Hysteria and Deviance in Fin-de-Siècle Hungary. Ilma's Case*

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Ilma Szekulics was the Hungarian Blanche Wittmann, one of the unfortunate primadonnas acting – and acted upon – on the obscure stages of fin-de-siècle psychiatry. She was an intelligent middle-class woman who rebelled against the confines imposed on her by her sex, her family and society, and employed deviant forms of social behaviour to survive. A petty thief, a forger, and a crossdresser, she became the number one patient of top psychiatrists in Austro–Hungary, diagnosed as suffering from hystero-epilepsy and contrary sexual feelings. The daily press discussed her arrest among the stories of thieves, forgers and impostors, witnessing to the fact that her case was neither unique nor extraordinary. The fast growing capital provided sufficient room for deviance, for crossing the socially defined borders between female and male, normal and abnormal, sick and healthy. Ilma's story however, becomes unique at the moment psychiatry appropriates her person. She is retained against her will in the hospital, well-known psychiatrists experiment on her, translating her deviant social behaviour as disease.

Ilma's story helps understand and fit the figure of the hysterical woman both into the context of late-nineteenth-century psychiatric/medical knowledge, and into general thinking on female nature and body, sexuality, lesbianism, and crossdressing. I want to show how medical knowledge, its institutional framework and practice embodied and reinforced the power relations between man and woman, doctor and patient. At the same time, an awareness of social constraints and possibilities, if cleverly exploited, could open up some space for manoeuvering and negotiations. Ilma's case allows me to show how social constraints and private interests combine into various forms of self-fashioning.

I shall discuss the social-embeddedness of medical interpretation: the two-way traffic of images and concepts between medical knowledge and the general climate of public opinion. The social conception of female nature and woman's role informs medical conceptions of hysteria, while the medical views on sexuality and female bodily processes reinforce the social meaning of gender and power relations. Since the late-nineteenth-century medical/psychiatric conception of hysteria often incorporated socially deviant forms of behaviour, and thus blurred the boundaries between hysteria, homosexuality, crossdressing, and crime, these mutually reinforced one another. In this way many forms of deviant or "immoral" behavior could be medicalized. The final section of the paper focusses on the

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notion of simulation which relates in intricate and revealing ways to the medical/psychiatric construction of hysteria. Separating out its many layers of meaning, the figure of the hysterical woman unfolds as one of the mythic images of womanhood haunting the cultural imagination of the period, just like the flirt, the prostitute, the actress, or the crossdresser.

The sources that serve as the basis of my reconstruction disagree on many points, in facts as well as in the significance attributed to these facts.[1] I will highlight some of the differences between the accounts of the psychiatrists and the two autobiogrphies of Ilma, since – I believe – in most of the cases they cover very conscious purposes, desires and strategies, hidden meanings, and personal aspirations.

Ilma's Life

Ilma was born in 1860 in a large Catholic family of fifteen as the eldest daughter of a wood and leather merchant. Her authoritarian and aggressive father seems to have never shown her either love or understanding. He sent her to a convent at the age of three, making her feel exiled from the family. The mother's figure is much more obscure. She seems to have been a loving person who often tried to defend Ilma from the father's aggression and improve the relationship between father and daughter. But she seems to have always yielded to the will of the husband and thus was unable to secure Ilma a place in the family (Laufenauer 1885; Jendrassik 1887, 1888a).

At the age of 17 or 18, Ilma spends the summer with her family and falls in love with his cousin Emerich staying in her father's house. They have an affair. Learning of the situation, the father immediately sends her back to the convent. Turning 19, she can bear convent-life no more and escapes by jumping out of a window. Although injured falling on the ground, she runs home to her family where instead of understanding, a furious father awaits her, threatening to beat her (Ilma in Laufenauer 1885). She falls ill, exhibits dramatic physical symptoms (including convulsive fits, frequent headaches, dizziness and faints), and has to stay in bed for about nine months. After her recovery in 1879 she is no longer willing to bend to her father's will (his wish that she return to the convent, or endure his aggressive behaviour toward her) (Ilma in Laufenauer 1885). Stealing a large amount of money from his father, Ilma escapes to another town where, in order to establish an independent life, she fakes a male identity.

Dressed as a man and using forged documents, Ilma – alias Gyula (Julius) Horváth – finds a job, and for one and a half years she earns her living as a tutor at a landowner's family. In 1881 she moves to Budapest where she earns twice as muchs at a railway construction company. Ilma completely deceives the people around her: she frequents restaurants with her male colleagues, drinks, smokes and goes with them even to brothels where, however, she is "not willing to prove her sexual capabilities" – something her colleagues note with curiosity (Laufenauer 1885: 68).[2]

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1 My main sources are Laufenauer's account and Ilma's first autobiography published in the *Medical Weekly* in 1885, the psychiatrist Jendrassik's account of his hypnotic experiments with Ilma published in 1887 and 1888, Dr. Tuszkai's popular article on hypnotism published in the *Magyar Salon* in 1887, and finally the Austrian psychiatrist and sexologist Richard von Krafft-Ebing's short book published on his hypnotic experiments with Ilma in 1889, including Ilma's second autobiography, and Krafft-Ebing's famous book *Psychopatia sexualis* in which Ilma appears as one of his patients. In addition to the learned medical papers, I found Ilma's case discussed in the issues of the Hungarian daily papers *Pesti Hírlap* and *Budapest* of 1883.

2 Unless otherwise indicated, all translations in this paper are mine.

In the meantime Ilma became a thief.[3] In one case she gave herself up to the police in order to save her friend arrested instead of her (Ilma in Laufenauer 1885: 72; *Pesti Hírlap* 1883; *Budapest* 1883). Since Ilma behaved strangely and had fits, the police sent her over to the hospital for medical and mental inspection. In 1883 and January 1885 she spent weeks in the Saint Roch Hospital, and was diagnosed as hystero-epileptic. In April 1885 Ilma was arrested again for stealing silver, and the court sent her to the hospital again for psychiatric observation in order to obtain an opinion on her mental state. The head psychiatrist, *Károly Laufenauer* published the case and his psychiatric opinion together with Ilma's autobiographical "her-story" in the supplement to the *Medical Weekly.* Laufenauer diagnosed Ilma as a hystero-epileptic (mentally and morally incompetent). Ilma was thus not taken to court and was treated at the hospital. Since her father committed suicide after her arrest was published in the press in 1883, Ilma was left to the care of the remaining men in the family. Her brother-in-law put her up in his house, while her brother was named as her guardian (Krafft-Ebing 1893 [1889]: 14).

Ilma could not accept being among relatives who looked at her as if she were mad (Ilma in Krafft-Ebing 1893 [1889]: 14). She escaped and refused to give up her accustomed way of life. In 1886 she was repeatedly arrested for theft, and her final court hearing in December of the same year received wide publicity in the papers. The accused Vilma (sic!) Szekulics faced some thirty women who all claimed that she was an impostor tricking and fooling people in a nun's habit in the capital (Tuszkai 1887: 186).[4] This time the forensic doctor *Sándor Ajtay* was charged to observe and judge her mental and moral competence (Krafft-Ebing 1893 [1889]: 14–15).

The court sent her to Lipótmező state mental asylum, but since Ajtay believed her suggestibility was valuable for medical research, he did not want her to simply vegetate among the insane. He sent her to Dr. *Ernő Jendrassik* at the Clinic of Internal Medicine. From the beginning of 1887 until October Jendrassik conducted a number of hypnotic experiments with Ilma. On March 5, 1887 he took her to the weekly session of the Budapest Royal Medical Association to demonstrate on her his hypnotic experiments. He subsequently published his findings and theory of hypnotism in Hungarian and German (Jendrassik 1887, 1888a, 1888b). After 9 months, however, Ilma had had enough of the "unending experiments" and escaped from the Budapest clinic to Graz (Krafft-Ebing 1893 [1889]).

In two weeks time, on October 20 Ilma was arrested for theft in Austria, and since she behaved very strangely, she was taken to *Richard von Krafft-Ebing*'s ward in the Neurological Clinic of Graz. Krafft-Ebing also conducted numerous hypnotic experiments on Ilma, who became probably his most important patient in the field of hypnotism.[5] He published a 100-pages long dissertation on the experiments, but she also appeared in the

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3 "The Cunning Thief," an article published in the *Pesti Hírlap* and the *Budapest* informs us that by 1883 the police were looking for Ilma for several cases of theft committed during the previous year. "…(U)nder several pseudonyms, and equipped with the necessary certificates, she found jobs as a housemaid, and was eager to earn the complete trust of her mistress. But she stayed at one place only until she found out about the valuables, then took most of them and escaped. She always returned to her own flat in the capital, where, in order to deceive the investigation, she immediately changed into male clothes. When the case was somewhat forgotten, she put on her female dress again, found a job as a housemaid, and repeated the same manoeuvre" (*Pesti Hírlap* February 13, 1883; *Budapest* February 13, 1883).

4 Dr. Ödön Tuszkai published a popular article on hypnotic sleep in the weekly for higher middle and upper class ladies, *Magyar Salon*, which he began with Ilma's trial.

5 On Krafft-Ebing's experiments in hypnotism and his treatment of Ilma, see Renate Hauser's 1992 doctoral dissertation (Hauser 1992). I thank Roy Porter for sending me a copy.

subsequent editions of Krafft-Ebing's famous *Psychopathia sexualis* as a woman with acquired contrary sexual feelings (Krafft-Ebing 1908 [1886]).

