’s own symptoms during his illness.

⁸⁶ Guy de Maupassant, “Magnétisme,” in *Œuvres Complètes*, ed. Pascal Pia, Vol 7 (Paris: Maurice Gonon, 1969): 375.

⁸⁷ Sattar, “Certain Madness,” 214.

⁸⁸ Guy de Maupassant, “Le Horla,” in *Œuvres Complètes*, ed. Pascal Pia, Vol. 6 (Paris: Maurice Gonon, 1969): 31.

hypnotized, she is compelled, the next day, to ask the protagonist for a loan of 5,000 francs for her husband; when she follows through with this, she is “dominée par l’ordre irrésistible qu’elle avait reçu” [dominated by the irresistible order she received].⁸⁹ The hypnosis is so effective that she is sure the request came from her husband and not from Dr. Parent. When the protagonist tries to explain, his cousin is so convinced that she “nia avec force... et faillit, à la fin, se fâcher” [denied it emphatically... and in the end almost becomes angry].⁹⁰ Maupassant effectively illustrates that individuals without nervous conditions can be fully and completely hypnotized, a conclusion that undermines Charcot’s assertion that only people with nervous conditions can be hypnotized.

⁸⁹ Ibid, 35.

⁹⁰ Ibid, 37.

CHAPTER II: HALLUCINATIONS

When examining Maupassant's short stories in light of his medical conditions, it is easy to identify some potentially autobiographical details embedded in certain plots — most notably in those stories describing episodes of hallucination. One such story, “Sur L'eau” [On the water], was published May 10, 1876; it was one of Maupassant's earliest published stories and was submitted to *Le Bulletin Français* under the pseudonym Guy de Valmont. At this point in his life, Maupassant was not an established writer; he had not yet participated in the *Soirées de Médan*, which vaulted his literary career, and he was not yet in his most productive period (1880-1890). He had also not yet been diagnosed with syphilis, the progression of which caused General Paralysis of the Insane (GPI), leading to his mental decline and eventual death. However, there has been documentation that Maupassant was afflicted by other neurological concerns before his diagnosis, including migraines, and abused drugs including “alcohol, cannabis, opiates, and ether.”⁹¹ These early experiences may have caused hallucinations, contributing to the vivid depictions in “Sur L'eau.”

In this short story, an unnamed narrator befriends a middle-aged boatman obsessed with the water, who tells him a story about a terrifying night he spent on a river. He takes his boat out on a still, moonlit night, but his anchor gets stuck, causing him to be stranded alone in the middle of the stream. Starting to feel anxious, he opens a bottle of rum and begins to see and hear

⁹¹ Luis-Carlos Àlvaro, “Hallucinations and Pathological Visual Perceptions in Maupassant's Fantastical Short Stories – A Neurological Approach,” *Journal of the History of the Neurosciences* 14 (2005): 101.

mysterious things. A thick white fog covers the river and strange noises surround the boat. As the morning approaches, the boatman becomes progressively drunker. Eventually, the fog recedes and the boatman is discovered by a passing fisherman, who helps him to raise the anchor; they discover that the anchor was caught on the body of an old woman.

Maupassant again uses distinct frames to establish his story. In the first frame, the narrator describes how he came to meet the boatman, describing him as “*toujours près de l’eau, toujours sur l’eau, toujours dans l’eau*” [always near the water, always on the water, always in the water].⁹² This parallel phrase places particular emphasis on the boatman’s obsession with water and his extensive nautical experience. The second frame further emphasizes his obsession; the narrator and the boatman walk along the Seine while the boatman describes the complex nature of the water. The boatman says that the “*mouvement éternel de l’eau qui coule est plus effrayant pour moi que les hautes vagues de l’Océan*” [the eternal movement of running water is scarier to me than the tall waves of the ocean];⁹³ this observation foreshadows the terror the boatman feels when trapped on the river later in the story. After the reader hears about his “*passion dévorante*” [all-consuming passion] for the river, the boatman describes the river as “*le pays des mirages et des fantasmagories, où l’on voit, la nuit, des choses qui ne sont pas, où l’on entend des bruits que l’on ne connaît point, où l’on tremble sans savoir pourquoi*” [the country of mirages and the supernatural, where at night we see things that do not exist, where we hear sounds that we do not recognize, where we shudder without knowing why].⁹⁴ This repetitive statement uses anaphora to complicate the reader’s understanding of the boatman’s relationship with the water; although he has an undeniable passion for it, he also fears it. As the reader later

⁹² Guy de Maupassant, “*Sur L’eau*,” in *Œuvres Complètes*, ed. Pascal Pia, Vol. 1 (Paris: Maurice Gonon, 1969), 145.

⁹³ *Ibid*, 146.

⁹⁴ *Ibid*, 145.

discovers, this fear is likely due to a terrifying experience on the river where the boatman sees and hears things that do not exist and becomes terrified for no obvious reason.

The boatman further recites the last five lines of Victor Hugo's poem "Océano Nox", written in 1836. The lines included in "Sur L'eau" speak directly to the waves, asserting that their "voix désespérées" [desperate voices] are due to the many sorrowful stories of those who die in the water.⁹⁵ Elsewhere in the poem, Hugo writes about those who die in the water, saying "rien ne sait plus vos noms, pas même une humble pierre dans l'étroit cimetière où l'écho nous répond" [nothing knows your name any more, not even a humble stone in the narrow cemetery where the echo answers us].⁹⁶ This line eerily parallels the discovery of the unknown old woman in the river at the end of the story. Soon after the boatman recites the poem, he delves into his story, finishing the second frame. The combination of these two frames serves first to characterize the boatman as an experienced sailor obsessed with the water and second to preempt the eerie nature of the ensuing story.

In his story, the boatman finds himself stuck in the middle of a perfectly calm, silent river; he begins to feel nervous, "les nerfs un peu ébranlés" [nerves slightly shaken].⁹⁷ His anxiety builds — "une sueur froide" [a cold sweat] covers him from head to toe and he is overcome by "une étrange agitation nerveuse" [a strange nervous agitation]⁹⁸ — until he finally begins to hallucinate. He sees a thick white fog covering the river, obscuring everything except the moonlight so that he cannot even see his feet, and starts to have visions, which he calls "des

⁹⁵ Victor Hugo, "Océano Nox," in *Les Rayons et Les Ombres*, (Paris: J. Hetzel & Cie, 1840), 254.

⁹⁶ *Ibid*, 254.

⁹⁷ Maupassant, "Sur L'eau," 148.

⁹⁸ *Ibid*, 148.

imaginations fantastiques” [fantastic imaginings].⁹⁹ His anxiety mounts even further, emphasized by the terms Maupassant uses to describe his fear; the boatman feels “enseveli” [buried], his “cœur battait à [s’]étouffer” [heart beat to choke him] and he stands still, “râlant de peur” [gasping with fear].¹⁰⁰ These descriptions reference feelings of suffocation in the fog, described as so thick it is “une nappe de coton” [a cotton sheet].¹⁰¹ The hallucination produces such a visceral reaction in the boatman that he feels as if he is dying. By combining the visual aspects of the hallucination, the complete silence of the surrounding river, and the physical responses of the boatman to this experience, Maupassant creates a vivid description of a hallucinatory episode and describes the pure fear they can cause.

Maupassant further uses the idea of “le double” — splitting the main character into two personalities — to enforce the idea that the boatman is suffering from some form of psychotic episode. Simone Artuk argues that the “thème du double” [theme of the double] is present in nineteenth-century literature to emphasize the “rupture entre esprit et matière” [rupture between the spirit and matter] and was presented as “la première caractéristique de la folie” [the first feature of insanity].¹⁰² The boatman describes this split as the “deux êtres qui sont en nous” [the two beings that are within us], his “*moi brave*” [brave me] and his “*moi poltron*” [cowardly me].¹⁰³ This split appears only after the boatman has started to hallucinate, when he tries to reason with himself that what he is seeing is not real. One half of the “double” is aware that he is hallucinating, but the other half, the “*moi poltron*” believes the hallucinations are real.

⁹⁹ Ibid, 149.

¹⁰⁰ Ibid, 149.

