

DOUBLE
CONSCIOUSNESS
IN
BRITAIN
1815 -1875

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ABSTRACT

This paper describes the f emulations of double consciousness current in mid-nineteenth century Britain. It was a quite well defined clinical entity. Criteria for its diagnosis overlap with but are riot identical to those now used for MPD. The disorder was uniformly -regarded as rare, but there was a stead) flow of case reports. This paper cites a number that have long been ignored, and allu.siu.s to less florid unpublished observations, including prepubertal rases. Also included are references to continental rases, described in the eighteenth century as cataleptic somnambulism. The preeminence of the concept of double consciousness, which emerged early in the nineteenth century, ended in 1875. It was replaced by the concept of multiple personality. The immediate interest in, and use of multipleicrsonality in 1875 was to prove a philosophic point about the nature of the mind.

INTRODUCTION

The early chapters of Ellenberger's classic work, *The Discovery of the t nconseious* (1970), provide the most comprehensive published account of dissociative disorders in the nineteenth century, and will long remain the standard reference, especially for events in France. Carlson (1981, 1984; Carlson, Wollock,&.Noel, 1981, pp. 064-72) hasofflied a framework for understanding nineteenth centuryAmerican cases now classed as candidates for the diagnosis of multiple personality disorder (MPD). Many individual cases are collected ill bibliographies (Boor & :arms. 1983; Darngaard, van Benschoten, &Fagen, 1985). Kenny (1986) has provided a biographical and anthropological study of the most famous nineteenth century American cases of dissociation. It includes selections from the correspondence of Mars Reynolds, providing a rare view of how she coped with her problem. Alvarado (1989) analyzed nineteenth century thinking about dissociation in terms of state-specific psychophysiology, rat-het-freely conjoining material from a hundred years of distinct national or local Wadi Lions o [medicine]. Bowman (1990) summarized the few well-known cases of adolescent MP1) during the same period. The present. paper

offers a systematic account of a rather neglected series of reports in a narrowly defined but enduring literature.

The cases reported may be of some interest in their own right. It has been said that multiple personality disorder tends to be constrained to a few times and regions, such as France after 1875 or North America at present. I lence it is useful to communicate a sequence of British cases that are not part of any well-known mainstream and were not associated with the use of hypnosis. They include instances of dissociation before puberty, which may be important for students of childhood and adolescent MPD (Kluft, 1985; Peterson, 1990). As well as supplementing the known list of British cases, my materials also direct the reader to earlier continental cases communicated to the English-speaking public early in the nineteenth century. My chief aim, however, has been to provide a unified perspective on one way in which persons suffering from a specific cluster of dissociative behaviors were viewed by one sequence of physicians. My reading of the literature would discourage blanket references to MPD in the nineteenth century. For example, the French and German traditions are distinct I) different. It would be worthwhile being yet more specific, for the cases I collected are not British in a general sense. More particularly, they are systematically described from the point of view of physicians with an Edinburgh education. A more thorough study would attribute this perspective on these phenomena to the Scottish conception of the human mind current in the golden age of that city.

HISTORIOGRAPHIC NOTES

The present study is philosophically motivated. While not written by a trained historian, it will offer some historiographical observations.

(1) I do not attempt the ret' oactive diagnosis of the cases mentioned below. They are selected by the practices and descriptions of their day. Since the definition of multiple personality' disorder is in flux, and since the criteria of a future MU-IV may be substantially different even from those of *DSM-III-R* (Kluft, Steinberg, & Spitzer, 1988), I believe that this is no time to argue about what *really* troubled past patients. Indeed even the question, "Does multiple personality disorder exist?"-or "objectively exist"-has a number of distinct meanings, five or six of which are analyzed in a recent publication (Hacking, in press). One can definitively at ewer the question in some of its meanings when enough data are available, as is illustrated in a study (Hacking, 1991)

of the case of Norma (Goddard, 1926, 1927). But here my project is descriptive and chronological only.

(2) To avoid implicit retroactive rediagnosis, I retain many terms and categories now in disuse, such as *double consciousness*, the nineteenth century Anglo-American name for the cluster of symptoms discussed in this paper. I use old terms even to the point of pedantry, distinguishing *animal magnetism* from *hypnotism*. I am concerned with the perceptions of practitioners and critics, and for that purpose, their vocabulary with its particular connotations is best. The word *hypnotism* was introduced by Braid (1843)--first as neurohypnotism--as a deliberate break with animal magnetism, whose fundamental doctrines Braid had refuted. The replacement of animal magnetism by what was called scientific hypnotism had substantial consequences for the history of dissociation in France, as will be discussed below. In discussing the period of intense debate that occurred after Braid's publication, I will use the term *magnetism/hypnotism*.

(3) Many of the authors whose work is cited state that they know of other somewhat less florid cases of double consciousness, but do not describe them. For example, reference is made to boys with double consciousness whose "nervous system had been weakened by excesses, terror, or other cerebral excitement"---suggesting childhood trauma or abuse (Ward, 1849, p. 458). I conjecture that many more such cases were known than we can locate at present.

(4) It is important to note the frequent time lag between the identification of a case and its appearance in print. In the nineteenth century, except in the case of learned societies, where there was often a long time between the reading and the publication of a paper in its transactions, the most insignificant author might expect to have his results printed a few weeks after communicating with an editor. However, for the cases under consideration here, there often were fifteen years between observation and publication. A case that had long moldered in a doctor's notebook suddenly seemed important in a completely new medical or social context, and was sent off to a journal. Alternatively, the publication of one story by one authority might cause a reader to recall his own similar strange case, and prepare it for publication.

The first instance of this cascade effect may be American. Dwight (1818), publishing in *The American Journal of Science*, describes three cases seen in 1802, two of which might be dismissed as amnesia or fugue, but the third of which fits an MPD template. It will be noted that his publication follows hard upon the first printed description of Mary Reynolds, in Mitchill (1817). Dwight's case was regularly mentioned in British articles, but readers may not readily identify the reference, because the *Journal*, edited by Dr. Silliman, often was referred to as *Silliman's Journal*. Then the case becomes *Dr. Silliman's* by erroneous attribution, alitl, by a further corruption, *Dr. Stillman's case*. Dwight may be the first to use the metaphor of two souls. He wrote: "she appeared as a person might be supposed to do, who had two souls, each occasionally dormant, and occasionally active, and utterly ignorant of what the other was doing" (Dwight, 1818, p. 433).