After seven months in Krafft-Ebing's department, Ilma was sent back to Lipótmező mental asylum in Budapest. Krafft-Ebing corresponded with the director of Lipótmező, Károly Bolyó on Ilma's state. Subsequent editions of *Psychopathia sexualis* included Krafft-Ebing's satisfied lines assuring us that after two years in the asylum Ilma was cured and dismissed (Krafft-Ebing 1908 [1886]: 191–192). My story, if not Ilma's, ends here.[6]

Institutional Power vs. Individual Strategies

Main Actors in the Field of Hungarian Psychiatry

Due to the late development of institutions for the treatment of the mentally ill in Hungary, in the first part of the nineteenth century, patients were still treated in public hospitals by doctors who lacked a training in psychiatry. Only with the emergence of mental asylums did the observation and specialized treatment of the insane become possible. Although the first significant asylum in Budapest was founded in the beginning of the 1840s, the founding father of Hungarian psychiatry is *Dr. Ferencz Schwartzer* (1818–1889)[7] who trained the first professional generation of Hungarian psychiatrists at his private mental asylum (established in Vác in 1850 and moved to Budapest in 1852). *Károly Bolyó*, *Gyula Niedermann*, *Károly Laufenauer*, *Jenő Konrád*, *Károly Lechner*, and *Ottó Babarczi-Schwartzer* later became important figures and holders of high positions within Hungarian medical and psychiatric circles, were all Schwartzer-students.[8]

Mental asylums[9] provided space mostly for confinement, treatment, and post-mortem

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6 I found no sources to follow Ilma after leaving the Lipótmező asylum.

7 Schwartzer – trained in Germany and France – became Privatdozent and lectured in mental pathology in 1860 at the Budapest University. His book *A lelki betegségek általános kór- és gyógytana, törvényszéki lélektannal (General Pathology and Cure of Psychic Disorders, with Forensic Psychology),* published in 1858 supplied a great need.

8 *Bolyó* (born in 1833) was Schwartzer's assistant doctor in the asylum between 1857 and 1863. Granted scholarship, Bolyó visited many European psychiatric institutions between 1863–65, and upon his return published widely in the *Medical Weekly* and the *Cure*. In 1866–68 he was general physician at Saint Roch Hospital in Budapest, and became Privatdozent of mental health in 1866. From 1868 he became the ward doctor and from 1899 the director of *Lipótmező* state mental asylum in Budapest.

Gyula Niedermann taught forensic medicine from 1865 at the Faculty of Law in Budapest, took part in the modernization of the Lipótmező state mental asylum, and later founded a private mental sanatorium. *Károly Laufenauer* (1848–1901), see later in details. *Jenő Konrád* (born in 1854) spent three years studying abroad after acquiring his medical diploma in Budapest. Subsequently he was practicioner at the Budapest Lipótmező- and the Viennese state mental asylums. From 1886 the director of the Nagyszeben mental asylum. *Károly Lechner* became director of the Angyalföld mental asylum in the 1880s, and then professor of mental pathology at the Kolozsvár University in Transylvania. Around Lechner and the psychiatric department at the university, a second important intellectual community could develop complementing the Budapest school.

Ottó Babarczi-Schwartzer, son of Ferencz Schwartzer, became the ward doctor and – after the death of his father in 1889 – the owner and director of the Schwartzer asylum. In 1883 Babarczi-Schwartzer became Privatdozent of forensic mental pathology at the Faculty of Law in Budapest. His endeavours to settle the legal conditions and defence of the mentally ill, together with his comprehensive works on the issue were filling a huge gap in the history of Hungarian psychiatry.

9 In the 1860s two further mental asylums were opened in Nagyszeben (Transylvania, present-day Romania, 1863) and the *Lipótmező* state mental asylum in Budapest (1868). The first director of both institutions was *Emil Schnirch* trained in Vienna, to be followed by the Schwartzer students Niedermann, Bolyó and Konrád.

dissection. By his time anatomical and histological research had come to the fore throughout Europe as a result of the nineteenth-century revolution in medicine. The expansion of research schools, teaching hospitals, and the increasing availability of scientific equipment made clinical and laboratory experiments possible and desirable. It was *Károly Laufenauer* (1848–1901) who established histological and neurological research in Hungary and succeeded in drawing the systematic study of mental pathology into the medical curriculum (see Moravcsik 1906a; Schaffer 1928).

After acquiring his medical diploma at the Medical Faculty in Budapest in 1873, Laufenauer worked at the Schwartzer asylum for three years. In 1876–77 he spent one year with a scholarship studying with great figures of the Germanic school of neurophysiology: Meynert in Vienna (brain histology, the healthy and pathological anatomy of the central nervous system, methods of its microscopic observation), and Westphal in Berlin.[10] While the other Schwartzer students followed their careers within asylums, Laufenauer did not neglect neurology and continued histological research even during the three years at Lipótmező mental asylum. In 1881 he broke with the asylum, and practised at Saint Roch Hospital. He became Privatdozent of mental health and pathology in 1878 and Professor Extraordinarius in 1882 when he founded the Department of Mental Health and Pathology at the Medical Faculty. In 1891 he became Professor Ordinarius of mental pathology and neurology, and was elected corresponding member of the Hungarian Academy of Sciences (1898).

At a time when several new subdisciplines emerged, and the different professional medical groups competed for recognition and authority, Laufenauer endeavoured to secure for psychiatry and neurology an increasingly prestigious place within the medical sciences. The foundation of the Department of Mental Health and Pathology at the university entailed the establishment of academic research in psychiatry. This was followed in 1892/93 by the establishment of the Department of Forensic Mental Pathology by Laufenauer's 'student' and young colleague *Ernő Moravcsik,* and in the following year, by that of the Department of Neurology under the direction of *Ernő Jendrassik* (1858–1921).[11] Within a few years mental pathology and neurology became obligatory subjects for medical students.

Since there was as yet no university clinic for the mentally ill, Laufenauer used for his observation the patient material at Saint Roch Hospital. He was working hard on the establishment of a separate university mental health clinic, something he was unable to achieve during his lifetime (but which was finally built by 1908 and was directed by Moravcsik).

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10 The ties to Vienna and to the German speaking academic world was obviously strong (German and Latin were the langeuages used at the university up until the beginning of the 1860s), some of the Hungarian doctors were trained at the Viennese medical university, and many spent some time in Vienna or Germany with scholarships. But it was not exclusive. The biographies of Hungarian doctors prove that many of them travelled widely throughout Europe.

11 *Moravcsik* (born in 1858) received his medical diploma in 1881. From 1883 he was the assistant doctor at Laufenauer's ward at Saint Roch Hospital treating the mentally ill. In 1887 became Privatdozent of mental pathology. He dealt with forensic mental pathology, and became its Professor Extraordinarius in 1892. He became the first director of the University Psychiatric Clinic in 1908. Moravcsik travelled widely in Europe visiting important institutions in Germany, France, England, Belgium, and Switzerland. *Jendrassik* (1858–1921) received his diploma as a trained neurologist and doctor of internal medicine. Short after completing his university studies, he published his findings in the study of the reflexes. Due to its success he soon became famous and received a one-year scholarship abroad. (His classification of the different reflexes and method of observing weak reflex activity became internationally accepted and the latter was named after him.) He also researched inhereted degenerative diseases, and neurosis. In 1884 he studied with Meynert in Vienna, and in 1885 with Charcot at the Salpêtrière. Upon his return, Jendrassik started his experiments with hysterics and with hypnotism. He was an outstanding neurologists of Hungary.

Considering his training and interest, Laufenauer was an ardent neurologist who believed that mental and neurological disorders were somatically grounded. His school combined the study of mental pathology with neurological research, and complemented the clinical observation of patients with anatomical and histological laboratory research. Many of his students became outstanding psychiatrists and neurologists of the country: Moravcsik, *Károly Schaffer* (1864–1939, famous brain neurologist), Artur Sarbó, Kálmán Pándy, Pál Ranschburg, Imre Décsi, just to mention a few.

Laufenauer was the first in Hungary to thoroughly study hysteria and hypnosis (even at the cost of neglecting his histological research for a long time), followed by a number of psychiatrists and neurologists, among them Jendrassik and Moravcsik the most important.[12] In 1883 and 1884 Laufenauer made a number of presentations of hysterical patients and conducted hypnotic experiments with hysterical women in front of the medical faculty and the Budapest Royal Medical Association. The eminent Austrian psychiatrists, Meynert and Krafft-Ebing[13] visited his ward and were impressed by Laufenauer's research. Striving to find the organic causes of hysteria, Laufenauer meticulously studied its motor and sensory symptoms – visual and hearing problems, hyperaesthesia – endlessly measuring and scrutinizing, experimenting and comparing. Following the famous Parisian neurologist, Charcot, Laufenauer and Jendrassik also equated the hysterical and the hypnotized conditions.

The nineteenth century is the period of the mass-scale appearance and democratization of hysteria (it ceased to be an exclusively upper-class female disease, and spread to all segments of society crossing gender and class boundaries, affecting males and the poor as well).[14] Even if Laufenauer, Jendrassik, Moravcsik and other Hungarian psychiatrists – similarly to Charcot – did not deny the existence of male hysteria (or hysteria in children), the incidence of female hysterical cases by far outnumbered that of male cases.

For many centuries, medical approaches to hysteria sought mostly – but not exclusively – the organic causes of the disorder. Traditionally explaining it with reference to the dysfunction of the womb (an idea that was largely refuted in the late-nineteenth-century but still propped up in some works[15]), or the nervous system, or the brain. Nineteenth-century neurology (in the midst of the earlier described medical revolution and institutionalisation) wholeheartedly subscribed to the traditional somatogenic theory. From time to time, however, psychological explanations and psychogenic theories of hysteria were developed.

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12 Laufenauer, Jendrassik, and Moravcsik produced the most significant first comprehensive studies and schooltexts on hysteria and hypnosis ("Hysterical Mental Disorder" in Moravcsik 1897: 336–368; "Hysteria in Jendrassik" 1914: 437–450; chapter on hyteria by Laufenauer in Bókay et al. 1899).