¹⁰¹ Ibid, 148.

¹⁰² Simone Luise Artuk, “Le Double dans *Le Horla* et *Sur L’eau* de Guy de Maupassant,” *Frankofoni: Revue d’études et recherches francophones* 9 (1997): 183.

¹⁰³ Maupassant, “*Sur L’eau*,” 149.

The boatman later experiences a second visual hallucination, this time when the fog recedes to the banks of the river so that “on ne voyait rien autre chose que cette rivière lamée de feu entre ces deux montagnes blanches” [nothing else could be seen except this river, spangled with fire, between these two white mountains].¹⁰⁴ However, this time, instead of complete silence, the boatman’s visual hallucination is accompanied by sound: the sounds of frogs and other water animals calling to each other. This calling could be interpreted as an auditory hallucination; it improbably appears in the middle of the night without warning. The more his fear progresses, the deeper his hallucinogenic episode becomes and the more his hallucinations compound. Though it is not clear what sort of condition, if any, the boatman is suffering from, it is apparent that it is a long-lasting episode that increases gradually in severity.¹⁰⁵

Such a characterization of the boatman’s hallucination is not particularly useful in determining a diagnosis; however, it could be more useful as an allusion to Maupassant’s own potential hallucinations. Maupassant’s migraines are documented in his biographies; his mother also suffered from them and nervous maladies can be traced throughout Maupassant’s family.¹⁰⁶ Dr. Maurice Pillet, writing about Maupassant’s illness not long after his death, states that “Guy de Maupassant souffrit en effet toute sa vie de ce mal vulgaire et bien connu: la migraine” [Guy de Maupassant in fact suffered his whole life from this common and well-known ill: the migraine].¹⁰⁷ Pillet sought out testimonies from Maupassant’s friends and acquaintances to prove that he suffered from migraines even in his early life; one of Maupassant’s friends asserted that

¹⁰⁴ Ibid, 150.

¹⁰⁵ Hallucinations can be caused by both neurologic (e.g. epilepsy) and psychiatric (e.g. schizophrenia) conditions, or can appear in people without any condition. For a more comprehensive description of the conditions that can cause hallucinations, see: Ryan Teeple, et al., “Visual Hallucinations: Differential Diagnosis and Treatment,” *The Primary Care Companion to the Journal of Clinical Psychiatry* 11.1 (2009).

¹⁰⁶ Pillet, *Le Mal de Maupassant*, 39-45.

¹⁰⁷ Ibid, 2.

he was already experiencing them when he was a government employee, first in the Ministry of the Navy and later in the Ministry of National Education throughout the 1870s — a period overlapping with the year he wrote “Sur L’eau.”¹⁰⁸

While migraines do cause hallucinations, they are not necessarily those of the type described in “Sur L’eau.” Some migraines are accompanied by an aura, a sensory disturbance that precedes or accompanies the headache. A “hallucination” that can occur during a migraine aura is the scotoma, essentially a visual alteration in which an area of decreased vision moves across the field of view; it is often reported as a “grey and indistinct” area but “colours may also be observed.”¹⁰⁹ It can present as a scintillating scotoma, in which a flickering fortification pattern shaped like a zig-zag appears along the edge; these fortification patterns were studied both by Babinski and Charcot in the 19th century.¹¹⁰ While the description of a scotoma does not exactly match the hallucinations in “Sur L’eau,” the idea of the spreading fog that visually obscures everything within its path does seem to mimic the concept of a spreading area of diminished vision.

Further, Maupassant was a known drug user; he notably described using ether (as well as opium, morphine, and hashish) in his 1882 story “Rêves.” The narrator of this story asserts that it is because of “névralgies violentes que j’ai usé de ce remède, dont j’ai peut-être un peu abusé depuis” [violent neuralgias that I have used this remedy, which I have perhaps abused a bit since];¹¹¹ this description is reminiscent of Maupassant’s migraines. While under the influence of ether, he experiences an auditory hallucination: “...quatre voix, deux dialogues, sans rien

¹⁰⁸ Ibid, 6.

¹⁰⁹ G.D. Schott, “Exploring the visual hallucinations of migraine aura: the tacit contribution of illustration,” *Brain* 130 (2007): 1691.

¹¹⁰ Ibid, 1694.

¹¹¹ Guy de Maupassant, “Rêves,” in *Œuvres Complètes*, ed. Pascal Pia, Vol. 7 (Paris: Maurice Gonon, 1969), 412.

comprendre des paroles. Tantôt ce n'étaient que des sons indistincts, tantôt un mot me parvenait” [four voices, two conversations, with understanding any of their speech. Sometimes it was only indistinct sounds, sometimes I recognized a word].¹¹² This fits with the description of an auditory hallucination; simple hallucinations involve “buzzing or tones of varying pitch and timbre” while more complex auditory hallucinations can involve perception of voices.¹¹³ The narrator goes on to describe a physical lightness and a “nouvelle manière de voir, de juger, d’apprécier les choses de la vie” [new way to see, to judge, to appreciate the things in life].¹¹⁴ Two conclusions can be drawn from this story. First, Maupassant was most likely familiar with auditory hallucinations in 1882 when “Rêves” was published; although this was several years after the publication of “Sur L’eau,” it is possible that Maupassant was familiar with this phenomenon much earlier. Second, Maupassant was familiar with the effects of other drugs — the “visions un peu malades de l’opium” [slightly sickly visions of opium], for example.¹¹⁵ These abuses may have acquainted him with drug-induced hallucinations well before his diagnosis with GPI, influencing his descriptions in “Sur L’eau” in 1876.

In 1846, the French neurologist and psychiatrist Dr. Jules Baillarger published a treatise on hallucinations. In his “étude de la nature et du mode de production des hallucinations” [study of the nature and method of production of hallucinations], he details different types of hallucinations occurring in each of the five senses, concentrating primarily on the physiology of

¹¹² Ibid, 412.

¹¹³ Shahid Ali, “Hallucinations: Common Features and Causes,” *Current Psychiatry* 10.11 (2011). Shahid Ali notes that common auditory hallucinations in psychosis can involve two voices speaking to each other, potentially about the person experiencing the hallucination

¹¹⁴ Maupassant, “Rêves,” 413.

¹¹⁵ Ibid, 413.

their diagnosis and production.¹¹⁶ Throughout the treatise, Baillarger questions whether hallucinations are physical symptoms caused by physical, bodily pathways or intellectual symptoms caused by mental abnormalities.

Baillarger also details hallucinations that can be caused by alcohol and other drugs, which he states are produced indirectly. Such hallucinations are, according to him, only common in such a complete state of drunkenness that the brain is in “un état de collapsus accompagné de rêvasseries, pendant lesquelles les fausses perceptions surviennent en très grand nombre” [a state of collapse accompanied by daydreams, during which misperceptions often occur in large numbers].¹¹⁷ He also states that these hallucinations are facilitated by “l’obscurité, et quelquefois un commencement de somnolence” [darkness, and sometimes a beginning of drowsiness].¹¹⁸ As Maupassant used and abused alcohol and drugs, it is possible that he experienced this type of hallucination. Baillarger’s descriptions also bring to mind the drunkenness of the boatman in “Sur L’eau,” which takes place during the night and during which he hallucinates after drinking rum “à grands traits” [in long gulps].¹¹⁹

Another hallucinogenic phenomenon highlighted in several of Maupassant’s stories occurs in conjunction with hypnagogia, during the transition state associated with the onset of sleep. The term hypnagogia comes from the Greek *hypnos*, or sleep, and *agogos*, or leading. Hypnagogic hallucinations can involve any of the senses, including vision and hearing.¹²⁰ Peter

¹¹⁶ J.M. Baillarger, *Extrait d’un mémoire intitulé: Des Hallucinations, des Causes qui les Produisent, et des Maladies qu’elles Caractérisent; De L’Influence de L’État Intermédiaire a la Veille et au Sommeil sur la Production et la Marche des Hallucinations* (Paris: J.B. Ballière, 1846), 275.

¹¹⁷ Ibid, 447.

¹¹⁸ Ibid, 447.

¹¹⁹ Maupassant, “Sur L’eau,” 150.