CRITERIA

Nineteenth century cases can be identified in two ways. One can consider the real, or at any rate, the conjectural disorder that afflicted the individuals. But in this context, I abjure retroactive diagnosis. An alternative is to consider the diagnoses in context, and examine the class of patients said to have double consciousness. But practitioners today will be interested primarily if patients thus diagnosed satisfy many of the criteria for MPD. What is the area of overlap?

Individuals described as having double consciousness satisfy the two core criteria of *DSM-III-R* (American Psychiatric Association, 1987). We are less confident of criterion C of *DSM-III*: "Each individual personality is complex and integrated with its own unique behavior patterns and social relationships" (American Psychiatric Association, 1980, p. 257). This is because we have only very sketchy indications of social relationships for some of the double consciousness cases. There is good reason for this. Physicians perceived their patients as troubled by double consciousness, not doable personality. Hence they did not describe the full gamut of their behavior. The change in name, to multiple personality, occurred in 1876, and marks a new perception of the disorder in the ambiance of a new, initially French, milieu.

Of the associated features of *DSM-III* and *DSM-III-R*, amnesia is central to double consciousness. We need not necessarily agree with Coons (1981) that, "An absolutely essential criterion for the diagnosis of multiple personality is the presence of amnesia. Usually the original personality is amnesic for the other secondary personalities." In cases of complex MPD (Kluft, 1988h), amnesia may not be quite the right concept, because the relations among the multitude of personalities requires a more subtle idea. Similarly, in childhood, MPD memory of past events may be less structured than it is for mature adults. But it is clear that nineteenth century writers classed individuals as having double consciousness if and only if there was at least one-way amnesia.

Every case of double consciousness for which we have adequate reporting, indicates sharp mood differences between the two consciousnesses, typically one with sombre and one with merry traits of character. Hence amnesia is critical to distinguish double consciousness from cases of what came to be called *Jolie* (Falret, 1854) or manic-depressive illness (Kraepelin, 1899) or bipolar personality disorder.

Modern presentations of MPD do not emphasize somatoform disorders. They are usually present in cases of double consciousness. [here is frequent mention of local anaesthesia. The tendency to sharp transitions among the different consciousnesses, often accompanied by periods of abnormal, sudden and troubled sleep, is a feature associated with NfPI]. It seems uniformly present in double consciousness, and is often associated with catalepsy or epilepsy (as these disorders were understood in the nineteenth century). The connection with sleep is closer in double consciousness, which originally was strongly associated with somnambulism. "There is also a much greater inclination to describe the patient as being in a trance-like state. A condition resembling an-tau-

rosis was commonly reported. Considerable note was taken of the condition of the eyes (e.g., condition of the cornea, reflexes of the pupil). This was standard in a nineteenth century physical examination. Double consciousness was closely connected with somnambulism, and with suggestions of clairvoyance on the part of the early magnetizers. Moreover, symptoms, although not feigned, may conform to medical expectations. Patients in the era under discussion often behaved, or were perceived as behaving, as if they were in some sort of modified trance-state. We have the imponderable mix, familiar to historians of any branch of medicine, of the unwitting selection of patients by physicians, and the unplanned highlighting of symptoms by patients, a selection effect heightened by the attention paid to terminology such as *consciousness* and *somnambulism*.

For the purpose of this discussion, I shall insist that switching between two consciousnesses occurs relatively frequently. I exclude cases in which there is exactly one switch, followed by restoration of the entire old consciousness some years later. This excludes two of the three 1802 cases mentioned in Dwight (1818). I would also exclude cases in which the subject moves not only in consciousness but in place, like the celebrated Ansel Bourne (fames, 1891; Hodgson, 1891; Kenny, 1986). No general names were available for such events until the end of the nineteenth century. For brevity in retroactive description I shall anachronistically call both sorts of examples *fugues*, although the term was not used for classifying a wide range of cases before the catalogue of Tissie (1887), confirmed by Charcot (1889). Tissie was a Bordeaux protege of Azam, physician of the most famous French MPL patient (Felida), and fugues were for a while something of a Bordeaux specialty, another reminder of the importance of regionalism in psychiatric medicine.

DOUBLE CONSCIOUSNESS

"A very extraordinary case of double consciousness, in a woman," namely Mary Reynolds, was reported by Mitchell (1817). We do not know if this is the first published use of the term. It was regarded as common usage in Scotland by February 1822, when Dewar (1823) communicated an 1815 case of Dr. Duce of Aherdeen. Dewar thought the term inapt, and recommended *divided consciousness* or *double personality*. The latter represents the modern idea that it is the personality that is double or multiple, but Dewar's suggestion lay fallow for sixty years. Not until 1876 was *personality* again said to be doubled. In that year we can follow Azam's groping for words. The titles of his first two publications translate, successively, each of Mitchell's original labels: Azam (1876a), published 20 May, uses *doublement de la vie*-doubling of life. His (1877), an abstract of a talk of 23 August 1876, instead has *double conscience*. Responding to a request from an editor to discuss Azam's case, both Janet (1876) on 10 June, and Dufay (1876) on 15 July wrote of *personnalite*, probably prompting Azam's *usage* (1876h) on 16 September of *le dedoublement de la personnalite* (1876b). However, he returned to *la double conscience* for his two books (1887, 1893).