13 Krafft-Ebing (1840–1902) famous German speaking psychiatrist and sexologist. He completed his medical studies at Heildelberg University, and was a junior doctor in the Illenau mental asylum in Germany for 5 years. He was appointed as Professor Extraordinarius to Strasbourg University in 1872. The next year he left and from 1873 to 1889 worked at the Graz Clinic, and between 1889 and 1902 in Vienna. He published widely in general and forensic psychiatry, but became most famous for his book *Psychopathia sexualis* (1886) (republished more than ten times in his lifetime, and translated into several languages). Krafft-Ebing is often seen as the key figure in late-nineteenth-century sexology writing the first comprehensive study of sexual perversions identifying its four variants: the homosexual (person with contrary sexual feelings), the sadist, the masochist, and the fetishist. Within the modern conceptual framework of psychiatry, homosexuality is distanced from its traditional anatomical explanations, and seen for the first time as a disease (of the sexual instinct), forming an integral part of the personality (see Davidson 1987).

14 From the wide literature on gender- and class aspects of nineteenth-century hysteria, see Gilman et al. 1993, Micale 1991.

15 Even though Laufenauer and others denied the uterine theory of hysteria, the ovaries still constituted the hysterogenic points, and there was still heated debate over the use of 'castration' of the ovaries to cure hysteria among Hungarian gynaecologists and psychiatrists in the *Orvosi Heti Szemle (Medical Weekly Review)* 1889 VI (24): 779–781.

As Roy Porter and G. S. Rousseau pointed out in their introduction and essays in *Hysteria Beyond Freud* (Gilman et al. 1993),

> Freud was not the *beginning* of anything new in the history and conception of the condition but rather the *end* of a long wave. (…) The Viennese founder of psychoanalysis was not the kingpin of a new province of *hysteria* – however the condition or the category was defined – but the thinker best able to marshal the resources of an already rich kingdom that had seen itself rise and fall many times in the past (Porter and G. S. Rousseau 1993: IX.).

By writing the almost three-thousand-years medical and cultural history of the theories of hysteria, and by "launching" psychoanalysis "from the base of *medical* hysteria as it was construed in the late nineteenth century," Porter and Rousseau seek to do justice to many forgotton men of medicine whose work should not be measured by the "Freudian yardstick."

Jendrassik, like a number of other conservative and prestigious professors, vehemently refused psychoanalysis and was consequently hostile till the end of his life towards its world-famous Hungarian representative, Sándor Ferenczi (1873–1933).[16] In the 1914 *Textbook of Internal Medicine* Jendrassik wrote the chapter on hysteria. At the end he refers to sexology and psychoanalysis as "pornography in disguise" and claims that treatment which consists of the "molestation of the patient with the most indecent questions in private interrogation (…) is a real menace to young girls." (Jendrassik 1914: 448–449). Jendrassik had a direct influence on Ferenczi's career, and thus indirectly on the history of psychoanalysis in Hungary.[17] Though paradigmatic in leading neurologist circles, his attitude was not the only possible one. At a time when Freud's name was uttered only with contempt and psychoanalysis received harsh criticism, Moravcsik claimed in his 1913 book (*Az idegbetegségek gyógyítása [The Cure of Mental Disorders]*. Budapest: Franklin) that Freud's method offered a glimpse into the mysterious mechanisms of the psyche and represented a new direction of scientific research (Harmat 1994: 149). A few young psychiatrists deeply influenced by psychoanalysis – such as Lilly Hajdu (1891–1960) and the writer Géza Csáth (1887–1919) – started their career at the ward of Moravcsik.[18] And it was Moravcsik himself who suggested to Ferenczi in 1918 that he apply for the position of a Privatdozent with his official support (this time Ferenczi failed to be appointed) (Harmat 1994: 56).

Much research is needed to explore the interplay or overlap between organic and psychological theories of mental disorders in turn-of-the-century Hungarian medicine – with special emphasis on its social relevance. I wish to emphasize, however, that, without

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16 Ferenczi completed his university studies in Vienna in 1896, returned to Budapest and started to work at Saint Roch Hospital curing prostitutes of venereal diseases. Ferenczi, who from the beginning wanted to deal with psychiatric patients, became assistant physician in 1900 under Schaffer at the neurological and psychiatric ward of the Erzsébet Szegényház-Kórház (Elizabeth Work-house Hospital). In the same year he started private practice as a psychiatrist and general practitioner.

17 Following their unsuccessful demands in 1918–1919 winter that Ferenczi (who was not yet a Privatdozent) give lectures on psychoanalysis at the university, students wrote a letter to the Minister of Education requiring regular lectures on psychoanalysis. To provide information on the question at the request of the Ministry, the Dean asked Jendrassik to write a report. Jendrassik rejected the idea of Ferenczi's appointment as Privatdozent, and claimed that the "false doctrine" of psychoanalysis is not taught at foreign universities, and the greatest scholars (giving a long and illustrious list of foreign professors) reject the "pornography and interpretation of dreams" calling itself psychoanalysis (Harmat 1994: 93–97).

18 Csáth was assistant at the neurological clinic of Moravcsik between 1910 and 1913. Moravcsik was definitely supportive of the young psychiatrist who wrote the study *Az elmebetegségek pszichikus mechanizmusa (The Psychic Mechanism of Mental Disorders)* in 1911 (Harmat 1994: 75, 154).

the developing asylum system from the middle of the century,[19] and without the endeavours of neurologists like Laufenauer and Moravcsik (true representatives of positivistic scientific approach) to establish and develop clinical research in mental pathology, to conduct experimentation on neurosis such as hysteria and neurasthenia, and to write the first comprehensive works on mental disorders in Hungarian, there would have been no favourable institutional and intellectual environment for psychoanalysis in this country.

Alternative Strategies and Interpretations

Although the reconstruction of the power relations between doctor and patient, man and woman, judge and criminal undoubtedly reveals the abusive nature of institutionalized and gendered power, as well as the constraints imposed by scientific knowledge, the picture proves to be more complex. By highlighting individual strategies, negotiations and manoeuvres both in actions and texts, I wish to demonstrate the "power of the powerless" to invert – if only temporarily – power relations. In spite of being in the threefold disadvantageous position – woman, criminal, sick – Ilma could win battles, even if she finally lost the war.

The authority of the psychiatrist derives from at least two sources. As the medical expert before court, he is scientific knowledge incarnate. This position is grounded within the scientific community which reads and approves of his case descriptions. Laufenauer's sole objective seems to be to promote his professional career and maintain his authority as a doctor and an author. The debated evidence value of psychiatric expertise in the prevailing legal practice complicates this simple picture. First, Laufenauer's formulations in his psychiatric opinion for the court are in no way definitive. Contemporary Hungarian law and judicial practice considerably restricted the medical expert's influence on court decisions. Cooperation between the court and the medical community was not smooth. In 1893, eight years after Ilma's case, Laufenauer published a polemic paper in the *Treatises of the Hungarian Lawyers' Association* in which he still heavily criticized the judicial practice of revising or entirely ignoring medical opinion on the mental and moral competence of the accused (Laufenauer 1893: 1–15). The ultimate decision concerning a person's mental health was made by the judge. Although the court obtained – and in most cases took into consideration – a medical opinion, it was merely "informative" from the legal point of view and not binding for the judge (Babarczi-Schwartzer 1895: 8).

Secondly, as we learn from Laufenauer's 1893 polemic, "10–12 years ago psychiatrists were still missing from the courts, at least in criminal cases." There were court doctors but without training or clinical practice in psychopathology (Laufenauer 1893: 9). At the time of Ilma's case in 1885, the authority of psychiatric opinion was not yet fully established.

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19 In addition to the clinical and university establishment of psychiatry, the modernisation of mental asylums in the second part of the century was also crucial for the development of the psychological theory of mental disorders. As Porter claims, the intellectual roots of a psychological theory of hysteria "lie in lunatic asylum reform around the turn of the nineteenth century. Leading asylum superintendents (…) repudiated traditional organic nosologies and medical therapeutics as misconceived and inefficacious" and found treatment based "on psychological principles, by appeals to reason, humanity, and the feelings" necessary (Porter 1993: 261). It is evident from the biographies of first-generation asylum directors in Hungary that many of them received their primary training at the Schwartzer asylum in which Shwartzer avoided the use of coercive means, and advocated work-therapy instead (Moravcsik 1906b: 38–42). They were highly educated professionals who visited other European asylums, and applied their experiences back home.

Psychiatry had just been introduced to the curriculum in medicine, and there was as yet no separate psychiatric clinic. Thus the stakes were high, and it was of strategic importance to emphasize the competence of the psychiatrist in judging the accountability of the accused. Laufenauer's position was less powerful than it would at first appear. As an expert, and especially as a psychiatrist, his aim would be to gain wider acceptance and prestige for his profession.[20]

Ilma's position requires less explanation. Her obvious and clear motive in composing her own story is to present herself as a victim. Laufenauer tells us that Ilma gave him her autobiography a few days after he had finalized his medical report. It is indeed likely that Ilma took the initiative here. She suggests that she felt the need for self-expression. Ilma uses the words: "*my* story, that is *my confession*" in her first sentence. She *confesses* her story to the psychiatrist, wants to give *her own* version, in order to defend herself, to explain the circumstances of her life and actions, and to elicit the sympathy of the psychiatrist, whom she believes to be in a position to decide about her future. At the end of her account she returns to the same rhetoric, and asks the psychiatrist "with hands put together, to have mercy," and begs his "forgiveness" (Ilma in Laufenauer 1885: 71, 74). With the word "confession" in the first line, Ilma immediately sets up the confessor/sinner and judge/priest/forgiving parent relationship in which she occupies the subordinate position. She acts upon her role as the patient in need of help. This young woman, who previously dressed and lived as a man for years, here reconstitutes herself as a woman again by employing a moralizing rhetoric which refers to the weak and fallible nature of woman in need of the support and understanding provided by a man. Thus Ilma emphasizes and exploits the traditional power-relations between doctor and patient, man and woman, judge and confessor.

The different strategies Ilma chose to negotiate her own story and the alternative interpretations by doctor and patient can be best illustrated on a few selected themes and episodes (Ilma's childhood experience; the figure of the father; Ilma's fall from virtue; and the escape from the convent). Certain deviations between Ilma's first autobiographical writing written in 1885 and her second written in Graz in 1887 during Krafft-Ebing's treatment is also revealing about her ability to exploit knowledge gained during her medical treatments.