¹²⁰ The sensation of falling when falling asleep, referred to as a hypnic jerk, is one type of common proprioceptive hypnagogic hallucination.

Schwenger argues that a hypnagogic vision “enacts a dynamic of pure image, a dynamic that not only detaches the image from any material reality but also fails to reattach it to anything else.”¹²¹

He details these experiences in his book:

“You are in bed, your eyes are closed, you feel yourself slipping toward sleep. Drowsily you become aware of bright clouds drifting past, which condense into floating luminous ribbons, stars, saw-toothed lines, and geometrical forms. Then the faces begin: they crowd in on you, grotesque to the point of caricature.”¹²²

Unlike other hallucinations, hypnagogic hallucinations are common amongst individuals without neurologic or psychiatric conditions. A 1996 UK study found that, in a sample of 4972 people in the general population between the ages of 15 and 100, 37% reported having hypnagogic hallucinations at least twice a week over a year.¹²³ Conditions associated with hypnagogic hallucinations include narcolepsy, sleep disorders, and anxiety disorders. Could Maupassant have experienced this type of hallucination as well? He effectively described hypnagogic hallucinations in at least two of his stories written over a period of years, suggesting that he was most likely familiar with its effects.

In one section of his book, Baillarger describes what he calls “hallucinations psychosensorielles.” One of these hallucinations can appear “dans l’état intermédiaire à la veille et au sommeil” [in the intermediate state between waking and sleep] when an image can be seen as clearly as if “cet objet était placé devant l’œil vivant et ouvert” [the object was placed in front of a lively and open eye].¹²⁴ He also demonstrates that:

¹²¹ Peter Schwenger, *At the Borders of Sleep: On Liminal Literature* (Minneapolis, University of Minnesota Press, 2012), 8.

¹²² *Ibid*, 5.

¹²³ Maurice M. Ohayon, et al., “Hypnagogic and Hypnopompic Hallucinations: Pathological Phenomena?” *British Journal of Psychiatry* 169 (1996): 462.

¹²⁴ Baillarger, *Extrait*, 373.

“L’abaissement des paupières suffit dans certains cas... pour provoquer les hallucinations de la vue. Le sommeil, chez quelques personnes, est précédé par des images fantastiques, et plusieurs malades ne peuvent s’endormir dans l’obscurité sans être obsédés par des apparitions effrayantes.”

[The lowering of one’s eyelids is enough, in some cases... to incite visual hallucinations. Sleep, in some people, is preceded by fantastic images, and many ill people cannot fall asleep in darkness without being haunted by terrifying apparitions.]¹²⁵

Even though the term hypnagogia was not yet coined, Baillarger’s description of a visual hallucination occurring at the brink of sleep aligns perfectly with today’s definition. He asserts that this type of hallucination can occur in individuals without any condition, but can become intense in those with specific medical conditions.¹²⁶

Visual and hypnagogic hallucinations in Maupassant’s 1883 story “Lui” have already been well detailed.¹²⁷ The narrator arrives home from a night out to see a figure sitting in an armchair next to the fire; however, when the narrator reaches out to see who it is, there is no one there. Alvaro argues that this is an example of an autoscopic hallucination, where the individual experiences his or her environment from an outside perspective, outside the body.¹²⁸ Autoscopy was already a defined type of hallucination in the nineteenth century; Dr. Brierre de Boismont used the term *deuteroscopie* to refer to this phenomenon in 1862, describing it as “l’image de sa propre personne venir à sa rencontre” [the image of his own person coming to meet him].¹²⁹ Whether or not the hallucination in “Lui” is indeed an example of autoscopy, the experience is certainly a description of a visual hallucination, where the narrator sees something so clearly he

¹²⁵ Ibid, 381.

¹²⁶ Ibid, 429.

¹²⁷ Alvaro, “Hallucinations,” 112.

¹²⁸ Ibid, 113.

¹²⁹ A. Brierre de Boismont, *Des Hallucinations, ou Histoire Raisonnée des Apparitions, des Visions, des Songes, de l’Extase, des Rêves, du Magnétisme et du Somnambulisme* (Paris: J.B. Ballière, 1846), 55.

believes it is real even though it has been created by his own mind. The French writer Paul Bourget, a friend of Maupassant, wrote that Maupassant had this very hallucination in 1883: “Il me raconta qu’en rentrant chez lui le soir, il voyait son ‘double’ assis au coin du feu” [he told me that upon coming home one night, he saw his ‘double’ sitting by the fire].¹³⁰

After this first hallucination, the narrator tries to fall asleep. As soon as he begins to, he sees “en songe, et nettement comme dans la réalité, toute la scène de sortie” [in a dream, just as it was in reality, the entire scene from that evening] and wakes up.¹³¹ Twice more, he attempts to fall asleep but twice he sees the same thing again. The previous hallucination is “incorporated into sleep, subsequently taking on the form of hypnagogic hallucinations.”¹³² One commonly reported hallucination from the UK hypnagogia study was “the impression that someone or something was present in the room,”¹³³ suggesting that the second hallucinations described in “Lui” is entirely possible outside of Maupassant’s fiction.

Later, in Maupassant’s 1886 story “L’Auberge,” a young man named Ulrich Kungsi experiences auditory hypnagogic hallucinations. In the story, Ulrich and an older man, Gaspard Hari take care of the Hauser family inn in the Hautes-Alpes during the winter. One day, Gaspard goes out hunting and does not return; Ulrich proceeds to search for him, but is unsuccessful and ultimately returns with their dog Sam to the inn. He begins to imagine that Gaspard is calling his name from outside the inn; when he sees that no one is outside, he is overcome with fear and begins to drink. A few nights later, still hearing voices, he opens the door to see if Gaspard is

¹³⁰ Pillet, “Le Mal,” 93-94. Dr. Pillet also presents Maupassant’s ‘double’ hallucinations as examples of autoscopy; he references a hallucination Maupassant had in 1889 of a second version of himself entering a room and dictating what he himself was writing.

¹³¹ Guy de Maupassant, “Lui,” in *Œuvres Complètes*, ed. Pascal Pia, Vol. 4. (Paris: Maurice Gonon, 1969), 262-263.

¹³² Àlvaro, “Hallucinations,” 113.

¹³³ Ohayon, “Hypnagogic,” 462.

there and Sam escapes. Hearing him scratching outside for days and having consumed all the alcohol, Ulrich goes insane. When the Hauser family returns in the spring, they find Ulrich alone and incoherent, and have him taken to a doctor.

As soon as Gaspard leaves on his hunting excursion, the silence and whiteness of the mountain and Ulrich's solitude are emphasized. Ulrich's voice disappears in the "silence de mort où dormaient les montagnes" [deathly silence where mountains sleep].¹³⁴ Even before he realizes Gaspard is missing, Ulrich becomes afraid and imagines that the "le silence, le froid, la solitude, la mort hivernale de ces monts entraient en lui, allaient arrêter et geler son sang, raidir ses membres, faire de lui un être immobile et glacé" [the silence, the cold, the solitude, the wintery death of these mountains entered him and froze his blood, stiffened his limbs, and made him into a motionless, frozen being].¹³⁵ Underlining the cold solitude that enters Ulrich before he begins to go insane, Maupassant compares the cold and the isolation to the stimuli of insanity; Ulrich's symptoms begin to appear right after he is stricken with this fear. The absolute silence throughout these scenes also serves as a foil to the auditory hallucinations later experienced by Ulrich, accentuating their peculiar nature even further.

Ulrich's first hypnagogic hallucination occurs on the second night of Gaspard's disappearance. He is woken by "une voix, un cri, un nom: 'Ulrich'" [a voice, a yell, a name: 'Ulrich'].¹³⁶ He asks himself: "Avait-il rêvé? Était-ce un des ces appels bizarres qui traversent les rêves des âmes inquiètes?" [Was he dreaming? Was this one of those strange calls that traverse the dreams of restless souls?].¹³⁷ The description of this hallucination accurately matches the

¹³⁴ Guy de Maupassant, "L'Auberge," in *Œuvres Complètes*, ed. Pascal Pia, Vol. 6. (Paris: Maurice Gonon, 1969), 164.