Nevertheless, *dedoublement de la personnalite* -person-

ality, rather than consciousness- became the standard for French writers after 1876, confirmed by Janet (1886). In that year the Myers's seem to have settled modern English usage, with A.T. Myers (1886) "case of double or multiple personality" and F.W.H. Myers, the great spiritist, trying out "multiplex personality" (1886). As is well known, the primarily French patients after 1875 were immediately assimilated by the new British movement of psychic research. The idea of alternative personalities was especially attractive to students of thought transference and of metempsychosis, or survival after death. The first uses of statistical randomization in experiments were made in 1882 by the Nobel laureate Charles Richet, in telepathy trials. These involved (among others) Janet's famous patient Leonie (Hacking, 1987). It was essential to his working hypotheses that different personalities or maybe quite literally persons were under study. Richet was a dedicated believer in metempsychosis. The French terminology of personalities was adopted in other languages. Italian used phrases such as "sdoppiamenti e le trasformazioni della personalita" (e.g., Cattolenghi, 1900, p. 71), based on citations of French writers. In Germany the idea of a double person was made striking in Max Dessoir's influential *Das Doppel-Ich* (1892). Like Richet, Dessoir also wrote extensively on parapsychology. Despite an extensive eighteenth century German literature on somnambulism, he knew of no native tradition of double consciousness/ personality on which to fall back. He discusses this point (1892, p. 3), noting that he must turn to French and British authorities.

Terminology has consequences. The word *double* makes it hard to notice more than two. But it invites analogies with things that are known to come in pairs-the two hemispheres of the brain, for example. We should also recall the early nineteenth century outpouring of romantic fiction on the theme of the double (Miller, 1986; Herdman, 1990) to which E.T.A. Hoffmann and Fyodor Dostoevsky are only two among many contributors. The very word ties the fictions and the disorder together, although they were also kept apart by the fact that most instances of double consciousness were girls or women, and most romantic doubles were men.

The word *consciousness*, on the other hand, has two roles. First, as we shall notice, double consciousness in Britain slowly separated itself from somnambulism. During the eighteenth century, what some readers might suppose to be alter personalities were described by analogy with sleep-walkers and sleep-talkers. It was a fundamental and long-lasting doctrine of Cartesian philosophy and psychology that a sleeping person was not conscious even (though this was much contested) when dreaming. To speak of double consciousness in somnambulant phenomena was specifically to reject that. It was as radical a step as the much more famous but later supposition of unconscious willing. Nevertheless, the word *consciousness* directs attention inward, to the self-awareness of the individual. Dewar was, in our judgment, right to urge that we use the word *personality* instead, because it points to the character and behavior of the patient. Nevertheless, from Mitchell (1817) until Azam (1876h), the name of our subject is double consciousness. As noted above, this directed physicians away from alterations of character and behavior.

Double consciousness was familiar to the Edinburgh community for whom Dewar wrote in 1822. He mentions a simple girl from Stirling (near Edinburgh) who had a vigorous intellectual life as a somnambulist. When awake, she overheard lessons given to the children of the family; when asleep, she worked problems in geography and astronomy and discoursed in a learned way. In addition, Dewar wrote that "another case was mentioned in some of the newspapers, two or perhaps three years ago, of a more marked instance of double consciousness" (Dewar, 1823, p. 372).

Dr. Deborah Brunton of the University of Edinburgh has done an exhaustive search of the Scots literature to retrieve this reference, but to no avail. This may be due to Dewar's having worked in Manchester for a time. He may have referred to an article in a completely different literature. This woman had two states that continued to alternate for several years. Like Mary Reynolds (or was it Mary Reynolds?) in her second state, this woman had to relearn everything of a general sort, including reading and writing. When she did so, she had decided talents in music and was far more refined in general—and we hazard, more lively—than in her normal state.

Dewar's report is the first detailed British report of double consciousness. It is sufficiently characteristic to be worth summarizing. I shall call the individual Maria. The name is not given in Dewar's paper, but another Edinburgh physician, MacNish (1834, p. 183), calls her Maria C—. She was a servant in a middle class household. Her symptoms commenced in December 1814, and were studied by Dr. Dyce between March 2 and June 11, 1815. Maria was sixteen. Site had not yet reached puberty, but this was not unusual in the early nineteenth century.

Dewar distinguished two aspects of Dr. Dyce's case. There were the physical symptoms, which did not touch interest him. But he felt that the mental characteristics claim the interest of "every practical metaphysician" and student of mind. In particular, he wondered, why did Maria (like the lady in the newspapers, or the sleep-talker from Stirling) have superior "manifestations of the intellectual powers." He paid less attention to her merry, indeed manic behavior (e.g., as when she was at a quay with the children under her care, with whom she walked on a plank leading to a vessel, and there danced gleefully, if precariously).

Dyce's case provides a rare glimpse of a person developing double consciousness (Dewar, 1823, p. 367). Otherwise she was typical of future cases. Her switches were accompanied by severe headaches and often by noises in the *head*. She learned to know when a switch was coming. She called the antecedents of switches a *threatening*, and tailed her alter state a *wandering*. Her mother spoke of her *sleepy fits* and her employer said she was *dead asleep* on these occasions. When in that state she looked very different, had a squint, her eyes were usually half closed. She looked almost as if she suffered from amaurosis. She often failed to notice what was going on around her, although she performed particular tasks adequately. She sometimes had hallucinations of mice or of a black clog. She sang far better than in her normal state. Her cornea looked glazed and her pupils did not contract per-

ceptibly when she looked at the sun.

In one respect Dyce's case is unique in the British literature. There is a frankly sexual episode. A fellow serving-woman allowed a young man into their quarters, who then raped Maria while she was in her alter state. The assault was said to be forcible. In her normal state next day Maria had no recollection of this, but she told everything to her mother when next she was in the alter state.

Maria's symptoms disappeared when she began to menstruate. In this respect she is like other prepubertal cases of double consciousness, as I will note below.

SOMNAMBULISM

Standard texts play an important role in the history of any *science*. Three Scottish authors are central to double consciousness, for although the disorder plays a very minor role in their work, their texts, published in an almost unending series of Scottish, then English, then and most extensively American editions and reprintings, were standard references. George Combe published the first edition of *A System of Phrenology* in Edinburgh in 1825, and John Abercrombie the first edition of *Inquiries Concerning the Intellectual Powers, and the Investigation of Truth* in the same city in 1830. These were two of the most available works of the mid-nineteenth century; the latter was widely used as a college text in the United States. Many papers on double consciousness allude to one text or the other, especially Abercrombie.