When writing about her crucial *childhood experiences*, Ilma mentions rejection by the father, exile from the family, and the harshness of convent life. Ilma explains that due to these factors, "I lost my childhood gaiety and turned into a pensive, melancholic child hiding from people" (Ilma in Laufenauer 1885: 71). While Ilma's own description directly invokes *melancholia* here (and thus gives rise to the sexually neutral image of the sad and shy melancholic child forced into solitude), Laufenauer's account enumerates the features of *hysteria,* evoking the uncontrollable and sexually-charged figure of the hysterical child:

> The *mysticism* of convent life only enhanced her dispositions to turn into herself and *indulge in fancies*. *Avoiding company* even at home, she *liked* to retreat into the quiet *shades of the garden*, or to frequent the *gloomy*, *foliaged forest* where she could engage in *daydreaming* without any disturbance. … At school she enjoyed immersing herself in the *intricacies of mythology* where her *restless soul* always found nourishment." During her holidays at home, the girl "*passionately* gave way to her *romantic dispositions*. Sober thinking lost control over

20 Although there is no indication that Laufenauer would dramatically and deliberately change the facts of Ilma's case, he presumably wanted to present it in a convincing and even impressive manner (perhaps this accounts for the unusual publication of Ilma's story, too), in order to strengthen the authority of his profession.

> the *stormy waves of temperament* and she judged the world under its influence (Laufenauer 1885: 67, ital. mine).

In this description, Laufenauer's adjectives, rhetorical devices, stylistic choices and metaphors utterly determine the picture of Ilma for the reader. Ilma appears as a restless, nervous person with strange desires who deliberately chooses and enjoys solitude and withdraws from others, into herself, in order to give free vent to her dreams and imagination. The places she frequents are mystical, shady and gloomy. Her emotions sweep away her control, she is unbridled and irrational. Without ever mentioning the word hysteria at the beginning, Laufenauer implicitly evokes it by alluding to some of its best-known markers. Laufenauer retrospectively projects the picture of the hysteric on the young girl in order to make her adult hysteria all the more evident.[21]

While Ilma emphasizes the sadness she found in loneliness, and the pains rejection by the father caused her, Laufenauer adjusts Ilma's personality to the notion of the "introvert" child who passionately seeks solitude.[22] Laufenauer draws the portrait of the restless, introvert, neurotic child constantly craving solitude and longing for the mystical, the forbidden. Thus presumed attributes of the nervous and sexually unappeasable woman were not only present in everyday thought, they also formed an integral part of the medical concept of the hysterical character.

Another example of Ilma's strategy is the *picture* she gives *of the father* who seems to be a key figure in her life. Both descriptions refer to the emotional trauma caused by the father's rejection. In the psychiatrist's description, the stern father is merely incapable of expressing his love for his daughter, while Ilma depicts him – although in a calm and respectful language – as an irresponsible and aggressive father. Where Laufenauer only speaks of the "threat" of a beating, Ilma evokes a furious man out of his mind who attacks her with an axe in his hand. In her account, the father leads a life of "debauchery." His irresponsible speculations and overspending lead to bankruptcy, he becomes an alcoholic unable to provide for the family. No such details are mentioned by the psychiatrist.

Ilma portrays her father as a total social and familial failure, and herself as the victim of patriarchal aggression and deprivation of love. Such a strikingly critical attitude toward the father would have normally been considered inappropriate for a girl. But here it is the best strategy she can employ to establish herself as the victim. Her "confession" turns into a plea in her own defence. In Laufenauer's more laconic and less critical description, it is the father who becomes the victim of Ilma's deviant behaviour: he is said to have committed suicide after Ilma's arrest by the police (for wearing male garments). The father's suicide

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21 The textbook description of hysteria uses similar metaphors. Hysterical women "exhibit an *inclination to daydream*, they like the *romantic*, the *mystical*, to have their *imagination excited* and, due to their *increased imaginative power*, they *build castles in the air* and *adore non-existing ideals*" (Moravcsik 1897: 348, ital. mine).

22 As Thomas Laqueur claims in his essay on nineteenth-century masturbation, the 'solitary vice' was conceptualised as withdrawing into the self, turning inward, directing sexual energies back to the body. Behind its vehement condemnation, Laqueur detects the social anxieties surrounding asocial attitudes (Laqueur 1989). Roy Porter also mentions Victorian psychiatrists and physicians "who saw hysteria as the penalty for excessive introspection, especially when accompanied by a- or anti-social dispositions and, worse still, by auto-erotism" (Porter 1993: 247). Even if I do not claim that Laufenauer consciously associated Ilma's behaviour with masturbation, the connection between hysteria and self-abuse was present in contemporary medical and moralising thought. Moravcsik also connects masturbation with hysteria (and mental disorder in general): "abnormally early awakening of the sexual instinct and its frequent satisfaction are usually due to an abnormal nervous system. … *hysterical, neurasthenic and weak-minded children* soon immerse in sexual pleasures, partly via normal sexual intercourse, partly – and more frequently – via *self-abuse*" (Moravcsik 1897: 66, ital. mine).

appears in Ilma's account as well. She also mentions that her brother accused her of contributing to their father's death, but she does not comment on it and ignores this point. She expresses no sorrow over the father's death, although in other cases she admits her responsibility in causing problems to others, and shows deep regret.

A third example is Ilma's presentation of her love affair in which she *falls from virtue*. In both accounts, Ilma falls in love with a young man in her father's house. Laufenauer briefly adds that "they were carried away so much in the affair that they even sought sexual pleasures," and when the father had realized the situation, he immediately sent Ilma back to the convent. There is no more mention of the relationship in the psychiatrist's account.

Ilma plays out the card of the weak and fallible woman again. First she writes about her decision to dutifully yield to her father's will and remain in the convent all her life, when

> a feeling called love destroyed my promise and thrust me into the storms of life without a purpose. For to love and live for love's end is one of the rules of life, but to love without any purpose or prospects is a slow poison which embitters life and destroys even the most sacred of feelings. … I met a young man who stole my heart and the sanity of my mind. I forgot about my promise and yielded to the ecstasy of the moment, and he got what he wanted (Laufenauer 1885: 71).

Here Ilma clearly appeals again to the widespread notion of ideal womanhood where the main purpose of woman's life is to give and seek love. She admits her sin in a moralistic and romantic rhetoric that also exempts her. In the nineteenth-century context, this way of reasoning mostly exonerates woman by explaining her fall with her innate weakness, naivity, and inclination to love unconditionally.

Ilma *escapes from the convent* by jumping out of the window one night. In Laufenauer's account, the actual motive for escape is that the mother superior locked Ilma up for the night as a punishment for negligent behaviour. Ilma's account indicates a growing sense of frustration due to separation from the world and her lover. She enumerates several factors which led to her escape. Probably the strongest motive (something Laufenauer does not emphasize but which constantly recurs in Ilma's account) is her fear that she must stay in the convent for good.

Two years later Krafft-Ebing published parts of Ilma's autobiography which she wrote at the clinic in Graz.[23] In this second autobiography Ilma clearly reconsiders the figure of the father as well as her reason for escaping from the convent. Here the father hardly has any importance, and an utterly new element – hypnosis – is blamed for her misfortunes.

Ilma claims that as early as during the years in the convent she was already regularly hypnotized by the nuns. In an incredibly novel-like style and detailed narrative Ilma recounts the story of her escape. She claims that she was hypnotized by the nun most respected and loved by her, and under hypnosis, was suggested to steal the treasury of the convent. Ilma, however, accidently woke up in the middle of the hypnosis (and the theft), and understood that she was made to commit a crime. Utterly disappointed in her "sister," she realized she could not stay in the convent any longer, since no one would believe her story, thus she escaped jumping out of the window. Krafft-Ebing is somewhat hesitant whether to give credence to Ilma on this point. Although he adds that he talked to the

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23 Since autobiographies of hysterical patients do not abound in the period, both Laufenauer and Krafft-Ebing found Ilma's intense urge to self-expression important. While Laufenauer preserved the integrity of Ilma's writing by publishing it next to his own, in full length, and avoiding erasure, comments, or questioning parts of it, Krafft-Ebing "violated" it by cutting it into pieces, annotating it, and only quoting Ilma where he found it necessary.

mother superior at the convent who denied everything, he still claims, that the core of Ilma's story is probably true, it is merely presented in a colorful way.

Assuming that she was not in fact hypnotized by the nuns (or, more precisely, not in the "medical" sense of the word), there are at least two ways to interpret Ilma's introduction of the element of hypnosis which was absolutely missing from the first autobiography. She may have consciously used it as a new scapegoat to blame for her miseries. But it is also possible, that she experienced religion as something very similar to what she later experienced as hypnosis during the experiments of Ajtay, Jendrassik, and Krafft-Ebing.[24] Both at the convent, and later during the hypnotic experiments, Ilma was told what to do, how to think, how to behave and what to believe. In order to fit into the system and adapt to the otherwise hated confinement of the convent or the hospital, she had to accept and follow "suggestions." The overall experience of religion and medical treatment could have been similar. She projected hypnosis back to the convent life in 1887, after she learnt from the psychiatrists what to call it.[25]

In the second autobiography, in rewriting her story Ilma also projects crossdressing on her earlier life.[26] At the same time we encounter the strategy Ilma used earlier to evade responsibility: this time she appeals to her womanly nature designed for loving when she tries to explain her homosexual feelings at the clinic in Graz.[27] As a new element, Ilma consciously employs the knowledge acquired during her encounters with forensic doctors and judges. From Krafft-Ebing we learn, that during the hearings after her arrests in 1886 Ilma always claimed that she did not remember her deeds: "She said that she had attacks, and during her actions under attacks she possessed no consciousness or memory" (Krafft-Ebing 1893 [1889]: 14–15).