¹³⁵ *Ibid*, 164.

¹³⁶ *Ibid*, 167.

¹³⁷ *Ibid*, 167-168.

aforementioned definition; Schwenger also emphasizes the connection between hypnagogia and dreams, because “while hypnagogia is not dream, it has many of the visual qualities of dream”.¹³⁸ Baillarger too emphasizes the distinction between “des hallucinations survenant dans l’état intermédiaire à la veille et au sommeil, et des hallucinations qui ont lieu pendant le sommeil” [hallucinations that appear during the intermediary state between being awake and sleeping, and hallucinations that occur during sleep].¹³⁹ Deciding that is not, in fact, dreaming, Ulrich imagines that this voice is Gaspard’s soul, “appelé de par la vertu mystérieuse et terrible qu’ont les âmes des morts de hanter les vivants” [called by the mysterious and terrible power possessed by the souls of the dead that haunt the living], providing a supernatural explanation for a scientific phenomenon, as is characteristic of Maupassant’s stories.¹⁴⁰

Again and again, Ulrich is awoken by this hallucination, “le cri toujours le même: ‘Ulrich!’” [always the same cry: ‘Ulrich!’].¹⁴¹ No sign of Gaspard is ever found at the end of the story, suggesting that the voices were indeed imagined. The hallucinated cries are placed in contrast to the “vent glacé qui brise les pierres et ne laisse rien de vivant sur ces hauteurs abandonnées” [icy wind that shatters stones and leaves nothing alive on these abandoned heights].¹⁴² Maupassant continues to emphasize the bleak lifelessness outside the inn; this adds another supernatural, fantastic layer to the already eerie situation — where could the cries be coming from if nothing living could possibly be outside? However, when Sam the dog escapes the inn without Ulrich noticing and begins to howl and scratch the walls when locked out, Ulrich

¹³⁸ Schwenger, *Borders*, 11. Schwenger states that “hypnagogic images usually end up turning into dream images, [but] we can, and should, distinguish between them” (p.5). He also says that this intermediary state is “a fundamental challenge to literature” (p.8) and explores its use in many works, including those by Giorgio de Chirico, James Joyce, and Alex Garland.

¹³⁹ Baillarger, *Extrait*, 507.

¹⁴⁰ Maupassant, “L’Auberge,” 168.

¹⁴¹ *Ibid*, 171.

¹⁴² *Ibid*, 168.

believes these noises are a further manifestation of Gaspard. Likewise, the sounds are never referred to as being made by Sam; Maupassant uses “il” [he], “quelqu’un” [someone] and “l’autre” [the other] to refer to the being making the noises. Although the reader knows where the sounds are coming from and that they are not hallucinations or manifestations of Gaspard’s soul, Ulrich does not; the reader is therefore placed into Ulrich’s terrified, unaware mindset. These perfectly explicable noises drive Ulrich even further into insanity, until he wakes one morning “sans un souvenir, sans une pensée, comme si toute sa tête se fût vidée pendant ce sommeil accablé” [without any recollection, without a thought, as if his entire head was emptied during this heavy sleep].¹⁴³

Baillarger’s treatise on hypnagogic hallucinations provides several examples that can be compared to the experiences in “Lui” and “L’Auberge.” In one example, a woman is woken by “des voix qui l’appellent par son nom... Après quelques instants le bruit cesse, et la journée se passe bien; mais le soir, étant couché et au moment du sommeil, elle entend les mêmes voix” [voices that called her name... after a few moments the noise stopped, and the day went well; but that night, when she was in bed and on the brink of falling asleep, she heard the same voices].¹⁴⁴

Many of Maupassant’s other stories include hallucinations. In “La Petite Roque,” a man who violates and kills a child is haunted by a reoccurring vision of the dead girl; illuminated by light in the middle of the night, the girl lies outside the window, then floats inside toward the murderer. In “Le Horla,” which has been studied thoroughly from both literary and medical perspectives, the narrator imagines an invisible being haunting him; he sees a rose rising

¹⁴³ Ibid, 173.

¹⁴⁴ Baillarger, *Extrait*, 488.

untouched in midair, sees his own figure obscured in a mirror,¹⁴⁵ and feels as if the being is suffocating him in his sleep. In “Qui Sait?” the narrator hears humming noises coming from no discernible source and sees his furniture literally walking out of his house. Many more visual, auditory, and tactile hallucinations can be identified in Maupassant’s stories; these examples can serve as evidence that Maupassant was indeed familiar with hallucinations, both when he was afflicted with GPI, as has been detailed in the medical record, and before his diagnosis, when he suffered from migraines and experimented with drugs.

¹⁴⁵ Álvaro contests that this obscuration could be a description of scotoma that Maupassant recognizes from his own migraine auras, as previously discussed. The narrator is able to see the mirror and its surroundings, but his own figure is only slowly revealed laterally, which could be described as a hemianopic disclosure, where vision in one half of the visual field is gradually restored. Álvaro, “Hallucinations,” 108.

CHAPTER III: SUICIDE AND THE DESCENT INTO MADNESS

“The subject with melancholia is downcast and pathetic and spends his day in the same place. Intellectual and physical effort, however, slight, will be tiresome and labored to him; his movements are as slow as his ideas.”¹⁴⁶ Baillarger so describes melancholia, today better known as depression, in 1853. Several other diagnoses of the time, including *ennui*, *monomanie triste*, *lypémanie*, and *monomanie hypochondriaque*, might be classed today under the umbrella of clinical depression, but could also refer to other modern clinical diagnoses; they were all then considered “dérangement[s] de l’esprit” [disturbances of the mind] and those affected were usually considered mad.¹⁴⁷ During the 19th century, several doctors in the burgeoning field of psychiatry investigated and published treatises on melancholia, madness, and suicide. Characters throughout Maupassant’s stories exhibit symptoms of depression and several commit suicide; the author himself attempted suicide in 1892 by cutting his own throat.

In 1880, Maupassant wrote a short story entitled “Suicides.” The story begins by attempting to find reason behind suicides in individuals with “tout ce qu’il faut pour être heureux” [everything one needs to be happy];¹⁴⁸ it then shifts into a letter by a man contemplating suicide. He reminisces on his life and details the progression of emotions that drove him to despair. Finally reaching the source of his troubles, the letter ends, insinuating the

¹⁴⁶ Baillarger, “Classic Text,” 365.

¹⁴⁷ A. Brierre de Boismont, *Du Suicide et de la Folie Suicide* (Paris: Librairie Germer Ballière, 1865), 337.

¹⁴⁸ Guy de Maupassant, “Suicides,” in *Œuvres Complètes*, ed. Pascal Pia, Vol. 4. (Paris: Maurice Gonon, 1969), 333.

author committed suicide. Though published twelve years before Maupassant's attempted suicide, this story indicates that he was familiar with the emotional decline associated with this act. Indeed, Dr. Pillet demonstrates that Maupassant was prone to "heurs d'angoisse et [un] fond de mélancolie" [states of anxiety and a feeling of melancholy].¹⁴⁹ Maupassant himself writes to his mother in 1873: "Je me trouve si perdu, si isolé, si démoralisé... J'éprouve... des moments de détresse si complets que je ne sais plus à qui me jeter" [I find myself so lost, so lonely, so demoralized... I feel... such utter moments of distress that I no longer know at whom to throw myself].¹⁵⁰

The story begins briefly with a description of unexplained suicides by a generic narrator; written in the third person, using the pronoun 'on', the narrator asks "quelles douleurs profondes, quelles lésions du cœur, désespoirs cachés, blessures brûlantes poussent au suicide" [what profound suffering, what injuries of the heart, hidden despairs, burning wounds drive to suicide].¹⁵¹ The story then shifts to the first-person perspective of the letter. According to Charlotte Schapira, the third-person narration "perd une grande partie de sa force de persuasion" [loses a large part of its power of persuasion].¹⁵² Indeed, the omniscient narrator at the beginning of "Suicides" can provide little insight into the reasons behind suicide in an individual who appears outwardly happy; moreover, the first-person letter provides personal reasoning behind the act. Schapira argues that the letter "manque de la force persuasive que pourrait avoir un récit qui se développerait au fur et à mesure des événements" [lacks the persuasive force that can be

¹⁴⁹ Pillet, *Mal*, 59.

