



## Reinterpreting Hysteria under Patriarchy in Emilia Pardo Bazán's "La novia fiel" and "Error de diagnóstico"

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In the nineteenth century there was an explosion of medical discourses on the illness of hysteria, particularly in relation to women. While there were many theories on the origin and nature of the disease that were circulating throughout Spain in the nineteenth century, the prevailing theory was that the cause of hysteria was the female sexual reproductive organs and that only women suffered from the disease (Jagoe, "Sexo" 341-43). In fact, some Spanish doctors, such as Baltasar de Viguera, considered by many to be Spain's first gynecologist, continued to subscribe to ancient Greek conceptions of the disease as an illness that resulted from an "unsatisfied" womb that began to wander throughout the female body (Viguera 65-68; Jagoe, "Sexo" 340). Such theories held that women first became predisposed to the disease at puberty since the female body's new natural urges to procreate could still not be legitimately satisfied until marriage (Viguera 82-83). Natural biological functions, such as menstruation, pregnancy and lactation, in addition to so-called sexual perversions, were said to bring on hysteria as well (Pulido Fernández 335). These understandings of hysteria were reaffirmed during a formal session on hysteria held by *Sociedad Ginecológica Española* in 1876.<sup>1</sup> Four of the five doctors who spoke argued that hysteria attacked women who were sexually deprived, or who, on the contrary, engaged in sexually "deviant" behavior. These doctors also asserted that pubescent and sterile women were especially prone to the disease (Pulido Fernández, *Anales* 52-54; 74-79; 104-11; 265-67; 321-29). Thus, arguing that all the biological functions related to reproduction in women, whether they were "normal" or "anomalous," were disease-producing essentially rendered all women "hysterics *in potentia*, the victims of overly evolved and hypersensitive nervous and reproductive systems who by natural endowment could at any moment slide into sickness" (Micale 69). Many feminist historians have argued that this pathologization of the female body in the nineteenth century ultimately served to suppress the increasing awareness that women should be entitled to equal rights under the newly arising constitutional governments. Thomas Laqueur, for example, demonstrates in *Making Sex: The Body and Gender from the Greeks to Freud*, the way in which the "scientific" polarization of the sexes was used to justify the concept of separate spheres and to argue against giving women the same political rights as men. In regards to the hysteria diagnosis in particular, Elaine Showalter has argued that

it worked against women's claims for equality by labeling women who did such "radical" things as advocate for equal education and the right to the vote "hysterical" (145).

In her literary works, Emilia Pardo Bazán both reproduces and subverts medical theories on hysteria and women. She rejects the notion of the female body as inherently pathological and points to both social and political causes for the frequent manifestation of the "disease" in women as well as to the blatant misogyny in the practice of medicine at the time. While in "*La novia fiel*" (1894) it is the female protagonist's frustrated sexual desires that bring on hysteria, it is clear that the problem is not female sexuality itself, but rather society's refusal to acknowledge female desire and its need for expression. Moreover, the story expands its critique beyond the question of female sexuality in order to show that it was also the culturally prescribed feminine role that required an erasure of the self as well as the stultification of woman's intellectual and creative ambitions that were making so many women "sick." Attacking the hysteria diagnosis from another angle, "*Error de diagnóstico*" (1907) reveals the arrogance, misogyny, and lack of true objectivity of many doctors in their treatment of their female patients. In the story, hysteria is exposed as a convenient social construct that disguised the real problems and illnesses facing women at the time as well as doctors' ignorance and prejudices regarding these questions.

Most recent criticism on "*La novia fiel*" has explored the story as a critique of the sexual double standard and women's entrapment in, and resistance to, passivity.<sup>2</sup> Here I intend to build on both these interpretations by exploring them in light of the story's clear allusions to dominant notions of hysteria as a disease that manifested itself in women who were not sexually satisfied.<sup>3</sup> The protagonist of the story, Amelia, is a young, unmarried woman who after having waited nine years for her fiancé to marry her, and who is too "respectable" to satiate her desires by other means, begins to exhibit signs of hysteria:

[M]ostrábase llena de rarezas y caprichos, ya riendo a carcajadas, ya encerrado en hosco silencio. Su salud se alteró también; advertía desgana invencible, insomnios crueles que la obligaban a pasarse la noche levantada, porque decía que la cama, con el desvelo, le parecía su sepulcro; además sufría aflicciones al corazón y ataques nerviosos. (306)

However, it is not until she acknowledges the cause of her "illness"—"deseo, ansia, necesidad de casarse" (306)—and more importantly, the reason for Germán's tranquility—his freedom and ability to satisfy these same desires elsewhere—that Amelia suffers a full-on hysterical attack: "[A]l explicarse ahora la verdadera causa de esa paciencia y esa resignación incomparables [...], una carcajada sardónica dilató sus labios, mientras en su garganta creía sentir un nudo corredizo que se apretaba poco a poco y la estrangulaba. La convulsión fue horrible, larga, tenaz" (306-07).