In 1885, Laufenauer reads Ilma's hysterical symptoms and deviant behaviour as signs of insanity. "Symptoms of simple neurosis, of the most expressed mental disorder, and of convulsive states of unconsciousness melt here together." Ilma suffers from hystero-epilepsia, therefore "she is insane, and did not possess her free will at the time of her crime," and thus cannot be accountable for her acts. (Laufenauer 1885: 65, 74).[28] Laufenauer claims that "patients suffering from hystero-epilepsia are constantly in a state of mind which, in

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24 I thank Krisztina Horváth and Mária Joó for drawing my attention to this second possible interpretation.

25 Ilma herself writes "I felt like dreaming" when describing one of her memories. After she falls in love with her cousin, Emerich, and has to return to the convent, Ilma writes: "The day of my taking vows was approaching. I spent the night indifferently, insensitively in the chapel, and could not pray. I went to the altar not as the bride of Christ, but to carry a broken heart to the coffin. The ceremony ended, and I felt like dreaming" (Ilma in Krafft-Ebing 1893 [1889]: 8–9).

26 In the new version of her escape, she changes her nun's habit for a housemaid's dress as a disguise.

27 "You judge me wrongly if you think that I imagine myself a man as opposed to a woman. Just the opposite, I feel myself a woman regarding my way of thinking and feeling. Since I loved a cousin of mine as a woman loves a man. But dressed as a man in Pest, I had the chance of observing a female cousin, and this is where the change in my feelings originates. I was disappointed in him, and it caused me unbearable torments. I knew that I would never be able to love a man again, that I belong to those who only love once. In addition, in the company of my colleagues at the railways, I had to endure listening to the most ignominious speech, and frequent the most disreputable houses. The experiences of the world of men thus acquired induced in me an unconquerable repulsion for the male sex. Being very passionate by nature, and feeling the need to be next to a beloved person and to give my entire self to this person, evolved an attraction towards women and girls, especially towards the intelligent" (Ilma in Krafft-Ebing 1893 [1889]: 15–16 and 1908: 192).

28 According to a 1878 Hungarian law, a person cannot be called to account for an act committed in an "unconscious" state or his or with "sound mind disturbed, and thus not in the possession of his or her free will." The notion of restricted competence, which was part of the 1843 legislation, is clearly missing from the 1878 law (Babarczi-Schwartzer 1906: 178).

many cases, most definitely excludes competence" (Laufenauer 1885: 75). He thus exempts her from the crimes she is accused of.[29] By 1893, his views on the legal competence of hysterics had changed. There can be two explanations for this shift in Laufenauer's judging the legal competence of hysterics between 1885 and 1893. Increase of his professional experience and knowledge or that in 1885 he merely wanted to exempt Ilma from her crimes by declaring her insane. Regarding hysterical women as mere simulators and morally deprived criminals would have further strengthened the traditional moralistic attitude toward female deviance, and made the psychiatrist's knowledge and involvement in criminal cases unnecessary or even useless. Whichever explanation is closer to reality, however, makes no difference from Ilma's point of view. The price she pays for her exemption from moral and legal responsibility, is her social stance as a sane person.

All her life, Ilma – similarly to other women[30] – negated the power relations and values cherished by society, but in cases of conflict, consciously appealed to them. The "usual" pattern of Ilma's cases was: thefts, arrest, strange behaviour and frequent fits, sent to the hospital for observation, mostly found incompetent, retained in the hospital for treatment, and finally let free. Society seems to have been unable to deal with these petty thieves and impostors, women regarded as hysterics relapsing into crime or illness. Ilma's choice of deviance – her outwitting society by inverting its rules, redefining its spaces, crossing its internal boundaries (between man and woman, the sick and the healthy, the normal and the pervert), and emptying its gender categories – secured her a certain degree of freedom. And when arrested and called to account for her crimes, in most cases she won exoneration by playing upon the very notions of womanhood, the natural characteristics and inclinations of the female sex that she had set out to negate with her life. Ilma was not a feminist. She was not even Dora, who – in her utter frustration – could walk out on Freud.[31] In the fin-de-siècle psychiatric and psychoanalytic world, Ilma's twin-sister would rather be Charcot's

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29 The crucial question is whether hysterics can be legally called to account for their actions. Babarczi-Schwartzer refers to a 1891 case in which the court declared that diseases like hysteria which restricted the free decision-making capabilities of the mind, did not rule out legal responsibility (Babarczi–Schwartzer 1906: 179). The hysteric woman as neither unconscious, nor mentally ill, was thus accountable for her acts. In his 1893 polemic, Laufenauer also lists hysteria among those pathological states which cannot be simply categorised as either unconsciousness or insanity. Laufenauer admits that hysterics are usually not in full possession of their free will, but since he agrees with the legislation that excludes limited competence, he makes hysterics legally responsible for their acts. Instead of limited accountability, Laufenauer argues for milder punishment (Laufenauer 1893: 8–10).

30 Another young woman, Katalin Kosztyán's case from December 1886 proves that this strategy could overcome the institutionalised power of forensic medicine. *Pesti Hírlap* reported the case of the 21-year-old housemaid who attempted to kill her unfaithful lover who had got her pregnant but was unwilling to take responsibility. The forensic doctor Sándor Ajtay (born in 1845) (who in the same month was the expert in Ilma's case) observed Kosztyán's mental state and claimed that at the time of the attempted murder, she was incompetent, due to the fact that "in the first weeks of pregnancy, every woman's state of mind is disturbed and unstable." Disregarding Ajtay's opinion, the court charged Kosztyán with attempted wilful murder. At the trial, however, "sobbing her heart out, the girl told her judges how merciless her lover (to whom she sacrificed her chastity) was to her. Feeling to be a mother, in the depths of despair, she decided to take revenge upon the man who plunged her into misery. This usual and sad story, told in such a moving way, touched the judges who exempted her. Above the dead letter of the law triumphed the word of the heart, the court exempted the deceived girl from all punishment. Everyone shares their feelings, their just verdict met with unanimous appreciation" (*Pesti Hírlap* December 10–11, 1886). Even if the expertise of the forensic doctor failed, the conscious exploitation of characteristics generally regarded as feminine could save a woman from prison.

31 Elaine Showalter remarks, that Dora was "a Viennese version of the New Woman of the 1890s, the feminist who seeks higher education and wished to avoid marriage" (Showalter 1993: 316).

Augustine, the simple girl who after five years in the Salpêtrière, escaped in male garment and disappeared forever.

Trapped in Medical Theory and Practice

Hysteria as a Syndrome or a Metaphor

In the nineteenth century the medical concept of hysteria and its social meanings were so intricately connected that it is impossible to discuss them separately. The medical/psychiatric conception of hysteria was informed by commonsense views on woman's nature, the female body and deviant social behaviour. Contemporary textbooks on mental illness speak of the enormous influence of female biology on the integrity of mind and the morality of woman. At the same time, social behaviour (especially socially deviant forms of behavior) constituted a central aspect of the medical description of hysteria. Ilma's crossdressing and alleged lesbianism become inseparable from her disease. The medical approach thus both registers social anxieties surrounding crossdressing and female homosexuality and, via their medicalization, reinforces the boundaries distinguishing the normal from the abnormal, acceptable from deviant, and healthy from pathological.

Laufenauer did not need to directly pin-point a single cause of Ilma's hysteria.[32] Being a woman and behaving in deviant ways certainly provided enough cause and evidence of Ilma's 'disease.' The conditions and processes of the body determine the long-term place and roles of the sexes in society[33] as well as men and women's temporary mental and moral state. The psychiatrist Moravcsik's text-book explains why hysteria affected the female sex much more frequently than the male. Female bodily processes make woman especially susceptible to this disease. Puberty, marked by the onset of menstruation, is precisely the period when hysteria, epilepsy, and other mental disorders first appear in very large numbers among women.[34] Later pregnancy, delivery, lactation, and finally, climacterium or menopause could also have a "disastrous" impact. These conditions either create an environment in which certain predispositions for mental diseases are enhanced, or they directly lead to mental disorders (Moravcsik 1897: 69–79). The bodily functions that contribute to hysteria and other mental disorders are precisely the ones most women normally experience, which explains why this sex was seen as especially liable to the disease, while it also proves that hysteria was primarily a female malady. It is again woman's biology, her reproductive functions that are thought to make her susceptible to mental diseases. Hysteria in this sense is the exaggeration or intensification of female nature.

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32 Laufenauer does not clearly define the actual cause of Ilma's disease. The first hysterical symptoms (convulsive fits, delirious states, collapses) appear after Ilma's escape from the convent. Laufenauer remarks that Ilma loses her balance after jumping out of the window and falls on the ground unconscious, which leaves slight bruises and scars on her face. This description suggests an external injury of the head – which was not considered a rare cause of hysteria – although Laufenauer does not explicitly make this connection.

33 The rational, calculating, and aggressive qualities of man, complemented with bodily strength, secured the competitive position for man in the dangerous public arena. Woman's reproductive functions, her weak constitution, and her allegedly feeble mental qualities define her role in reproduction, and demarcate the peaceful and safe domestic sphere as her true empire.

34 "Temporary manic excitements" also characterise the periods of menstruation. Pain in the ovaries, a high degree of excitement, nervousness, headache, irritability, insomnia, anguish, frequent fears all accompany menstruation and puberty in women's lives (Moravcsik 1897: 69–79).

Female biological processes also influenced woman's mental, spiritual and emotional life, as well as her moral and legal competence. The belief that woman's mental and emotional state constantly changed according to the different phases of her monthly cycle was already professed in early nineteenth-century sexology. Iwan Bloch cites the sexologist Havelock Ellis who claims that in the case of any criminal procedure against a woman, the influence of her monthly cycle on her acts at the time of the crime should always be taken into account. In Laufenauer's 1885 expertise hysteria exempts Ilma from her crime. (Bloch 1810: 65; Laufenauer 1885: 75). But the price is enormous. To exempt woman from her moral and legal responsibility is to imprison her in her body.