¹⁵⁰ *Ibid*, 58.

¹⁵¹ Maupassant, "Suicides," 333.

¹⁵² Charlotte Schapira, "La Folie – Thème et Outil Narratif dans les Contes de Maupassant," *Neophilologus* 74:1 (1990): 32.

had by an account that develops along with the events].¹⁵³ On one hand, this argument stands; the letter represents the culmination of all the negative aspects of one's existence, the apex of one's life. However, a description of events written as they happen, for example in a journal, as Schapira argues, is more representative of the full picture. On the other hand, this culmination of events is exactly what has driven the individual to suicide; it could be argued that it is precisely this point that makes a letter so persuasive. Though perhaps biased when reflecting on the past, a letter can accurately represent the emotions and reasoning leading the individual to that act at that very moment in time — or as suggested in "Suicides", "elle montre la lente succession des petites misères de la vie... elle donne la raison de ces fins tragiques" [it demonstrates the slow succession of life's small miseries... it provides the reason behind these tragic ends].¹⁵⁴

Contrary to the depiction of one's life in a journal, this letter travels backwards through the years; the author of the suicide note goes through letters in his desk, starting with the most recent and ending with the earliest. In this manner, the reader can see the author's evolution toward suicide through family interactions, love stories, and the deaths of friends. He traces his miseries back to their source: a letter written to his mother when he was seven years old. He refers to this milestone as "l'âge de raison" [the age of reason], the age at which, in the Catholic Church, children become capable of responsibility and moral reasoning.¹⁵⁵ Children are then able to take part in the Sacraments and become susceptible to sin. At this point, he realizes that all his despair is rooted at this moment — the loss of his innocence. This realization spurs him to finally

¹⁵³ Ibid, 34.

¹⁵⁴ Maupassant, "Suicides," 333-334.

¹⁵⁵ Ibid, 338.

take up his revolver and say, “ne relisez jamais vos vieilles lettres” [never reread your old letters].¹⁵⁶

The author searches for “ce que je pourrais faire pour échapper à moi-même” [what I could do to escape myself].¹⁵⁷ Again we see the theme of the double in Maupassant’s works.¹⁵⁸ Here, the doubling of the self indicates two parts of the author: one overcome with feelings of melancholy and distress, and one still reasonable, still searching for something to stop himself from committing suicide. In Maupassant’s characters, especially in the author of the letter in “Suicides”, “un dédoublement s’opère en ces êtres et, quelle que soit la raison pour laquelle l’autre soi est devenu intolérable, s’en débarrasser signifie se suicider...” [a duplication occurs in this being and, for whatever reason the other self has become intolerable, to get rid of it means to commit suicide].¹⁵⁹

What reasons does the author give for coming to this fatal decision? In the first half of his letter, he gives no specific events that led to his melancholy. He states that before, “tout me charmait” [everything pleased him], but that, eventually he was overwhelmed with “la nausée des habitudes et la noire mélancolie de vivre ainsi” [the nausea of habit and the black melancholy of living in this way].¹⁶⁰ One night, he goes outside to find a thick fog enveloping everything; he cannot see and feels “un poids plus lourd que d’habitude” [a heavier weight than usual] sitting on his shoulders.¹⁶¹ This corporeal representation of the author’s depression — the weight on his shoulders, the physical extinguishing of lights, the unbearable darkness — allows Maupassant to emphasize, in more than emotional terms, the complete, debilitating depression of the author’s

¹⁵⁶ Ibid, 338.

¹⁵⁷ Ibid, 336.

¹⁵⁸ See the section on Hallucination (p.23).

¹⁵⁹ Schapira, “La Folie,” 32.

¹⁶⁰ Maupassant, “Suicides,” 334-335.

¹⁶¹ Ibid, 336.

life. Overwhelmed with the dullness of his life, the author emphasizes repetition, by the continuous use of the word ‘même’ in everything he does: “les mêmes idées, les mêmes joies, les mêmes plaisanteries, les mêmes habitudes, les mêmes croyances, les mêmes écœurements” [the same ideas, the same joys, the same amusements, the same habits, the same beliefs, the same sensations of disgust].¹⁶²

Such boredom with life’s stagnancy was referred to as *ennui* in nineteenth-century France and was illustrated in both medical and literary texts.¹⁶³ Dr. Brierre de Boismont, a French psychiatrist, defines *ennui* as “cette disposition de l’âme, qui tient d’un côté... la maladie de tristesse sans folie, de l’autre... suicide et à l’aliénation mentale” [this disposition of the soul, which has on one hand... the disease of sadness without madness and on the other... suicide and mental alienation].¹⁶⁴ Here, *ennui* is considered a temperament that can drive one to suicide and is not necessarily associated with any madness or illness. Boismont makes this important distinction: “la maladie de l’ennui, même avec tendance au suicide, ne peut être considérée comme un variété de la folie, à moins qu’elle ne s’accompagne du désordre des sentiments et des facultés intellectuelles” [the illness *ennui*, even with its tendency toward suicide, cannot be considered a variety of madness unless it is accompanied by an emotional and intellectual disorder].¹⁶⁵ Though Maupassant may have experienced some sort of *ennui* during his life, his attempted suicide in 1892 was more likely due to his mounting insanity and the progression of his illness.

¹⁶² Ibid, 335.

¹⁶³ Boismont, *Du Suicide*, 260. Boismont lists several authors, both past and contemporary, who illustrate this idea of *ennui* in their works: “Saint-Preux, Werther, René, Raphaël... Rousseau, Goethe, Chateaubriand, Lamartine.” Also in the 19th century, *ennui* would notably be detailed in *Madame Bovary*.

¹⁶⁴ Ibid, 244.

¹⁶⁵ Ibid, 268.

Boismont published a comprehensive treatise on suicide and its causes in 1865; he compiles thousands of statistics on suicide trends by age, gender, profession, climate, education, marital status, diagnoses, etc., and analyzes hundreds of suicide notes to determine their reasons. When describing temperaments that seem to make individuals more susceptible to ideas of suicide, he states:

"Les passions, tels sont, en dernière analyse, les plus puissants incitateurs du suicide, et cela n'a rien qui doit surprendre, car être soumis à leur influence, c'est souffrir, et la douleur est insupportable à l'homme. Sans doute, la folie détermine un grand nombre de suicides, là encore nous retrouvons l'existence de la douleur au point de départ."

[Passions are, ultimately, the most powerful instigators of suicide, and this should not be surprising because, under their influence, suffering and pain are intolerable to men. No doubt, madness shapes many suicides, and here again we find the existence of pain at its starting point].¹⁶⁶

Similarly, most of Maupassant's depictions of suicide are related to a descent into madness and not associated with *ennui* as in "Suicides."

Boismont particularly emphasizes heredity as a major predictor of suicide; he states that it is "hors de doute que l'homme issu de parents qui se sont suicidés peut apporter avec lui les germes de cette funeste tendance" [without doubt that one descended from parents who committed suicide can carry with him the germs of this fatal tendency].¹⁶⁷ This emphasis on heredity was furthered with the development of the theory of hereditary degeneracy, or "the intergenerational transmission of increasingly serious psychopathological traits."¹⁶⁸ In "Une Veuve" [A Widow], Maupassant references these ideas of heredity. The narrator, an old woman, describes a family with three generations of men that hung themselves, at progressively younger

¹⁶⁶ Ibid, 57.

¹⁶⁷ Ibid, 13-14.

¹⁶⁸ Jan Goldstein, "Professional Knowledge and Professional Self-Interest: The Rise and Fall of Monomania in 19th-Century France," *International Journal of Law and Psychiatry* 21.4 (1998): 393.

ages, after unsuccessful love affairs. The narrator reminisces about the youngest member of this family, who courted her in her youth. He threatens to kill himself if the narrator abandons him; when she becomes engaged to another man, he hangs himself at the age of thirteen, claiming “c’est ma mort que tu as ordonnée” [it is death to which you have condemned me].¹⁶⁹ In this story Maupassant, reflecting these theories, emphasizes hereditary predisposition to suicide throughout three generations and references hereditary degeneracy with the increasing severity of each generation’s affliction.