The description of Amelia's hysterical attack is very similar to the "ataques de gran histerismo" described by doctors of the time:

También se producían en algunas pacientes ataques de ‘gran histerismo’, empezando con un período prodromal llamado el ‘aura’ histérica, caracterizado por la melancolía, la jaqueca, las risas o el llanto [...] y la sensación de una bola en la garganta sofocando a la víctima. Todo esto desembocaba en convulsiones epileptoides, con pérdida de conocimiento, gritos guturales, espuma en la boca, espasmos y delirio. (Jagoe, “Sexo” 339-40)

In both descriptions, the patient exhibits seemingly inappropriate outbursts of laughter (“carcajada sardónica”; “las risas o el llanto”), a feeling of being strangled and of having a lump in her throat, the famous symptom of the *globus hystericus* (“en su garganta creía sentir un nudo corredizo que se apretaba poco a poco y la estrangulaba”; “la sensación de una bola en la garganta sofocando a la víctima”), and bodily convulsions (“la convulsión fue horrible, larga, tenaz”; “convulsiones epileptoides, con pérdida de conocimiento, gritos guturales, espuma en la boca, espasmos y delirio”).<sup>4</sup> It is important to point out here that many doctors of the time saw the hysterical attack as an imitation of, or substitute for, female orgasm (Micale 68; Jagoe, “Sexo” 343-44). In other words, when female sexuality was restrained or limited, the only form of relief was to be found in the hysterical attack. Baltasar de Viguera, for example, makes a point of underscoring the similarities of the two phenomena, stressing that the only difference is that one is “physiological,” in other words, “normal,” and the other is “pathological” (84-85).<sup>5</sup> One is also reminded of the description of Ana Ozores’s “ataque” in *La Regenta*, which Visitación describes to Don Álvaro in order to make clear Ana’s unsatisfied sexual yearnings and to increase the Vetustan Don Juan’s desire for the judge’s wife:

¿Te acuerdas de aquella danza de las Bacantes? Pues eso parece, sólo que mucho mejor; una bacante como serían las de verdad, si las hubo allá, en esos países que dicen. Eso parece cuando se retuerce. ¡Cómo se ríe cuando está en el ataque! Tiene los ojos llenos de lágrimas y en la boca unos pliegues tentadores, y dentro de la remonísima garganta suenan unos ruidos, unos ayes, unas quejas subterráneas; parece que allá dentro se lamenta el amor siempre callado y en prisiones ¡qué sé yo! ¡Suspira de un modo, da unos abrazos a las almohadas! ¡Y se encoge con una pereza! Cualquiera diría que en los ataques tiene pesadillas, y que rabia de celos o se muere de amor [...]. Ese estúpido don Víctor con sus pájaros y sus comedias, y su Frígilis el de los gallos en injerto, no es un hombre. (Alas I: 331)

While many feminists have sought to dismiss and/or deconstruct the medical connections that were being made in the nineteenth century between hysteria and female sexuality by pointing to the many other social factors that were making women ill, others have chosen to explore this connection further in order to better understand the strong sexual connotations of the disease.<sup>6</sup> Coming from the latter tradition, Rachel Maines has recently revealed that indeed, due to the repression of female sexuality and misunderstandings about the female sexual response, many women in the nineteenth and early twentieth centuries suffered from frigidity and/or sexual frustration, which was then