Ilma's case provides us with further evidence that medical thinking and descriptions are saturated with social meanings. The description of the conditions and course of Ilma's disease combines the usual somatic and neurological symptoms[35] of hysteria with references to Ilma's crossdressing, lesbianism, and deviant behaviour.[36] The references and their connotations portray Ilma as a restless, sleepless, deceitful liar, a lesbian constantly thinking of how to trespass forbidden territories, rather than a helpless patient in need of treatment. Laufenauer constructs the same image of the nervous and uncontrollable woman he projected on Ilma's childhood.

The psychiatrist's account connects hysteria and deviant female sexuality.[37] In late-nineteenth-century sexology and psychiatry, sexual perversion was considered a disease (disease of the sexual instinct), and female homosexuality was often associated with deviant or criminal behaviour. This is also manifest in a number of case descriptions which connect lesbianism to murder, suicide, or theft. In Ilma's case, establishing her independent life required money and fake documents. Stealing and forgery are thus the necessary crimes accompanying her crossdressing.[38] Laufenauer's account also blurs the boundaries between hysteria and sexual deviance by labelling Ilma a sick person or patient mostly when her crossdressing and lesbianism are described.[39] In a sense, Ilma's socially

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35 These symptoms include frequent acute seizures, convulsive fits, headaches, faints, twitchings, tonic and "clonic" convulsions, reflex- and sensory problems.

36 24 May: She had bad dreams. 25 May: She asks, whether she could put on male garment again after leaving the hospital, since – she says – it is easier to succeed in life in male garment. She is very humble and hypocritical. 27 May: She would like to have her hair cut short. 7 June: She walked in her room during the night. 18 June: At night she climbs into her fellow woman's bed, excites and kisses her. In the morning she stubbornly denies everything. 26 June: She writes a fairly sentimental letter. She pretends to be naive (Laufenauer 1885: 70–71).

(These are a few examples from Laufenauer's account. The psychiatrist provided his readers with a detailed patient history and case description.)

37 By deviant sexual behaviour I mean sexual practice noncomforming to the normative heterosexual pattern.

38 As Ilma's case demonstrates, female crossdressing was the symbol of individuality, of female aspirations and rebellion. It stood for the power to transcend the constraints imposed on woman in society. In the literary sphere, it was the "costume of pseudonym" that allowed women to walk freely about "the provinces of literature" (Gilbert and Gubar 1984: 65), while in actual life it was the male garment that made women "invisible" as women. It enabled them to invade the public sphere closed to decent and respectable women, to enter male clubs, to move freely in disreputable districts and the streets at nights. It proved to be an effective means to establish economic and personal independence.

39 Referring to Ilma, he curiously introduces the noun *patient* (or "sick person") precisely where the notions of lesbianism and crossdressing appear. Previously the psychiatrist did not bother to define the subject of the sentences (Hungarian conjugation and sentence structure make it clear that Ilma is the subject of the sentences), while here, in three consecutive sentences he uses the term *patient* five times when describing Ilma in male garment. The fact that Laufenauer did not label Ilma with this term when writing about her hysterical convulsive fits, but used it rather when discussing her crossdressing and lesbian behaviour is revealing about medical thinking that clearly connected homosexuality with disease by explaining deviant sexual behaviour with the dysfunction of the sexual instinct.

deviant behaviour is being medicalized: the psychiatrist uses the socio-medical argumentation to exempt her morally and legally, but to find her problematic from the medical/psychiatric point of view.

The Headless Frog, or the Body of the Hypnotized

Following Laufenauer's expertise in 1885 Ilma was exempted, cured of her "hyteria," and committed into the care of her brother. Ilma did not give up her way of life, on the contrary, she went on stealing different items, seeking employment under the disguise of male dress or nun's habit. She was arrested for theft several times in 1886, brought to court, and in December she had a final court hearing which received wide publicity in the press. Ilma had to face some thirty women accusing her of being an impostor and committing thefts in nun's habit. This time it was the forensic doctor Sándor Ajtay who observed Ilma's mental and moral competence. If Laufenauer treated Ilma for several months in his ward and published a lengthy account on Ilma's illness in order to support his decision, Ajtay chose another way to prove to the judge that Ilma was, in fact, insane.

> And the learned doctor, instead of a long process of verification, stepped to the front, pulled out his golden pencil, looked at Vilma for two minutes, and the girl collepsed in her chair dead pale, she fell into *hypnotic sleep*! Then the lecturer made such a hair-raising show with the girl in this state palam et publice, that the judges sent her right to the house of the mad instead of the prison (Tuszkai 1887: 186).

With her strange abilities, dispositions, and high suggestibility that enabled the doctor to produce the most spectacular bodily miracles in and on her body, Ilma proved to be too valuable in the eyes of the doctors. Instead of the asylum, Ajtay sent her to the young Jendrassik who was eager to 'treat' her. Jendrassik experimented with her for nine months and revised his theory of hypnotism already proposed in an early essay in 1885. Laufenauer and Jendrassik were the most prominent learned pioneers of hypnosis in Hungary who – with their work – could secure the subject a certain degree of medical acceptance and an air of scientificity.[40] A brief analysis of Jendrassik's experiments with Ilma and Laufenauer's general reflections on hypnotism may demonstrate the gendering of the conceptual frame of medical discourse.

In 1887 Jendrassik made several hypnotic experiments with Ilma. In their descriptions, the body of the hypnotized is distinctly different from the normally functioning body. Its appearance, experiences, and behaviour show dramatic changes compared to the normal. When told to be cold, Ilma starts shivering. When told to be drunk, the play of her facial muscles and the emptiness of her countenance testify her intoxication, when told to be sick, her body reacts that way, producing the usual signs of the sick body (even vomit).

Drawing on Krafft-Ebing, Moravcsik discusses the disorders of the sexual instinct, and states that: "Among hysterics, the sexual instinct can be augmented, decreased, or perverted, and sometimes we meet homosexual emotions among them" (Moravcsik 1897: 346). In his concluding psychiatric opinion, Laufenauer also highlights the causative relation between hysteria and deviant sexuality: "her common sense and consciousness are enlightened not by judgement and reason, but by the animal instinct leading towards a perverse way of living and a perverse sexual instinct" (Laufenauer 1885: 75).

40 Returning from his studies at the Salpêtrière with Charcot in 1885, Jendrassik published a long article on hypnotism in Hungarian and French (Jendrassik 1885, 1886). In this article he enthusiastically introduces the hypnotic experiments he was eyewitness to in Paris, and although he admits that such experiments have already been conducted in Hungarian professional circles, he only refers to those of Laufenauer and Endre Hőgyes.

Thus the hypnotized body becomes *deceived and deceptive* at the same time. On the one hand, the senses entirely mislead the hypnotized person to experience phenomena not really existing. They even betray the person. When suggested to be aneasthetic, Ilma does not feel the piercing pain of the needle thrust into her arm to the bone. When told to be deaf to the horrible noise of the drum, she does not hear it, while it makes others around her shudder, she remains absolutely undisturbed by it. When hypnotized hysterics are told to be blind, they see nothing but darkness around. On the other hand, the body of the hypnotized is deceptive, it *appears* to feel the heat that no one else can feel, it *seems* to see unwritten letters, hear the unsounded sounds, and not feel, see, and hear existing phenomena or effects.

The hypnotized body of the hysteric *betrays* the person in the sense that it loses its ability of defence, of self-preservation, and finally, may even become self-destructive. When told not to be able to breath, "for a long time her chest and abdominal wall remained motionless, her face turned pale, and her body started to shiver, when finally there was some *inspiratio*" (Jendrassik 1888a: 747). When told to vomit, the hypnotized body can not stop emptying out the content of the stomach. The most cruel and outrageous experiments Jendrassik conducted with Ilma were the hypnotically produced skin markings. These involved the touching of the woman's skin with an ordinary object which was suggested to be a heated piece of metal and which subsequently produce serious burnt wounds. Jendrassik considers these "burning experiments" the "most exiting" ones, although he reports of the serious pains they caused, in one case it took more than three weeks for the wound to heal, and the red scar was visible for even longer.

The body of the hypnotized (and that of the hysteric or the patient under "auto-suggestion") proves to be dysfunctional in another way as well. It lacks 'normal' contact with the world around. Several short case presentations in the *Medical Weekly* testify to the fact, that the normal functioning of the senses is inhibited in the hypnotized and the hysteric, their normal vision, hearing, feeling of heat are disturbed, and thus the 'objective' perception of the world through the body and the senses becomes impossible. At the same time, the most frequent phenomenon among hysterics and hypnotized women is the *hyperexcitabilité neuro-musculaire*, that is, an increased reflex sensibility combined with frequent involuntary muscular contractions to stimulus. While the senses break down and are no longer able to mediate between the self and the outer world, the body cannot help over-reacting to stimuli in an involuntary and uncontrollable way. Since the body is no longer able to keep 'normal' contact with the world, a new, individual, and 'sick' way of world-perception and contact substitutes it.

Jendrassik, as an adherent representative of organicist psychiatry, sought to find the key to the hypnotic state right in the brain.[41] In his thinking, the hypnotic state is characterized

41 "The centre of our mental life – including sensation and intentional motoric function – is the cerebral cortex, which consists of two types of neural elements: the nerve cell (or ganglion cell) and the nerve-fibre that connects the cells. The function of the first seems to be the preservation of the memories, while that of the second is the mutual comparison and harmonious connection of the acquired memories: associatio, coordinatio. (…) In hypnotic dream the (…) the nerve-cells keep their entire excitability, the cells remain in an alert state, but the excitability of the elements connecting them decreased. (…) The hypnotic dream is lacking any train of thoughts built on association: the external stimuli do not elicit a whole sequence of thoughts (…). The depth of hypnotic sleep depends upon the degree of the restriction on association (…). The suggested idea remains without a change (…) the learnt processes of association can not function and are considerably surpassed by the suggested ideas" (Jendrassik 1888a: 782). During hypnosis the "stimulus hardly crosses the borders of the centre of influence, and if they do so, they only follow the usual routes, therefore, comparison and judgement are missing" (Jendrassik 1885: 90–91).

by the functional incapability of the brain to compare and associate. We perhaps do not find it surprising that these are exactly the active and productive mental apabilities traditionally regarded as male that are missing in the hypnotized person. It is the hypnotist's words that constitute the stimulus and carry a force that can not be overridden by the hypnotized person, whose brain at that moment does not function in a normal way. If the ability of the brain to compare, judge and associate were unimpeded, the person would be able to follow his or her own decisions. The hypnotized person, regardless of his or her actual sex, appears to be a creature endowed with capabilities traditionally regarded as female – while lacking in male/human.