The third standard reference, the *Cyclopedia of Practical Medicine* (1834), by John Cowles Prichard, is noteworthy for his article "Somnambulism and Animal Magnetism." This three volume manual was printed and revised many times in Britain and the United States. Prichard repeated and supplemented his essay on somnambulism in two other widely used texts (1835) and (1842), and he drew upon it in his later works of anthropology. When a writer refers to "Dr. Prichard" in connection with double consciousness, it is usually impossible to tell which book or edition of Prichard he has been reading. "Dr. Prichard's case" usually *seems* to refer to an account of what might be called a fugue, in his 1842 text. For an obituary of Prichard (1786---1849), see Symonds (1849).

Prichard's 1834 text was the British window on a much longer continental tradition. Prichard could help today's reader searching for possible eighteenth century cases of IPD. The primary source to which he refers is Bertrand (1827), a work dedicated to somnambulism. Bertrand had published a classic work on magnetism and ecstatic states (1826). Prichard's standpoint is skeptical but circumspect. He said that most of his countrymen did not find what is reported very credible. *But* they should remember that some of the best continental doctors, admired in other respects, take somnambulism and animal magnetism very seriously.

Bertrand states at the outset that "Somnambulism constitutes really a new life, returning at unequal intervals, connected together by a new species of memory" (Bertrand, 1827, p. 3). Thus the *doubling of hf* idea, with at least one-way amnesia, was applied in discriminately to sleep-walking,

sleep-talking, ecstatic trance, and animal magnetism. Prichard quotes this and does not disagree. He says that ordinary dreamers frequently recall the content of a previous dream, and will "even take up the dream at the precise point where it was before interrupted" (p. 3). Why was Prichard so indifferent to a phenomenon of memory that we regard as central? Probably this was because Prichard was addressing a different set of issues. His focus was the nature and extent of the senses, not the phenomena of the dissociative disorders. Bertrand had argued that in all states of somnambulism, spontaneous or artificial, the individual is possessed of some additional sensory state, loosely called *clairvoyance*, which included the ability of sleepwalkers to navigate hi the dark, even to see when blindfolded. Bertrand's ideas and even the word *clairvoyance* were revived in the 1880s in an almost completely different context with extra-sensory perception in the societies for psychical research. Popular magnetizers regularly demonstrated the ability to see through blindfolds or read with their fingertips.

Prichard was a faithful adherent to the Scottish philosophy of common sense, whose roots lie in the work of Thomas Reid (1710-1796). This thoroughly empiricist but realist epistemology takes all human knowledge to be founded upon the ordinary senses. The last thing that Prichard wanted as a Scottish physician and metaphysician was anything extra-sensory, not even an extra sense. His argued that every type of somnambulism (including cases that now seem close kin to MPD) "is a modification of dreaming" (1834, p. 3). But, he continues, "there are many writers of great research and ability whom maintain a different opinion" (Prichard, 1831, p. 3). The intent of his essay was to report the continental data, shorn of speculative theorizing.

Prichard both retained and modified aspects of the categorization of cases found in Bertrand's work. He divided his subject into *Proper Somnambulism*, *Ecstasis* or *Cataleptic Somnambulism*, and *Artificial Somnambulism* induced by animal magnetism. The second category contains all the cases that might be seen as manifesting double consciousness. This is a significant alteration of Bertrand's classification. Bertrand had subdivided the same cases into two types, symptomatic somnambulism and ecstatic somnambulism. Combining the two (without saying he had *clone* so) Prichard created a taxonomic niche, which did not exist in Bertrand, for instances of double consciousness. This illustrates our historiographic contention above, that if one ignores the old classifications, one is unlikely to grasp the implications of the descriptions that are being offered.

Now what do these strange labels denote?

Somnambulism Proffer

The extensive literature on somnambulism has not been studied in depth by contemporary scholars. I would like to correct one widely repeated misapprehension. "Paracelsus is credited by Bliss (1980) as having described the first case of MPD in 1646, involving a woman who was amnesic for an alter personality who stole her money" (Putnam, 1989, p. 28). As Paracelsus died in 1541, we should explain that there has been a misunderstanding of Volgyesi (1956, p. 16), who

cites a 1646 *Opera Omnia* of Paracelsus published in Strasbourg (the year may be a misprint for 1616?).

In 1834, Paracelsus's story would have been called a case of proper somnambulism. A woman householder accused her servants of stealing, but walked in her sleep during the night, stole her own housekeeping money, and hid it, having no recollection in the morning. There is no indication of her having spoken or in any other way having a second personality in executive control. In lay terms, she was sleep-walking.

Prichard did not know about Paracelsus but recounts colorful instances of similar behavior drawn from a number of sources. One will be traced in order to indicate the life-line of a story. Following Bertrand, he finds Muratori (1745) an invaluable resource, and regrets that it has not been translated into English. Prichard himself gets a good number of additional cases from the rich, indeed authoritative, supplement (Part I, pp. 327-374) added in the German translation of Muratori by Georg Herman Richerz (1785). Lodovico Antonio Muratori (1672-1750), the "father of Italian history," was let loose on the Vatican library and compiled well over a hundred volumes of chronology. Among his accomplishments was establishing the order of the books in the New Testament (the Muratori canon) on the basis of documents he discovered. An insatiable packrat, his 1745 book on the human imagination contains many second-hand but rather fully quoted stories. Prichard used two, but neither he nor Bertrand indicated their sources in a manner that allows one to track down the originals. My own research suggests some directions. One of the sources is a Vigncul Marville, which was the pseudonym of Noel Argonne (1699). This account involved one Agostino Forari, an Italian gentleman less than thirty years old. The other case was described by Marziale Reghellini (1742). Further information was provided by Giovan-Maria Pigatti, apparently in a 1744 notarized document seen by Muratori. Reghellini also corresponded with Muratori about this case, which concerned a twenty-four year-old servant, Gio-Battisia Negretto. The adventures of the sleep-walkers and sleep-talkers are remarkable. There is something of a continuity in their fragmentary successive periods of somnambulism, but neither can be said to have developed an executive alter personality whose previous activities are remembered in its successive manifestations. But that is not what is at issue for our nineteenth century authors. Bertrand argues from the second-hand reports in Muratori that these individuals do not see, and get around very well by some other clairvoyant sense, while Prichard argues that they can do so only in very familiar places, and rejects clairvoyance.