diagnosed as a symptom of “hysteria,” a “disease” that needed to be treated by a doctor. The treatment often involved manual genital massage in order to produce an orgasm, which was referred to as a “hysterical paroxysm” (3). According to Maines, because most women could not reach orgasm through “normal” heterosexual intercourse alone, women’s sexual arousal was seen as an “illness” and female orgasm, disguised as a “hysterical paroxysm,” as the necessary crisis of that illness that needed to be produced in the doctor’s office (3).<sup>7</sup> The practice of genital massage to relieve hysteria was not foreign to Spain. Viguera tells of various patients and doctors who effectively used various forms of genital stimulation to produce a “parosisimo” and relieve hysterical symptoms (85-86). Although Viguera affirms that this practice is effective as a treatment for hysteria, he covers his tracks by asserting that as a clinical practice, it is indecent (96). Similarly, in his synopsis of the formal session on hysteria held by *Sociedad Ginecológica Española* in 1876, Pulido Fernández claims that one of the doctors mentions the practice of genital massage in the treatment of hysteria only to reject it as immoral: “Hizo mención de la confricación para rechazarla por inmoral” (79). Yet, regardless of whether these doctors were publicly willing to recommend the treatment, they acknowledge its existence and practice in Spain. What is most important about all this is that it shows that doctors, and society in general, continued to make a clear link between hysteria and sexual frustration, and the hysterical attack and female orgasm. While Pardo Bazán’s story does not engage with the specifics of female sexual frustration and its medical treatment at the time, “La novia fiel” does reproduce the notion of hysteria as a disease resulting from repressed sexual desires and of the “hysterical paroxysm” as an oblique form of sexual release—a “crisis” of a “disease” suffered by women in a society that gave them few acceptable forms of expressing their sexuality. Thus, the story shows that female sexual needs, when not allowed any legitimate means of satisfaction, found indirect and “pathological” channels of expression.

In her analysis of the representation of hysteria in *Los pazos de Ulloa*, Robin Ragan argues that Pardo Bazán intentionally left out the symptoms of hysteria connected to female sexuality in order to highlight the social causes of the disease (141). While it is true that in her literary works Pardo Bazán stresses the social factors of the “disease” and dismisses the idea of the female body as inherently flawed or pathological, and that, in the case of *Los pazos*, Nucha’s “hysteria” does not seem to be related to repressed sexual desires, “La novia fiel” fully engages the question of female sexual frustration and hysteria. The difference between Pardo Bazán’s representation of hysteria and its portrayal in many medical texts of the time is that in the story it is not the female body, or female sexuality, that is the problem, but rather society’s prohibition on female sexual expression. This is where the question of hysteria overlaps with the theme of the sexual double standard since it is evident to the reader that had Amelia been offered even some of the sexual outlets enjoyed by Germán, she would have fared much better. The priest in particular gives a clear indication of society’s views on such matters when he tells Amelia that she has made a mistake by breaking off her engagement with Germán, a man he lauds for being “formal, laborioso, dispuesto a casarse” and whose sexual adventures he excuses: “Los hombres por desgracia [...]. Mientras está soltero habrá tenido esos entretenimientos [...]. Pero usted...” (307). The problem of course is not only the message society gives to Amelia, but also the fact that Amelia herself has internalized this

message. The narrator tells us that once Amelia becomes aware of her sexual desires she must take recourse to “todo el freno de las nociónes de honor y honestidad que le inculcaron desde la niñez” in order to prevent herself from expressing or acting on these desires (306). She later decides to break off entirely with Germán out of shame and the fear that she will no longer have the strength to refrain herself: “¡Si no le dejo [...], le imito! ¡Yo también...!” (307). Thus, rather than openly defy the double standard, something that would indeed have been difficult to do at the time without risking social ostracization, Amelia prefers to deny her sexual needs and live alone with her “hysteria.” We as readers, however, do not necessarily share the view of the priest or feel satisfied with Amelia’s decision. The story makes clear that the virgin/whore binary leaves unmarried women like Amelia with two undesirable options: risking their reputations and their chances of marriage, or living with “hysteria.”

Nevertheless, “La novia fiel” does not restrict its critique of the double standard to sexual matters. Unlike Germán, Amelia is also denied equal access to education, the right to practice a profession and full participation in society. The nineteenth century was a period noted for a rising awareness of gender inequality since, as more and more men were earning their political rights with the rise of liberal democratic governments in Western Europe, women’s second-class status became increasingly apparent. According to Pardo Bazán, this change produced a clear division between the sexes that made the inequality impossible to ignore:

Más iguales [antes de la guerra de Independencia] el varón y la hembra en sus funciones de ciudadanía, puesto que aquél no ejercía aún los derechos políticos que hoy le otorga el sistema parlamentario negándolos por completo a la mujer, la sociedad no se dividía como ahora, en dos porciones políticas y nacionalmente heterogéneas. (“La mujer española” 87)