Though shorter than many of Maupassant’s stories, “Une Veuve” demonstrates the same vivid descriptions of the setting and characters. Once again, Maupassant also establishes two frames to introduce the main story; in the first, he describes the setting as “pluvieux et triste” [rainy and sad]. In the first paragraphs, he firmly establishes this by evoking several senses. He describes “une odeur moisie” [a rotten smell], the air “humide comme une salle de bains” [humid like a bathroom], “des poussées bruyantes” [the noisy thrusts] of the wind, and the forest full of “grands arbres fouettés par les grains” [large trees whipped by grain].¹⁷⁰ This detailed, gloomy setting created here does not hold any direct bearing on the plot of the tale to come; it serves primarily to foreshadow its dark nature.

In the second frame, the narrator gives the background to her unhappy story. Here, Maupassant further uses his skilled descriptions to illustrate the insanity of the characters. He describes the three men as “des fous charmants” [charming madmen] that had “des passions violentes, de grands élans de tout leur être qui les poussaient aux choses les plus exaltées, aux dévouements fantastiques, même aux crimes” [had violent passions, great impulses of their entire

¹⁶⁹ Guy de Maupassant, “Une Veuve,” in *Œuvres Complètes*, ed. Pascal Pia, Vol 7, (Paris: Maurice Gonon, 1969), 253.

¹⁷⁰ *Ibid*, 253.

being that drove them to the wildest things, to fantastic devotion, even to crime].¹⁷¹ Instead of just stating that all three generations of men are insane, Maupassant makes sure to illustrate the specific characteristics of their insanity, emphasizing that it is their passions that push them to their final act, not necessarily their free will. Further, their obsessions seem to be focused solely on love; they apparently function normally in all other areas of life.

Dr. Jean-Étienne Dominique Esquirol had defined five areas of insanity in 1838: lypemania, monomania, mania, dementia, and imbecility.¹⁷² Monomania, a form of madness characterized by “pathological preoccupation in an otherwise sound mind” generally lost popularity as a diagnosis in the second half of the nineteenth century.¹⁷³ However, and more importantly, this new definition suggested that insanity was not necessarily total and all consuming; an individual with monomania could be reasonable on all other subjects than the focus of his or her insanity. Future diagnoses would incorporate this idea in their definitions; mental illnesses could be characterized as affecting only one aspect of an individual’s psyche. Baillarger attempts to define this distinction between madness resulting from *partial* and *general* lesions, arguing that partial lesions “moral or intellectual lesions [that] have no bearing on the rest of the organism” while general lesions can affect the “relational and (even) nutritional functions” of the individual.¹⁷⁴

Maupassant, writing toward the end of the nineteenth century, incorporates this idea of partial lesion into some of his stories. Many of his characters exhibit strange compulsions or

¹⁷¹ Ibid, 254.

¹⁷² Baillarger, “Classic Text,” 360.

¹⁷³ Goldstein, “Professional Knowledge,” 388.

¹⁷⁴ Baillarger, “Classic Text,” 359-363. Many physicians at the time believed that madness and related illnesses were caused by a “lesion,” a vague term referring to some abnormality of or alteration to a body structure. Although these “lesions” were not physically visible in the brains of these patients, even during an autopsy, the term was also used to refer to abnormalities of mood, intelligence, morality, or perception.

obsessions in one area of their life, but are not mentally affected in the rest. Still others start out with their obsession confined to one area, but it gradually takes over their psyche throughout the story, driving them further into complete madness. In “La Chevelure” [A Tress of Hair], for example, the main character, an antique collector, describes his life as “très simple, très bonne et très facile” [very simple, very good and very easy].¹⁷⁵ When he discovers an old women’s watch, he wonders incessantly about the previous owner and describes his love for “les pauvres femmes de jadis, si belles, si tendres, si douces... qui sont mortes” [the poor women of old, so beautiful, so tender, so gentle... who are dead].¹⁷⁶ However, his obsession only increases when he discovers a tress of hair in an antique piece of furniture; consumed by the mystery of the woman to whom the hair belongs and by his love for her, he constantly caresses the hair and eventually keeps it with him at all times. When he begins to bring the tress of hair with him on dates in public, he is put in an asylum, where the reader meets him at the beginning of the story.

Is the narrator insane at the beginning of his story? He states that he wakes up happy in the morning and falls asleep satisfied at night. It is not until he discovers the watch that the reader can distinguish any abnormality in his thoughts or behavior, and even then his obsession with the women of the past is eccentric but perhaps not insane. When he discovers the tress of hair, however, it becomes evident that his obsession is abnormal:

“J’éprouvais un irrésistible désir de revoir mon étrange trouvaille; et je la repris, et je sentis, en la touchant, un long frisson qui me courut dans les membres... j’avais de nouveau le besoin impérieux de la reprendre.... Elle m’obsédait, me hantait.”

¹⁷⁵ Guy de Maupassant, “La Chevelure,” in *Œuvres Complètes*, ed Pascal Pia, Vol. 14 (Paris: Maurice Gonon, 1969), 76.

¹⁷⁶ *Ibid*, 77.

[I felt an irresistible desire to see my strange find again; and I took it again, and I felt, while touching it, a long shiver that ran through my limbs... I once more had the urgent need to hold it again... it obsessed me, haunted me.]¹⁷⁷

Here the narrator emphasizes both his obsession with the tress of hair and his continuous compulsions to hold it. While earlier, with the watch, the narrator was consumed with thoughts about the previous owner and her life, he is now compelled to repetitive actions by this new find. It is evident that his fervent interests have progressed beyond confinement to his mind. His symptoms only seem to increase from here; he convinces himself that he is in love with this dead woman and even begins to see her, either in dreams or in hallucinations.

The narrator's behavior in "La Chevelure" can be interpreted as symptomatic of obsessive-compulsive disorder, or OCD, which is generally characterized by "interloping and iterative thoughts and/or actions that may interfere with or paralyze behavior."¹⁷⁸ Diagnoses of OCD were evolving throughout the nineteenth century in France, as detailed by G.E. Berrios. Esquirol first classified OCD symptoms as a form of monomania, but as the popularity of the diagnosis declined, conceptions of the disorder did as well.¹⁷⁹ With the extensive descriptions of OCD from Legrand du Saulle in 1875, the diagnosis changed to a neurosis with "involuntary, spontaneous and irresistible thoughts on various subjects," a "feeling of doubt, of brooding," and, as the disorder progressed, "major compromise of psychosocial competence, rituals, and obsessional paralysis."¹⁸⁰ The narrator demonstrates several of these symptoms, particularly the irresistible thoughts (his obsession with the lives of dead women), rituals (the continued stroking

¹⁷⁷ Ibid, 81.

¹⁷⁸ G.E. Berrios, "Obsessive-Compulsive Disorder: Its Conceptual History in France During the 19th Century," *Comprehensive Psychiatry* 30.4 (1989): 283.

¹⁷⁹ Ibid, 284.

¹⁸⁰ Ibid, 286.

of the tress of hair), and compromise of psychosocial functioning (believing the tress of hair is his mistress, which he takes on a date to the theatre).

Maupassant further demonstrates the narrator's insanity through the vocabulary used by the narrator and the construction of his thoughts. The narrator says that the thought of the furniture containing the tress of hair "[le] suit dans la rue, dans le monde, partout" [follows him in the street, in society, everywhere].¹⁸¹ His thoughts take on a mobile, living quality; they pursue him "où qu'on aille, quoi qu'on fasse" [wherever one goes, whatever one does].¹⁸² He worships the tress of hair, "presque religieusement" [almost religiously];¹⁸³ the narrator describes this intense reverence as having seized him, rather than the other way around. Maupassant emphasizes the narrator's conflicting, incessant thoughts through the use of asyndeton: first in "un besoin confus, singulier, continu, sensuel" [a confused, singular, continuous, sensual need] and later in "ce contact froid, glissant, irritant, affolant, délicieux" [this cold, slippery, irritating, frightening, delicious contact].¹⁸⁴ By omitting the conjunctions between these adjectives and enumerating words that convey very different feelings, Maupassant illustrates the ceaseless and confusing obsessions of the narrator.