The same notion is strenghtened from another perspective by Laufenauer in his 1884 article published in the *Pesti Hírlap*. While he confirms that the controlling force of the mind is entirely missing, and thus the hypnotized person is a "real automat," Laufenauer adds: "her organ of hearing and closed eyes are very sensible to noise and light. Her skin sensitivity is increased, it senses the least change in temperature, feels the slightest breeze" (Laufenauer 1884: 2–4). If it was claimed earlier that hysteria is in a way the intensification of the female nature, it seems equally true of the hypnotic state. The hypnotized person becomes an uncontrollable body with deceptive senses, lacking any power of the mind. The presumed unity of the mind, soul and body in the healthy and normal person is exchanged here with a breach between them. Although Jendrassik criticized Hyppolyte Bernheim (1840–1919)[42] for comparing a hypnotized person in the lethargic phase to a headless, dissected frog, with the connotations of his theory of the hypnotic state, Jendrassik in fact reproduced this parallel. Jendrassik and Laufenauer – consciously or unconsciously – translated social values and beliefs into the language of science in order to explain a complex phenomenon, while at the same time they successfully strengthened these notions and values.

Simulation and Woman

Ilma is a paradigmatic figure of womanhood in nineteenth-century imagination. During her treatment by both Laufenauer and Jendrassik, Ilma was hospitalized in two central hospitals of Budapest: Saint Roch Hospital and the Medical Clinic. Laufenauer consciously expanded his observation ward at the Saint Roch Hospital in order to ensure the supply of patient material to his university teaching. He was supported by the institution and got a laboratory to conduct experiments. Soon, however, the ward became overcrowded. Since the hospital had to accept all patients brought in by the police for observation, patients often slept in the corridors at night (Moravcsik 1906a: 90). According to the recollections of Laufenauer's young collegue Moravcsik, however, Laufenauer's ward was still the "model for order and cleanliness." Laufenauer often spent the night to take care of his patients, "he was deeply concerned about the future of his patients, and did everything to improve their conditions. Like a father, he took care of his patients facing problems after leaving his ward" (Moravcsik 1906a: 90–92).

Even if we do not doubt the best intents of the psychiatrist, the picture of his ward as the "model for order and cleanliness" seems to be an extreme exaggeration of the conditions compared to what we may read from the daily press. Daily papers stand witness to the fact

42 Professor in the faculty of medicine at Nancy, the founder of the famous Nancy-school of hypnotism which competed with the school of Charot at the Salpêtrière.

that many of the odd, mad, sick, criminal and deviant people walking the streets of Budapest ended up in Laufenauer's ward or other departments of the hospital. We may – and, indeed, we have to – reinterpret Ilma's story in the light of what we infer from the press. The use of tricks, pseudonyms, forgery, gender crossing, and the pretention that one is not the person s/he actually is, were neither unheard of in late-nineteenth century Budapest, nor isolated from the environment of the hospital.

The servant Márta Mészáros, for instance, being cured of her disease (presumably hysteria) by the doctors, was about to be escorted over to the police to face some kind of a legal procedure. While the policeman was waiting for her in front of the clinic, Márta escaped by changing her gown for ordinary dress, and sneaking out through the door while her friend talked to the janitor to occupy his attention (*Pesti Hírlap* 3 April, 1885).[43]

Some tried to escape from the hospital, while others wanted to get in. Róza Weisz and Teréz Kehl, two women "bored of honest work," went to wander around in the country, and pretending different illnesses, they sought "treatment, or rather board."[44] Apart from the numerous mad people and suicides,[45] we can read about thieves, crossdressers, forgers, and other criminals, many of them brought in to the hospital for observation. When Laufenauer was treating Ilma early in the Summer of 1885, he was not told by the police at first what kind of crimes she had committed. From the way he writes about her, we can infer that he did not have knowledge of the fact, that as early as February 1883, Ilma was already a much-sought after thief both in Arad and in Budapest. Brief sensational articles titled "The Cunning Thief" discuss Ilma's arrest and habit of stealing.[46] Some of these criminals, if caught, were brought to the hospital, especially if the person was a woman (and thus liable to hysteria) and if she acted in a strange way.

Patients were exposed to a wide array of deviant forms of behaviour, and did learn from each other in the hospital. A woman like Ilma, who spent months in the hospital, was exposed to all the tricks, deviant behavior, know-how of burglary and imposture that was collected in the ward. But not only ways of fraud constituted valuable information at the hospital. Symptoms and the ways of their imitation could also form important knowledge.

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43 In December 1886, Róza Békési (the female thief well-known to the police) and her boyfriend returned to Budapest in spite of having been expelled from the capital. They used pseudonyms, and continued earning their living from stealing. One night she was stabbed in the street, and was brought to Saint Roch Hospital. The police who looked for Róza learnt from an informant that she was in the hospital, and put her under surveillance. The boyfriend almost succeeded in helping Róza escape from the hospital (and from the legal procedure) under the disguise of street clothes (*Pesti Hírlap* 16 December).

44 Within three days, we read about the man from Arad, Béla Grünwald who similarly lived the life of the wanderer "pseudo-patient" (*Pesti Hírlap* 15 and 17 December). Under the title "Overcrowded hospitals" we find many articles describing the general tendency of deprived destitutes and homeless people seeking hospitalisation for want of food, winter dress, a warm home, or actual health, especially during the cold winter months (*Pesti Hírlap* January 10, 19, February 12 1887).

45 Under the title "The Devil of the Saint Roch Hospital" we read about the 50-year-old alcoholic János Mészáros who "has tried all modes of suicide" and who is considered an "eternal guest" of the hospital (*Pesti Hírlap* December 22, 1886). And on February 8, 1887 the 40 years old Mária P. (from a wealthy family), treated at the observation ward of the Saint Roch Hospital, hanged herself. This happened just three weeks after someone jumped out from the hospital's second floor (*Pesti Hírlap* February 8, 1887).

46 Just ten days earlier, the *Pesti Hírlap* warns the readers to beware of Júlia Szabó, the woman thief who – in male garment – took jewelry and dress worth 2,000 forints from a lawyer in Budapest. I would not be surprised if Júlia Szabó and Ilma were the same. The same article informs the readers about a male thief, as well, committing his crimes in female dress (*Pesti Hírlap* February 2, 1883). Another young man robs the homes of people by using other tricks. He arrives to the flat when the owners are somewhere in the town, and orders the housemaid to go and get the owner because of some extremely urgent business. While the maid is gone, alone in the flat, he takes whatever he deems valuable.

Patients undoubtedly had the chance to learn from each other, to exchange information, and to help each other in many ways, even of escaping. There must have been an intricate net of connections, favors, relationships, and interests, an ongoing process of personal negotiations and individual interpretations between the female patients as well as between female and male patients, "old" patients and newcomers, and patients and doctors or nurses. Even though the official reports are mostly silent about this, we can deduce it from the short articles in the daily press.

Hospitalisation had its advantages, and not only for the needy. Found insane in December 1886, Ilma almost ended up in the mental asylum. 'Saved' in the confines of the hospital for long periods of time, Ilma probably wanted to live up to the expectations of her doctors. She surely needed and enjoyed the attention of her psychiatrist, which explains her eagerness to contribute to the success of the hypnotic experiments. But the pains these doctors often inflicted could become unbearable, and encouraged the woman to escape.

Jendrassik believed that hypnosis was a joint venture, mutually produced by the hypnotist and the hypnotized,[47] and claimed that this explained at least two phenomena. First, it accounted for the existence of the different schools of hypnotism which were primarily due to the distinct individuality of the experimenter.[48] Second, it reduced the possibility of the hypnotized being a mere simulator. Even though Jendrassik admits the equal contribution of hypnotist and hypnotized in hypnosis, he nevertheless blames Ilma alone for the increasing failures of their 'joint ventures.' Jendrassik complains, that grave changes occured in Ilma during her stay in the hospital, she gained about 30 pounds, and became restless and mean. These changes utterly influenced the experiments:

> The usual experiments were still successful, but no longer in that *convincing* and *honest* form as earlier, rather, they were the mechanical repetition of those; but she was much less capable of performing new experiments, she either did not react to the suggestions, or reacted in a *false* way. In addition, after waking, she more frequently remembered the experiments than earlier, and related it to others, adding to it many details she *made up* (Jendrassik 1888a: 785, ital. mine).

Jendrassik's choice of words – such as convincing, honest, false, and made up – suggest that he had doubts concerning the sincerity of Ilma's behaviour under hypnosis. If Ilma's mood, physical conditions and attitude towards the hypnotic experiments with Jendrassik changed, it must have been partly due to her growing dissatisfaction with her conditions that finally lead her to escape.[49]

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47 It clearly follows from his theory, that it is the hypnotist's words or will that constitute the primary stimulus in the brain of the hypnotised who is lacking the ability of judgement, comparison, and association. "Without recognising it, we ourselves lead the hypnotised person, and I believe, that the three persons at the Salpêtrière were created under such guidance. (The doctors) were searching for the order, the underlying connection among the different figures, and with this search, they actually created it" (Jendrassik 1885: 91). "But these influences are much less important than the unconscious and unintended behaviour of the experimenter; what is not expressed in his words, is often betrayed by the emphasis, the articulation, the demonstration, the approval, the repetition of the experiment in case of failure, the excited observation, the expression of mild reprehension when something does not happen as we would like it, these all guide the hypnotised person to solve the often difficult and complicated tasks." At the same time, the passive function of the brain – remembering – is increased rather than impeded, the memory of such experiments will remain deeply imprinted in the person. Thus, "by the time the experimenter exhausts all his unconscious suggestions, the trained medium is ready" (Jendrassik 1888a: 783–784).