Ecstasis or Cataleptic Somnambulism

The idea of cataleptic somnambulism is attributable to the great Montpellier nosologist Sauvages (1742). The word *cataleptic* is intended to draw attention to the fact that the transition from waking state to somnambulism is accompanied by a seizure, and that the subsequent behavior after the violent seizure is often associated with impairment of the senses, paralysis, anaesthesia, bleeding, and the like. Sauvages'

patient, Miss V., was a serving girl from Rivesaltes (a small town near Perpignan, famous for sweet wine). Sauvages did not at first see his patient as having cataleptic somnambulism, but as having both catalepsy and somnambulism, something he had never seen before. Later, in his nosology, he decided that there were two kinds of somnambulism, *common* and *cataleptic* (Sauvages, 1768, Vol. 2, pp. 206 - 207). This work mentions other cases that the interested reader may pursue.

Most nineteenth century cases of double consciousness, including two of the most important, Mary Reynolds and Felida X, would have been classified as cataleptic somnambulism. In response to the question, "What's in a name?" one might answer that a diagnosis of cataleptic somnambulism sounds very different from one of double consciousness, and opens up a quite different train of analogies and speculations. Yet the cluster of central symptoms is quite similar. French doctors, including Azarn (1876b, p. 267; 1878, p. 133), were inclined to describe their cases as total somnambulism. Azarn did not mean that his patient was totally asleep, but that all her faculties and senses were active -- partial somnambulism being the ability to use only some of the faculties such as walking or talking.

In Sauvage's cases the young woman had a seizure early in the morning. Her body was rigid for a few minutes. Then she awoke yawning, and continued for as long as a day before suffering another seizure, after which she returned to her normal state. During this interim period, which the servants described as a *live fit* in contrast with the *dead fit* of cataleptic seizure, she was merry and animated, and her "discourse had relation to what she had said during her attack on the preceding day." She was, however, substantially anaesthetic to snuff in her nostrils, pricking by pins, and the like. This *hysterical catalepsy anaesthesia* interested eighteenth century physicians. Sauvages did not elaborate on the extent to which the lady in her *live fit* could be said to have a fully developed personality, for which her normal state was amnesic.

Prichard notes that Richerz (1785, p.361) supplements his translation of Muratori with a case that Richerz held to be strikingly similar (the original is from Anon., 1725). From a twentieth century perspective they appear rather different. Instead of a passive young woman there is an active young man. These earlier authors saw them as quite similar because both were exceptionally anaesthetic during somnambulist states. Prichard also describes the patient of Dwight (1818), italicizing the clause "who had two souls" from the sentence quoted earlier. Hence he proposed the name *dipsychial* or double consciousness, a name which, though repeated, never caught on. He also described Dyce's case of Maria: "The case related by Dr. Dyce is very curious and in some of its particulars bears resemblance to the history Negretti"

ern reader this is an astonishing assertion, because Maria and Negretti seem different in every particular that interests contemporary scholars. About the only similarity is that both servants were able to set the table and the like in a trance-like state. This is a clear reminder that a resemblance depends on what one is looking for.

In concluding this part of his discussion, Prichard observes: "However extraordinary are many of the phenomena presented by these cases, as to the different states of consciousness manifested in them, still there is nothing that establishes the opinion that sensation has taken place in this instance through unusual media" (p. 9). He then turns to artificial somnambulism and animal magnetism.

HERBERT MAYO

The fourth edition of Herbert Mayo's physiology textbook (1837) contains a new and classic British case. It was once often referred to, but has been largely ignored in recent times. The case is already second hand, communicated to Mayo by a Dr. G. Barlow. Mayo notes how closely it resembles the third case of Dwight (1818). It is unique only in that the young woman has a wry sense of humor. Her milieu is the middle-class parlor of reading, piano, and conversation:

This young lady has two distinct states of existence: during the time that the fit is on her, which varies from a few hours to a few days, she is occasionally merry and in spirits, occasionally she appears in pain, and rolls about in uneasiness, but in general she seems so much herself that a stranger coming into the room would not remark anything extraordinary. She amuses herself with reading and working, sometimes plays on the piano better than at other times, knows everybody, and converses rationally, and makes very accurate observations on what she has seen and read. The fit leaves her suddenly and then she forgets everything that has passed during it and imagines that she has been asleep, and sometimes that she has dreamt of any circumstance that made a vivid impression on her. During one of these fits she was reading one Miss Edgeworth's tales and had in the morning been reacting one of them to her mother; she went for a few minutes to the window and suddenly exclaimed, "Mamma, I am quite well, my headache is gone": returning to the table she took up the open volume which she had been reading five minutes before, and said what book is this," she turned over the leaves, looked at the frontispiece, and replaced it on the table; seven or eight hours after, when the fit returned, she asked for the book, went on at the verb paragraph where she had left off, and remembered every circumstance of the narrative; and so it is always, as she reads one set of books during one state and another during the other. She seems conscious of her state, for she said one day, "Mamma, this is a novel, but I may safely read it: it will not hurt my morals for when I feel well I shall not remember a word of it."

THE BRAIN

The term *phrenology*, now suggests character reading using bumps on the head, but it originated in a theory about the

localization of brain function. It was part of popular, anti-establishment medicine in Scotland, but it also was an integral stage in the development of what we now call neurology (Young, 1970; Cooter, 1984). Inevitably it renewed interest in the double hemispheres of the brain, which in turn became tied in with double consciousness (Carlson, 1984).

The connection between phrenology and double consciousness is chiefly at the level of anecdote. The numerous editions and printings of George Combe's *Phrenology* (1825) were a source of references to double consciousness, but Combe includes it only as one more curious mental phenomenon. When we speak of anecdote, it is rather Robert MacNish that we have in mind. His (1822) is among the first of a vogue of Scottish stories or novella dealing with doubling of a person; the most famous work in this genre is Hogg (1824/1969). Hogg and MacNish knew each other quite well. Hogg originally published anonymously, and MacNish claimed that he had published under the name of Hogg. We leave to literary historians the question of just who was doubling as whom in real life.