In order to counteract the increasing feminist awareness, “science” and “medicine” were invoked to argue that women’s natures “naturally” precluded them from receiving the same education and political rights as men (Laqueur 194). Such arguments combined with the growth of capitalism and industrialization, which resulted in more men working outside the home, led to a strengthening of the concept of separate spheres of the sexes. That is, the idea that women “naturally” belonged in the home caring and providing for their husband and children, whereas men belonged outside the home, working in professions and participating in political and social life (Jagoe, “La misión” 34). We see clearly the negative effects of Amelia’s being excluded from higher education, the professions and active participation in society. Amelia is first abandoned by Germán when he goes off to school to complete a law degree. During these six years, while Germán is receiving an education at the university in Santiago de Compostela, Amelia remains at home filling her hours reading, rereading and responding to Germán’s letters and longing for vacation to arrive so that she can see her fiancé again. While the narrator tries to convince the reader that Amelia was so entertained by these activities that “el tiempo se deslizaba insensible para [ella],” there are other indications in the text that this is not really the case, such as the fact that Amelia longs for vacation to arrive so that she

can see Germán again or that the visits themselves serve as a “grato paréntesis” to his absences (305). When Germán decides to continue his education and pursue a doctorate in law and his letters become shorter and less frequent, due in part, according to Amelia’s “amiguitas caritativas” (305) to German’s distractions with other women, Amelia is left with even less to fill her time. Then, when Germán, after completing his doctorate, decides to postpone the wedding again until he is able to get a stronger foothold in his career, Amelia begins to notice the stark contrast in their emotional and physical states. While Germán “engruesa[ba]” physically and spiritually, Amelia “se consumía,” and while Germán appeared “chancero,” Amelia “empapaba la almohada en lágrimas” (306). Amelia finally “veía la luz,” realizing that the reason Germán is able to tolerate the lengthy engagement so much better than she is because he is allowed other “distractions,” both sexual and otherwise (306). So, while he grows in self-esteem, education and experience, she is forced to repress her desires and ambitions and remains physically, emotionally, intellectually and socially deprived. Pardo Bazán expresses it well in *El lirismo en la poesía francesa* when she states that “si el varón puede buscar salida y aire, la mujer acaba por enfermar de languidez y de fastidio” (270).<sup>8</sup> Thus, the story also points to women’s lack of opportunity to grow intellectually and spiritually as a cause of their malaise.

It is not only the external restrictions placed on Amelia, however, but also her internalization of a restricting concept of femininity—that requires passivity, sexual naïveté and a complete erasure of the self—that leads to her “illness.” From the very beginning of the story Amelia appears as the object of Germán’s gaze and desire. Not surprisingly, Germán is attracted precisely by Amelia’s passivity and virginal beauty: she is young, blonde and wearing a white crepe dress that reveals “el arranque de los virginales hombros y del seno” (305). When he asks her to dance, “recogió un sí espontáneo, medio involuntario, doblemente delicioso.” Her acceptance of his offer is “doubly delicious” because it is somewhat involuntary and it is something that “he” collects (“recogió”) from her, rather than something “she” offers.<sup>9</sup> Her suppressed desire and lack of initiative is what makes her “truly feminine” and the type of woman Germán is interested in marrying. However, as she matures, and the awareness of her own desires and needs increases, she realizes that she is losing precisely what attracted Germán to her in the first place. It is immediately following her hysterical attack, clearly portrayed as a type of sexual awakening, that she decides to break off her relationship with Germán; she realizes that her body will speak its desires despite her best efforts to “disimular a toda costa” (306). She fears that if he were to see that she too has needs, specifically sexual needs, he would cease to love her and/or want to marry her as she would no longer incarnate for him the ideal of virginal femininity, the ideal that she “faithfully” insists on living up to in order to remain an object worthy of Germán’s love. Thus, as Joyce Tolliver explains: “She must remain passive in order not to transgress societal and religious injunctions, and yet she no longer can be passive in the same way as before” (915). She “acts, then, in order to continue to be sexually inactive” (915).