48 "We can be sure that in case the typical medium of a school had been treated by another doctor, her hypnosis would have taken a different form." In hypnosis the hypnotist occupies a role equally – if not more – important than that of the patient, he shapes the experiment, and trains the patient.

49 I find it important to point out a symbolic interpretation of her decisions about her life. When at the age of 19 she escaped from the convent, ran home to her family and fell ill, she spent about 9 months in bed before she

The disposition to simulate, deceive, act, and trick was traditionally regarded as female. While this disposition is manifest in all of the mythic figures of womanhood, the aesthetic concepts of essence and form, transparency and opacity, truth and falsehood pervaded not only the popular notions of femininity, but the medical understanding of hysteria as well. Many doctors 'medicalized' simulation by integrating it into the notion of hysteria, by making simulation the essence of this disease. Thus the hysteric woman joins the other deceptive female figures who haunted the cultural imagination of the period.

Historically, simulation had been a crucial question regarding hysteria (and hypnosis) always at the center of both theory and practice. In medical thinking and writing, there are two types of functional relationship between simulation and hysteria. First, hysteria is an "imitative disease" (and has an "imitative function"): it imitates other diseases, or culture itself. G. S. Rousseau attributes "radical breakthroughs in the theory of hysteria" to the seventeenth-century doctor Thomas Sydenham: the notion that hysteria can "imitate any disease," and is thus the most common of all diseases (G. S. Rousseau 1993: 137, 140).[50] "The frequency of hysteria is no less remarkable than the multiformity of the shapes which it puts on. Few of the maladies of miserable mortality are not imitated by it" (Sydenham cited in G. S. Rousseau 1993: 144). G. S. Rousseau also suggests that Sydenham's reasoning reveals an incredible understanding of the relation of culture and disease. The spread of hysteria, and its growing complexity in fact follow the development and growing complexity of the social milieu. In a sense thus hysteria also follows or 'imitates' culture (G. S. Rousseau 1993: 140–144).[51]

Second, simulation has a signalling function in hysteria: it is the symptom of the disease itself. On the one hand, hysterical symptoms were often explicitly regarded as exaggerations, or even as mere simulation, feigning, pretence, counterfeit. Quotations from Moravcsik's medical text-book nicely illustrate this:

> The hysterical person does everything ostentatiously, boasts even of her misery and pains, often exaggerates, she paints her bodily maladies with darker colours, what is more, she simulates, may produce fake faints and fits, only to make others stare at her, wonder, and have pity over her. (…) In order to elicit compassion and interest, many hysterics agitate themselves artificially to have a fit, or directly produce a sham fit (Moravcsik 1897: 348, 360).

This logic implies the primary existence of the disease, and the consequent exaggeration or simulation of some or all of its physical symptoms.

On the other hand, we can reformulate the above assumption: woman's inclination to dissimulate, counterfeit, and lie were often considered the cause or sure indication of hysteria. While in the previous example the symptom is claimed to be simulated, in this case simulation is claimed to be the symptom par excellence. Here simulation and

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recovered and escaped from her family, too. She also spent about 9 months in Jendrassik's ward before she escaped from the hypnotic experiments and left for Graz. As if, from time to time, she had needed about nine months to give birth to herself. If we follow this interpretation, we see that her placement from the clinic in Graz to the mental asylum in Budapest (which led to a 2-years confinement) was a kind of abortion induced by the psychiatrist in her 7th month.

50 Sydenham psychologised hysteria, he "noticed its protean potential to convert the original psychological distress into somatic reality" (G. S. Rousseau 1993).

51 According to Rousseau, Sydenham's other important insight was that hysteria is a "function of civilisation, that is, the richer and more civilised and influential the patient, the more likely he or she was to be afflicted." This idea relates to the notion of female imitation among the upper classes revealing a refinement of manners and high degree of civilisation (G. S. Rousseau 1993).

deception are themselves seen as part of hysteria, its symptom or cause. Laufenauer provides a good example in illustration. He disclaims the widespread notion which explains hysterical symptoms as simulation:

> hysterical symptoms are not based on simulation, and where we still detect it, its foundation is not merely the desire to attract attention, but a pathologically increased reflex sensitivity, and thus simulation appears as a precious and significant symptom of the disease (Laufenauer 1885: 65–66).

In this way Laufenauer medicalizes simulation, a socially condemned form of behaviour. At the end of his case-presentation, he concludes that "what appears as simulation, deliberate viciousness or moral depravity, is merely a pathological symptom that improves or deteriorates" (Laufenauer 1885: 75). Thus Laufenauer extends this medicalization to other behaviours by referring to Ilma's moral depravity: to crossdressing, lesbianism, lying and stealing. Immoral behaviour in the case of the hysteric becomes a pathological symptom of her disease: her moral insanity.[52]

In many medical descriptions of hysteria, the broadest sense of female simulation is invoked: woman's inclination to deceive, to fake an identity, to present herself as something that she is not. The hysteric woman is often explicitly described as a flirt or an actress, and thus represents simulation, imitation and deception. (We can think of the dramatic movements of the hysteric while collapsing or undergoing a convulsive fit; Charcot's spectacular theatrical performances with hysterics; the visual manifestations of hysteria as preserved for us by the numerous pictures taken at the Salpêtrière in Paris or at the Budapest Clinic; the extreme expressivity of the eyes, faces, the mimics, gestures, movements in the visual representations of the hysteric.) The figure of the hysteric as a vain, frivolous, attention-seeking, deceiving flirt clearly appears in Moravcsik's medical description:

> She always pushes herself to the fore, she is greatly egotistic, although often claims to be altruistic: 'everything for others.' The patients like dresses and hats of lively, glaring colors, use thick make-up and a lot of perfume, they speak loudly and gurgle with laughter in the street and the public, they always look around to see if they have attracted enough attention while talking, and get annoyed if they can not be at the heart of the circle, they hunt for the bizarre, the eccentric (Moravcsik 1897: 360).

The figure of the hysterical woman thus seems to be as sister to the other nineteenth-century mythic figures of womanhood: the flirt, the fallen woman, the actress or the crossdresser. In the social and cultural imagination of the period, these women likewise embodied society's desire to render woman transparent, and make her inner characteristics, her purity, and virtues visible on her surface. A normal outlook "guaranteed" a healthy body, an honest moral character, a sane and functioning brain, and a balanced mental and psychic inner world. The disease, dysfunction, or lack of any of these factors were supposed to become visible, and place the health and morality of the whole character in doubt.

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52 In the *Medical Weekly* Dr. Jenő Konrád presents the case of a girl who suffers from hysterical paralysis. Konrád makes a distinction between real paralysis as a nervous symptom, and simulated paralysis as a symptom of pathological mental state. He claims that simulation is the main symptom in many cases, and presents the case of a hysterical child who entirely simulates paralysis. According to Konrád's logic, *real* motorical dysfunctions can be the symptoms of hysteria the same way as the *simulation* of these motorical dysfunctions can. Thus for Konrad, simulation itself becomes the primary symptom of hysteria. Simulation, however, appears not only as a medical symptom. It is also detectable in the girl's everyday behaviour. Konrád calls it her "imitative instinct" that makes her "reproduce tauntingly and laughing the habits and manners of her environment, the movements and pathological behaviour of the sick. Lying and simulation is her everyday nourishment" (Konrád 1885).

Such processes are most manifest in a nineteenth-century construction of the fallen woman and the flirt. Deep into the second part of the century, the myth of the fallen woman was largely intact. Her fate was determined, her downward progress and ultimate death unavoidable. The myth involved stigmatization: in textual as well as visual sources, she exhibited similar characterisic signs that were part of the general nineteent-century iconography of the fallen woman. Loose, uncombed hair, torn and shabby-looking dress, a sad, or more often desperate expression on her face stood for her lack of inner-peace and, frequently, of mental integrity. Visible signs on her surface served as the readable, unremovable and undeniable evidence of her fall: cultural stigmatization rendered woman's impurity a visible, physical, or physically expressible sign. The prostitute also appeared as a contaminating spectacle in the streets; and although this spectacle was offensive, she was meant to be so. The very visibility of the prostitute and the moral lecture she embodied was her very essence.

If the very purpose of the myth of the fallen woman[53] was to inculcate into the common mind that there is a harmony between the outer signs and inner characteristics of woman, that form and content are related, then it is the task of the fallen woman's inverted image, the flirt, to negate it. In the nineteenth-century cultural imagination, the flirt provoked strong condemnation because she symbolized two phenomena. She embodied the aestheticized power to transform the man she flirts with, to degrade and even destroy him. In addition, the flirt also represented deception and falsity in spite of society's illusory dream of woman's transparency and readability. Woman's purity, seen as her essence, was ultimately not readable on her surface. By reproducing the dichotomy of appearance vs. essence, by being associated with transparency and readability, opacity and and unintelligibiliy, the flirt becomes the manifestation of the problems of representation itself. Nineteenth-century woman, a delicate piece of art, reproduced the anxiety that has traditionally surrounded artistic representation and imitation.

Similar to these female figures, the hysteric and mad woman also represent woman's refusal to conform to nineteenth-century ideals of womanly characteristics and conduct. Hysterical symptoms were often regarded as mere simulation, while woman's inclination to dissimulate was medicalized: it became both the cause and sure sign of hysteria. Under the different masks of the flirt, the fallen woman, or the hysteric, nineteenth-century woman embodied the contradiction between society's dream to render woman transparent and readable, and woman's resistence of the fiction of "social reading."

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53 This myth was later destroyed by suggesting that the harlot's progress was not necessarily a downward movement, and rather than dying, even the most common prostitute was likely to marry a man above her own rank.

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