MacNish published the very successful *Anatomy of Drunkenness* (1827), followed by his *Philosophy of Sleep* (1830). Later these books were often sold together, in German as well as in English editions. After 1830 MacNish became a phrenologist, apparently from his encounters with Gall himself, and completely rewrote *Sleep* for a second edition (1834). He had made no mention of Dewar (1823) or Dyce in his 1830 edition. In 1834 he inserted a brief summary of that case into a chapter found in the 1830 edition. This account contains our only known source of the name of Dyce's patient, Maria C_. But it is MacNish qua story-writer rather than qua physician who gives the summary, for he writes chiefly of the rape scene. A long footnote in 1834 has an exact quotation from Mitchill (1817). Previous authorities always seem to refer to the first edition of *Sleep* (1830), but these two cases occur only in the second edition. Mary Reynolds is mentioned only as a page and a half footnote, suggesting a last minute entry. I would suggest that it was Prichard (1834) or indeed conversation with Prichard himself that led MacNish to add these supplements.

MacNish rightly calls Reynolds Major Ellicott's case, for Mitchill was reporting what had been told him by the Westpoint physician. Later American reports drop references to Fillicot. This led to the notorious doubling of Mary Reynolds, for in France she became the quite distinct "la dame de Mac-Nish" with "similar" symptoms. As late as his Harvard lectures, Pierre Janet spoke of them as two individuals (Janet, 1906). As recently as 1953, Giovanni Enrico Morselli, the most prominent Italian student of multiple personality, was still referring to Mary Reynolds both by her own name but more frequently as the lady of MacNish (Morselli, 1953).

MacNish's *Drunkenness* had sold 7000 copies by 1836, and *Sleep* 5000. They continued to sell well in Britain and the continent. Therefore, although MacNish made no contribution to the knowledge of this subject, he had a substantial effect in making it known at home and abroad. Thus, for example, Azam (1887), discussing Dewar (1823), is clearly alluding to MacNish rather than Dewar, for he calls the

patient Maria C_. A biography of MacNish, with many letters about and notes on his publications and their translations is found in D.M. Moir in MacNish (1838, Vol. 1).

The connection between the brain's double hemispheres and the phenomenon of double consciousness is more significant. The stage for making such connections was set by a phrenological question, "What is the use of the double brain?" (Watson, 1836, p. 608). But it moved beyond phrenology in another much reprinted work, Holland (1839). Holland's Chapter 12, "On the brain as a double organ," addresses "the question, whether some of the aberrations of the mind, which come under the name of insanity, are not due to incongruous action of the double structure, to which perfect unity of action belongs in the healthy state?" (1839, p. 161). Once the question is posed, the passage to double consciousness seems inevitable. Holland says that he himself has seen "one or two singular cases" of it, but he thinks Mayo (1837) has the best example.

The idea was furthered by Wigan (1844, 1845b, 1847) who advanced a very much bolder hypothesis than had any of his predecessors. Not only is the brain double, but also the mind. Every kind of madness was caused by some defect in one of the hemispheres. If there were moments of lucidity and moments of insanity, it was because one hemisphere was providing the lucid periods, but due to some internal defect, the other hemisphere took over and provided the insane periods. In this framework double consciousness played a surprisingly minor role; not until Chapter 27 does Wigan get "double or alternate consciousness" (1844, pp. 391-398). Wigan then refers to the cases already noted above.

Theories on the duality of mind, derived from the structure of the brain, continued throughout the century (Carlson, 1984). Wigan, by the way, was utterly skeptical of animal magnetism, and enjoined exposing claims of magnetizers to induce clairvoyance (reading blindfold) in their subjects (Wigan, 1845a). He provided a little paradigm. What had seemed to physicians to be simply a meaningless phenomenon now could he made sense of. If a person were dissociating, then they were alternately using one hemisphere and then another. Double consciousness had a home. A little cascade of cases appeared after 1844. Like any little paradigm, Wigan's was self-supporting. Thus in a defense of his ideas (1845h), he was able to refer to one of these new cases, Dunn (1845). Two others are reported by T. Mayo (1845) and Skac (1845).

PUBLICATIONS OF 1845

Dunn's case is summarized by Sutcliffe and Jones (1962, 234, 261), who judged that "today [1962] such regressive symptoms would militate against diagnosis as multiple personality" (p. 247). In 1991, the regressive symptoms would probably be understood differently. Dunn also doubts MPD because of the periods of *catatonic rigidity* between states. In 1845, these would have counted in favour of double consciousness because of the historical connection with somnambulism and catalepsy.

Thomas Mayo's 1845 case dates back to 1831. His notes

are scanty, but the case is reported as a characteristic double consciousness, with special reference to Abercrombie. The eighteen-year-old young woman attracted *some* notoriety among the gentry of Turnbridge Wells, but a scandal connected with her family led her to be dismissed as a fraud. Left alone in tranquility, she quickly recovered. Her symptoms are noted in a survey of adolescent MPD by Bowman (1990). For the first time in this literature since Prichard, Mayo defended magnetism/hypnotism as a possible route for helping people. Mayo was presumably well aware of the new so-called scientific hypnotism canvassed by Braid (1843).

Skae's example is of the *tertian* type; i.e., the disorder occurred pretty much every second day, with the patient being normal in between. It is exceptional in this respect and in that the patient is a professional man. Skae says that Abercrombie had told him of a very similar case. Skae writes that the man appears "to have a double consciousness---a sort of twofold existence" (p. 12).

Whereas all our other cases concern young women who have not made peace with the social role into which they have been born, the mature men of Skae and Abercrombie have wearied of occupations at which they were successful. The states alternate between "the rational enjoyment of life" and "a state of hopeless hypochondriacism, amounting almost to complete mental aberration" (p. 12). Today the lay observer would be tempted to exclaim, "mid-life crisis." A psychiatrist has re-diagnosed these cases as bipolar personality disorder (Merskev, forthcoming).