The narrator also eventually begins to blend the hair and its previous owner together in his mind; Kathryn Bulver argues that the narrator of "La Chevelure" moves from referring to "des objets mêmes vers les objets en relation avec leur possesseur, jusqu'au possesseur seul" [the actual objects to the objects in relation to their owner, all the way to just the owner].¹⁸⁵ The tress of hair is consistently referred to using the pronoun "elle," indicating the narrator sees it as an

¹⁸¹ Maupassant, "La Chevelure," 78.

¹⁸² Ibid, 78.

¹⁸³ Ibid, 79.

¹⁸⁴ Ibid, 81.

¹⁸⁵ Kathryn M. Bulver, "Trope et fantastique dans 'La Chevelure' de Maupassant," *Iris: Graduate Journal of French Critical Studies*, 4.2 (1991): 24.

extension of the woman it belonged to.¹⁸⁶ When the narrator falls asleep with the tress of hair, the dead woman appears, another example of Maupassant's portrayal of psychological phenomena as fantastic, supernatural occurrences. He states that he has "parcouru de [ses] caresses cette ligne ondulante et divine qui va de la gorge aux pieds en suivant toutes les courbes de la chair" [traveled with his caresses this undulating and divine line from throat to foot by following all the curves of the flesh].¹⁸⁷ The use of the term "chair" [flesh] and the description of his touch indicate that this mysterious woman has become corporeal to the narrator; his obsession has progressed to a delusion in which the dead return to life. Eventually, his delusions become so great that he believes the tress of hair to actually be the woman; he takes it for a walk "par la ville comme ma femme" [throughout town as my wife] and to the theatre "comme ma maîtresse" [as my mistress].¹⁸⁸ Finally, the narrator's coherence, well maintained throughout the progression of his delusions, suffers a breakdown at the end of his story when the tress of hair is taken from him. His sentences become brief snippets separated by ellipses — "mais on l'a vue... on a deviné... on me l'a prise..." [but they saw her... they guessed... they arrested me...]¹⁸⁹ — reflecting the narrator's final breakdown that results with him being placed in an asylum.

While the narrator of "La Chevelure" seems to descend into his madness unaware, many of Maupassant's characters that develop symptoms of insanity tend to analyze or observe these changes. In "Fou?" [Mad?], published in 1882, the narrator questions his sanity:

"Suis-je fou? ou seulement jaloux? [...] J'ai accompli un acte de folie, de folie furieuse, c'est vrai; mais la jalousie haletante, mais l'amour exalté, trahi, condamné, mais la douleur abominable que j'endure, tout cela ne suffit-il pas pour nous faire commettre des crimes et des folies sans être vraiment criminel par le cœur ou par le cerveau?"

¹⁸⁶ Ibid, 26.

¹⁸⁷ Maupassant, "La Chevelure," 82.

¹⁸⁸ Ibid, 82.

¹⁸⁹ Ibid, 82.

[Am I insane? or only jealous? [...] I have committed an act of madness, of raving madness, it's true; but is not heaving jealousy, not exalted, betrayed, condemned love, not the terrible pain I endured enough to make anyone commit crimes and follies without them being criminal, by the heart or by the mind?]¹⁹⁰

The narrator describes insane jealousy of his wife, who he believes no longer loves him and is no longer happy with him; when he realizes that she loves her horse, he kills it and her in a fit of rage. The entire story focuses on the central, initial question: was his act mad or was it a justified act of jealousy?

The narrator of "Fou?" demonstrates the same manner of obsessions previously illustrated in "La Chevelure" and discussed in the contemporary medical literature; he thinks continuously and apparently involuntarily about his wife's declining affections, her imagined affairs, and her love for her horse. When he kills his wife and her horse, he treats the horse "comme un homme" [like a man];¹⁹¹ this suggests the narrator sees the horse as his genuine rival for his wife's affections, as his wife's lover. Nevertheless, the act is premeditated and not merely impulsive. Does this make the narrator's act more or less insane? This is the very question he seems to ask. However, Baillarger argues that "the fundamental phenomenon" of madness is "the loss of awareness" of one's insanity.¹⁹² According to this definition, the narrator of "La Chevelure," who has no awareness of his madness, is insane, but the madness of the narrator of "Fou?" who continues to question his insanity, may not be as certain. The narrator of "Fou?" moreover attempts to convince himself he is not insane, stating periodically "je ne suis pas fou" [I am not mad].¹⁹³

¹⁹⁰ Guy de Maupassant, "Fou?" in *Œuvres Complètes*, ed Pascal Pia, Vol. 2 (Paris: Maurice Gonon, 1969), 77.

¹⁹¹ Ibid, 81.

¹⁹² Baillarger, "Classic Text," 360-361.

¹⁹³ Maupassant, "Fou?" 80.

Of course, one might rationally argue that a man who believes his wife to be in love with a horse is insane; Maupassant seems to agree with this assessment, judging by the manner in which he constructs his story. Even when questioning his insanity, the narrator continually attempts to justify his actions; he asks continuous questions about the behaviors of women, how to exact his revenge, and his love for his wife; he also peppers his sentences with exclamation points to accentuate his arguments. The effect is frenzied and comes across as insane, alternating between authoritative statement and unanswered questions. Through the composition of the narrator's internal dialogue Maupassant answers the very questions that the former poses at the beginning of the story: he is indeed mad. Further, referring to his wife, the narrator describes himself as "secoué tout autant par le besoin de tuer cette bête que par la nécessité de la posséder sans cesse" [shaken as much by the need to kill this beast as the need to have her incessantly].¹⁹⁴ This impulse — the first of many — and the use of the word "bête" [beast] to refer to his wife imply abnormal thoughts in the narrator even from the beginning of the story.

Maupassant's depiction of the "bête" provides an intricate metaphor. The narrator refers to his wife as "la bête humaine" [the human beast];¹⁹⁵ his use of the word "la" to refer to his wife, both as a pronoun referencing "her" and as the feminine of the word "the," evokes a double entendre. In referring ambiguously to the narrator's wife or the beast, as in "la posséder" [have her], Maupassant underscores the description of the woman as animalistic, base, and devious. However, in referring to his wife as "la bête humaine" [the human beast] instead of "une bête humaine" [a human beast], the narrator suggests that women, as exemplified in his wife, represent in general the bestial side of human nature. This suggestion contrasts sharply with the narrator's own bestial behavior later in the story when he kills his wife and her horse.

¹⁹⁴ Ibid, 78.

¹⁹⁵ Ibid, 77. Zola's novel of the same name was published several years after "Fou?" in 1890.

This interpretation is further complicated by conceptions of women and sexuality in the nineteenth century. In her 2002 article, Patricia A. McEachern points out that some “bestial imagery” in nineteenth-century French literature is “directly associated with excessive sexual appetite and moral weakness packaged in an alluring female body.”¹⁹⁶ Similarly, in “Fou?” the narrator compares his wife to a beast in conjunction with descriptions of their conjugal relations. He describes her as “l’animal sensuel” [the sensual animal], linking her bestial characteristics with her sexual appetite.¹⁹⁷ Toward the end of the story, the wife is continually depicted with her horse, juxtaposing her animalistic characteristics and her close connection to an actual animal. In one instance, the narrator even describes his wife kissing and stroking her horse while he smells “le parfum de son corps en sueur, comme après la tiédeur du lit” [the scent of its body sweat, as after the warmth of bed].¹⁹⁸ Here the narrator directly compares his wife’s relationship with her horse to their marital, sexual relations, insinuating that there is a sexual aspect to the woman-animal relationship — a suggestion that further accentuates her bestial depictions.