Unlike other casual reporters, Skae was much concerned with the nosology of mental disease, and in later life reflected seriously on the French classifications, which he identified with Esquirol and his pupil, Falret. In his *Morisoniau Lectures* (which culminated his life work) (1873), he took issue with Falret's *folie circulaire*, at present loosely identified with bipolar disorder. We should not put aside his own diagnoses lightly. For discussion of his nosology of mental illness, in the context of the time, the reader may consult Coulson (1876) and Crichton Browne (1876).

My suggestion that the 1845 cases are to some extent connected with Wigan's paradigm is inferential only. The authors legitimate themselves with respect to the safe Abercrombie rather than the speculative Wigan, but we contend that the clumping of papers is not accidental. The connection with Wigan is straightforward in the work of Forbes Winslow (1849), who discussed not only double consciousness, but also non-pathological cases of remarkable men who have been able to perform two completely independent intellectual tasks at the same time. Winslow was the editor of a new journal well supported by Wigan (Anon., 1849), which contains in the same issue Ward's case of a prepubertal girl he had treated thirteen years earlier (Ward, 1849).

BEFORE PUBERTY

Childhood and adolescent multiple personality disorder are now much to the fore (Kluft, 1985; Dell & Eisenhower, 1990). There are difficulties in imposing a contemporary understanding upon times gone by. It is by no means clear

that current conceptions of childhood are appropriate baselines. In fact, Aries (1962) has made the radical claim that childhood did not even exist in the era under discussion. Adolescence is a twentieth century idea. Physiology does not help much, because the age of onset of puberty was often so much later than it is at present. Was Maria (Dewar, 1823), a pre-pubertal female of sixteen, a child, an adolescent, or what?

The most famous prepubertal girl with florid dissociation is Estelle (Despine, 1838, 1840), described by Fine (1988) and, in a very different way, by Shorter (1992, pp. 159-162). The condition may not have been so rare as has been thought. Certainly, the magnetizers had cases. A thirteen- or fourteen-year-old prepubertal girl is reported by Bertrand (1827, p. 37). She had four somnambulatory states: (1) magnetic somnambulism, (2) nocturnal somnambulism, (3) nervous or hysterical, and (4) waking. These were one-way amnesic in the following manner: (1) recalled all four states; (2) recalled (2), (3), and (4); (3) recalled (4); but the waking state recalled none of the other three.

Dewar (1823) and Ward (1849) are more significant for skeptics about MPD than Despine (1840) because there is no known element of suggestion associated with their histories. Both cases arose in the year or so before puberty, with which the British doctors believe there to be an "evident connection" (Ward, 1849, p. 456); compare the "intra-uterine irritation" of Dewar's title. Ward's case is not so florid as Despine's, but it is by no means beyond the powers of speculation to suggest that at the hands of Despine, Mary Porter might have fared much as Estelle did, and vice versa. Porter dissociated in exactly the same year as did Estelle, 1836. Her delayed publication seems to be another example of what I have called the "cascade effect."

Mary Porter's disorder became extreme after a cataleptic attack. She alternated between "delirium" and a sound state of mind. These two states were mutually amnesic; the normal state was "extremely depressed, incompetent to any exertion, complains of pain in her head, side, and stomach" (p. 457). We should not be misled by Ward's label, *delirium*. In her second state Mary had no perversion of the senses, nor any hallucination. "Her manner was pert and forward," her disposition "passionate, mischievous and vindictive." She somehow looked different--an ineffable difference so often remarked upon by observers of double consciousness, as of MPD--"a peculiar expression of her features." Were it not for her change in character traits and her expression, "her condition would hardly have attracted any attention." On coming into the house and encountering her, Ward himself sometimes had to ask her friends whether she was now in her "maniacal state" or not. Ward compares Mary Porter in some detail to the usual roster of cases reported by Dwight, Prichard, H. Mayo, and Abercrombie (recounting Dewar).

Ward described his treatment precisely: standard medical practices, leeches, blisters, and specifics from the pharmacopoeia. He thought the treatment had helped. Magnetism/hypnotism had just become so controversial a topic that he avoided it. He provided careful comparison with hysteria, as it was then understood, and with Wigan's

hypothesis that the brain is, psychologically as well as anatomically, a "double organ." The onset of the menses terminated the patient's affliction.

Although Ward regarded double consciousness as rare, he was familiar with more early cases than are known at present. "The cases of double consciousness, hitherto published, have mostly occurred in young females in whom the uterine functions were disturbed or, if in the male sex, where the nervous system has been weakened by excesses, terror, or other cerebral excitement" (p. 458). This idea is consistent with current views on the association of childhood MPD with trauma and abuse. Where are the boys to whom he alludes? The cases of either sex "have been classed by systematic writers," writes Ward, "with epilepsy, catalepsy, somnambulism, ecstasis, and other anomalous affections" (p. 458).

J. CRICHTON BROWNE

The epoch of double consciousness in Britain conveniently concludes with a judicious survey by yet another Edinburgh man. Browne (1862-1863) combines philosophical discussions of personal identity with a physician's knowledge of mental pathologies. He is cognizant of Wigan's hypothesis, about which he is non-committal. He reviews many of the cases I have noted, and concludes with a "new" one taken from his father's case book (the "two years ago" appears to be a quotation, and not to denote 1860, so it is uncertain when the events occurred). J.H. deserves to be as classic as the case of H. Mayo above. It perfectly exemplifies the features of mid-nineteenth century double consciousness. Since it, too, has sunk from notice, I quote the account in some detail here:

J.H. ———, about two years ago, was affected with hysteria, previous to a great constitutional change. The symptoms were of globus and spasmodic flexure of the fingers. The phenomena which now exist followed this state, and were not modified by the establishment of the constitutional change alluded to. For many hours each day the patient is in what may be called her normal condition; for nearly an equal number she is in an abnormal state. She has no recollection during the one what passes or what she has done, or acquired, or suffered, during the other. There is no tie or connection between the two periods. The somnambulant state is ushered in by a yawn, a sensation of globus, and the dropping of the eyelids, which remain half-closed during its continuance, but do not obstruct vision. It generally passes away by the ejection of a mouthful of phlegm. Between these two acts, the yawn and the eructation, the woman is vivacious, more mirthful than when herself knits, reads, sings, converses with relatives and acquaintances, and is said to display greater shrewdness than at other times. Her letters are better in composition and penmanship than she can produce when awake or in her natu-

ral state. This may be called her state of clairvoyance. When aroused, she has no recollection whatever of anything that has taken place. She has forgotten the persons she has seen, the songs she has learned, the books she has read, and if she resumes reading it is at the place at which she stopped when in her normal condition. When she reads in her abnormal state the same thing happens. The development of the fit is generally sudden and unexpected, but occasionally it is determined by noise or the movement of articles in the room, such as the fall of a poker or an alteration in the position of her chair. Her bodily health is perfect; all her functions are regular and vigorous. She has lately complained of headache after the cessation of the somnambulism, and upon one occasion she described the pain as confined to one side of her head. (p. 538)

THE IMPACT OF AZAM'S FELIDA

Azam's Felida changed everything, including, as we have noted, the name. Double consciousness became double and then multiple personality. It started another cascade effect, beginning with Dufay (1876, p. 69): "When I read [Azam] I seemed to recognize in this account one of my former clients...." Felida herself was, in my opinion, the most interesting case of the century, but here I conclude only with some facts external to the case, so that it may be seen in relation to double consciousness.

First, there was no French tradition of double consciousness. Azam could refer only to the occasional Scottish writer, such as MacNish or Abercrombie. I later, we have been able to locate at least one French case now regarded as classic MPD, namely Despine's Estelle. There were other candidates, but, all, it seems, were closely connected with magnetizers as opposed to solid Edinburgh physicians. One such case is described in exceptional detail in Bellanger (1854, 207-291), as "a somnambule endowed with a double intellectual and moral existence." Miss L., later Mme. de B., anticipates Azam's Felida in many respects. In particular, she became pregnant in her second state (by her physician, a magnetizer), and denied her pregnancy in her first state. Perhaps because of the scandalous malpractice involved (unlike Felida, Mme. de B. had a vile husband, her infant only lived a few days, she was incarcerated for insanity, and the doctor left the country), this richly described case disappeared from the literature. It was briefly revived by Gilles de la Tourette (1889, pp. 263-269), who thought that Mme. de B. was a precursor of Felida.

Secondly, Azam wanted to distance himself from the magnetizers whom he regarded as charlatans, so he did not want to cite them as precedents. Throughout his career he proudly insisted that he had been the first to introduce Braid's scientific hypnotism to French medical practice (Azam, 1887, p. 27). He was a surgeon assigned (like his father) to Bordeaux mental hospitals. In 1858, when demonstrating hypnotism and investigating its value as an anaesthetic for surgery, he

worked with a number of girls, including Felida. He wrote up part of his research (Azam, 1860) and went on to other things. We should correct the impression that Azam "studied Felida X over a period of thirty-five years" (Putnam, 1989, p. 29). He never set eyes on her during the most active stages of her disorder, 1859-1875, age sixteen through thirty-two, and relied on her husband's account (which has the ring of conscientious verisimilitude).

Why did Azam suddenly recall Felida after fifteen-odd years? It was, he says, during a conversation about "hisszareries of the memory" in Spring 1875 (Azam, 1887, p. 37). Memory was much in the air. It is useful to mention that despite Azam's pioneer work, hypnotism did not become scientifically reputable in France until 1878 (Didi-Ilubernan, 1982), but abnormal memory was being much discussed at that time. One major story, recounted in the tabloids but also discussed in scientific circles, was Louise Lateau. This Belgian peasant girl was the most famous nineteenth century instance of a person showing the stigmata of Christ. Azam alludes to the then-current report made to the Belgian Academy of Medicine by J.C.f. Warlomont (1875). In her stigmatized state, which came on for Fridays, Louise Lateau, always humble and pious, was nevertheless a different person. Some said she was feigning, some were convinced of the divine origin of her stigmata, while the secular medical profession claimed her as, perhaps, suffering from hysterical somnambulism.

But there was also a much debated matter of theoretical psychology: a major confrontation between neo-Kantian psychology, in the school of Victor Cousin, and the new positivist psychology. The former held there is a fundamental transcendental ego, prior to and necessary for consciousness. Positivists held that the self and personality are a construct of memory, experience, and consciousness. Early in 1875 the great lexicographer, Emile Littré, a slightly maverick positivist, had written on double consciousness for the journal he edited, *La Philosophie Positive* (Littré, 1875). He included the British type of double consciousness but was more interested in the sensation of simply being doubled, hearing oneself speak, of observing oneself act, or the feeling that one is literally not oneself—the type exaggerated but epitomized by Dostoyevsky's *Doable*, Mr. Golvadkin. Littré cited fourteen chiefly German variants of this other kind of dissociation. He argued that these cases prove that consciousness and self-identity are not *primordial* but arrive from a complex of experience recorded in the brain, in *cerebral modifications* (p. 334). On the same page one finds explicitly—and immediately before Azam—an inclination to discuss *personality* rather than *consciousness* as the key idea.

There was only one difficulty for the positivists. There were no available examples of people with doubled personality. Felida was a godsend. Azam himself said she was different from what he had been calling double consciousness. She had no illusions—she was one individual, yet with two distinct courses of life, only one of which was conscious of the other. As Pierre Janet said candidly in Harvard, without Felicia there would probably be no chair of psychology at the College de France (Janet, 1906, p. 78). He himself had followed Theodule Ribot in that chair. Ribot was equally grateful to

"the detailed and instructive observations of Dr. Azam." Such cases enable us to "reject the idea of an ego [moi] conceived of as an entity distinct from the conscious states" (1881/1906, p. 98). Soon afterwards, when he was fully victorious, he jeered at members of the "old school" who accused the new positivist psychology of filching their ego" (Ribot, 1885/1901, p. 103). Thus multiple *personality* replaced double *consciousness* partly in order to prove a philosophical point, but from then on, patients looked different and behaved differently. ■

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