Even in other French novels written in the same era, the image of a sexual woman as beast continually reappears. McEachern cites as one example Balzac’s 1835 novel *Le Lys dans la Vallée* [The Lily in the Valley], which features an important secondary character — a sexually liberated woman named Lady Dudley. Here, “the beast” is portrayed as “pure sexual appetite in the form of a woman.”¹⁹⁹ Nineteenth-century ideas of female sexuality parallel this metaphor; at the beginning of the century, married French women were not expected to be sexual beings but rather seen as domestic beings whose primary role was procreation. Marriage was supposed to

¹⁹⁶ Patricia A. McEachern, “La Vierge et la bête: Marian Iconographies and Bestial Effigies in Nineteenth-Century French Narratives,” *Nineteenth-Century French Studies* 31 (2002-2003): 112.

¹⁹⁷ Maupassant, “Fou?” 77.

¹⁹⁸ *Ibid.*, 81.

¹⁹⁹ McEachern, “La Vierge,” 116.

quell female passions; contemporary medical discourses suggest that husbands who over-encouraged their wives' sexual pleasure risked being victims of adultery.²⁰⁰ However, ideas about female sexuality were evolving from “purely procreative purposes” to “sexual pleasure” in marital relations;²⁰¹ this change provoked male concerns about how this would alter marriage dynamics. The narrator of “Fou?” likewise, questions his wife's faithfulness after she no longer seems to enjoy their interactions. As Rachel Mesch argues, “the husband is not the one who determines his wife's sexuality, and that is precisely why he is so anxious about it”;²⁰² the narrator of “Fou?” may be driven to his obsessions because of this reason.

Maupassant, too, writes about this gender dichotomy. In his 1883 introduction to the novel *Celles qui osent* [Women Who Dare] by René Maizeroy, Maupassant describes the differences between male and female sexuality.²⁰³ He argues that women are more constant and singular in their affections, making them inherently different from those of men; he also says that men have a great need for extramarital affairs so that they do not corrupt their wives with their sexual needs.²⁰⁴ He states that “une femme épousée c'est différent d'une maîtresse... un homme doit respecter SA femme qui est ou qui sera la mère de SES enfants” [a married woman is different from a mistress... a man must respect HIS wife who is or who will be the mother of HIS children] — hence Maupassant, too, places a wife in the procreative role, ignores her own

²⁰⁰ Rachel Mesch, “Housewife or Harlot?: Sex and the Married Woman in Nineteenth-Century France,” *Journal of the History of Sexuality* 18.1 (2009): 69. Mesch argues that women in this era were caught between sacrificing their sexuality in marriage or being seen as a harlot; this brought up important questions about what role a wife was supposed to play in the bedroom.

²⁰¹ Ibid, 65.

²⁰² Ibid, 80.

²⁰³ Ibid, 76.

²⁰⁴ Guy de Maupassant, “Celles qui osent” in *Œuvres Complètes*, ed Pascal Pia, Vol. 11 (Paris: Maurice Gonon, 1969), 268.

sexual desires, and confers the sexual drive in a marriage onto the husband.²⁰⁵ It can moreover be inferred that, like his contemporary authors, Maupassant places these preconceptions into “Fou?” implying that the narrator’s madness is partially derived from his wife, who rejects her prescribed sexual role.

Whether or not each character is in fact insane in Maupassant’s stories, the first-person narration of progressing delusions serves a greater purpose; “il communique au lecteur, avec une force troublante, l’angoisse, l’incertitude, la peur... la peur de soi, cet inconnu qui nous habite et avec lequel, une fois sa présence devenue tangible, la coexistence est impossible” [it communicates to the reader, with disturbing force, anxiety, uncertainty, fear... fear of self, this stranger who lives within us and with which, once his presence becomes concrete, coexistence is impossible].²⁰⁶ Maupassant’s detailed narrations serve primarily to illustrate this insanity and to provide fantastic examples of absurd madness.

²⁰⁵ Ibid, 269.

²⁰⁶ Schapira, “La Folie,” 42.

CONCLUSION

It has been contended that Guy de Maupassant incorporates both his medical symptoms and contemporary medical knowledge into his writings. By including hysteria, hypnotism, hallucinations, suicide, and various types of madness in his tales, Maupassant provides a unique, literary insight into attitudes toward various disorders in nineteenth-century France; he also uses these “case studies” to develop his own plots, create settings, and enhance the supernatural or fantastic interpretations which are characteristic of several of his stories.

Maupassant’s stories can also be examined chronologically (Table 1). He seems to write fairly consistently about psychiatric or neurologic disorders and their related symptom. His first stories were published even before his diagnosis with syphilis; his last stories were published when he was more and more often overwhelmed with symptoms of General Paralysis of the Insane. However, this table seems to indicate that depictions of madness in Maupassant’s stories increased over time. Writings in his early years featured hallucinations, suicides, hypnotism, and other severe symptoms; stories published from about 1884 frequently feature individuals afflicted with more severe forms of madness that drives them to insane acts: serial murder (“Un fou”), rape (“La Petite Roque”), and arson (“Le Horla”).

Is this increase in severity due to Maupassant’s progressing symptoms or to his growing knowledge of psychiatry? He was notably interested in the subject; besides attending lectures at the Salpêtrière, he may also have read articles or books on the subject, particularly after his brother Hervé started exhibiting symptoms and was placed in an asylum or after he himself began having optical problems and other neurological symptoms.

Of course, this change could be attributed to something else entirely. It is easy to track the progression of medicine through time; discoveries, changes in attitudes, and developments are often well documented. However, Maupassant is less easy to read. He was a notable recluse and even advised against reading too much into his stories; after publishing “Le Horla,” he worried that journalists might interpret from the story that he was mad but stated that the story was no more than an imaginary tale “qui frappera le lecteur et lui fera passer plus d’un frisson dans le dos” [that will strike the reader and send shivers down his spine].²⁰⁷ Perhaps, however, this fear that readers would interpret his writing as madness reflected Maupassant’s own fear of going mad; he may have wanted to obscure his progressing symptoms in his works. Moreover, Maupassant’s symptoms and experiences play an important role in the creation of his stories, which provide exceptional literary and personal insight into the medical field of nineteenth-century France.

²⁰⁷ Andrea Goulet, “Neurosyphilitics and Madmen: The French *Fin-de siècle* Fictions of Huysmans, Lermine, and Maupassant,” in *Progress in Brain Research: Literature, Neurology, and Neuroscience: Neurological and Psychiatric Disorders*, ed. Stanley Finger, et al., Vol. 206, (New York: Elsevier, 2013): 89. The translation here is Andrea Goulet’s.

TABLE 1. A selected chronological list of Maupassant’s stories, depicting their associated medical conditions.

Title	Medical Conditions, Symptoms or References	Publication Year
La Main d’écorché	Hallucinations	1875
Sur l’eau	Madness, fear, hallucinations	1876
Suicides	Depression (ennui), suicide	1880
Magnétisme	Hypnotism (mentions Charcot)	1882
Rêves	Drug-induced hallucinations	1882
Une femme	Hysteria	1882
Fou ?	Madness	1882
Une Veuve	Suicide (heredity)	1882
Madame Baptiste	Depression, suicide	1882
Conte de Noel	Hysteria, hypnotism	1882
Lui	Hallucinations, paranoia, anxiety	1883
La Chevelure	Madness, necrophilia, obsession, OCD ²⁰⁸ , life in an asylum	1884
Le tic	Nervous malady/physical symptom	1884
Berthe	Mental incapacity, neurosis	1884
Lettre d’un fou	Madness, hallucinations	1885
Un fou	Obsession, madness, OCD	1885
La Petite Roque	Hallucinations, suicide, madness	1885
L’Auberge	Hallucinations, madness	1886
Le Horla	Madness, paranoia, paralysis, hypnotism, hallucinations	1886/7
Madame Hermet	Obsession, BDD ²⁰⁹ , life in an asylum	1887
Qui sait ?	Madness, hallucinations	1890

²⁰⁸ Obsessive-Compulsive Disorder (as defined in Chapter III, p.47).

²⁰⁹ Body Dysmorphic Disorder: a mental disorder characterized by intrusive thoughts that some aspect of one’s appearance is defective or flawed and by a belief that these flaws must be hidden or fixed. Madame Hermet believes she has disfiguring marks on her face and spends the majority of her time looking at them in the mirror, hiding her face when visitors enter her room in the asylum.

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