Tolliver’s analysis of Amelia’s passivity in the story on a linguistic level is particularly suggestive since women’s silencing of their needs has been seen as a fundamental aspect of femininity as well as a principal cause of hysteria.<sup>10</sup> In other words, it was not just

women's sexual desires, but also their need to speak out, to have a voice, that found indirect expression through the hysterical fit. According to Dianne Hunter, hysteria is precisely "a self-repudiating form of feminine discourse in which the body signifies what social conditions make it impossible to state linguistically" (485). Thus, Amelia's body, through the hysterical paroxysm, says what she, as well as the ellipses in the text, dare not say. Hélène Cixous also develops this idea by referring to the classical symptoms of hysteria of aphonia and of the *globus hystericus*, which Amelia exhibits, to show how the silencing of women manifests itself physically on the hysteric's body: "Silence: silence is the mark of hysteria. The great hysterics have lost speech, they are aphonic, and at times have lost more than speech: they are pushed to the point of choking, nothing gets through. They are decapitated, their tongues are cut off and what talks isn't heard because it's the body that talks" (Cixous 49).

Thus, "La novia fiel" shows hysteria to be a "disease" that society inflicts on women by not allowing them to express their needs and desires, or, in Juliet Mitchell's words, hysteria is shown to be "simultaneously what a woman can do both to be feminine and to refuse femininity, within patriarchal discourse" (101). So, while hysteria can be interpreted as an unconscious form of rebellion against an oppressive femininity, it also was a phenomenon largely created and sanctioned by society itself and that ultimately worked to contain more threatening types of female protest. The hysteria diagnosis, by pointing to the female body as inherently flawed and pathological, simply served to cover up the social and political injustices that were truly making women ill. Since hysteria maintained the status quo as a form of female social defiance, it was extremely limited in its reach, leading Cixous to assert that, "in the end, the woman pushed to hysteria is the woman who disturbs and is nothing but disturbance" (49). Thus, while it is true that Amelia begins to show some agency at the end of the story by "defying the wishes of Germán, her parents, the Church and society" and by choosing "her own resolution" to the problem (McKenna 56-57), no new spaces are truly opened up for her and other women. Amelia simply chooses one of the options society allows for and ultimately remains restricted and repressed in almost all aspects of her life.

Whereas "La novia fiel" deals with the causes and manifestations of hysteria in women, "Error de diagnóstico," written some thirteen years later, deals with doctors' lack of true scientific objectivity in their diagnosis of the "disease." The story is about Dr. Cano's incorrect interpretation of the symptoms of the illness from which the Countess's daughter is suffering. The overly confident Dr. Cano's refusal to truly question his assumption that any sixteen year-old female suffering from "ahogos" must be afflicted with hysteria, leads to a misdiagnosis and to the girl's death. Although the word hysteria is never used in the story, the symptoms of the illness and the nonchalance with which the doctor reacts to them indicate that he has arrived at this diagnosis. First of all the patient is exhibiting the classic *globus hystericus*, which is described as "un ataque repentino de sofocación," "el ataque," and as "ahogos" (75). Moreover, the girl's age, sixteen, is mentioned twice. In fact, Dr. Cano reaches his hysteria diagnosis even before seeing the girl, but after hearing about the symptoms and discovering that his patient is the Countess's 16-year old daughter, not the Countess herself (75). The second time the girl's age is mentioned, Dr. Cano repeats the medical cliché of the time about how the female

body, in its transition to womanhood, frequently develops such symptoms: “¿Dieciséis? La lucha por el desarrollo. A cada momento vienen a mi consulta señoritas quejándose de algo muy parecido” (75).

Dr. Cano's tendency to reach a diagnosis before observing the patient is actually seen earlier when he first receives the Countess's message and immediately assumes that the Countess herself is the patient and that she is simply suffering from her usual “cólico nefrítico” (75). Thus, despite his supposed adherence to objectivity and empirical observation, his conclusions are based more on preconceived notions and biases than on the practice of the scientific method. The doctor's demeanor, even with his attempts to appear compassionate and attentive, remains arrogant and condescending throughout his visit with his young patient. Even after the mother expresses her concern that her daughter might be dying and begs the doctor to examine her carefully—“¡Por amor de Dios, le pido a usted que la mire despacio!” (75)—Dr. Cano merely goes through the motions in order to please the mother, apparently unable to truly heed the Countess's concerns: “Procedía así por acceder al deseo de la madre; pero su opinión estaba formada” (75). This depiction of nineteenth-century doctors treatment of their “hysterical” patients not only anticipates twentieth-century feminist critiques of “the condescending authoritarianism of male doctors towards their female patients” (Micale 72), but it is also in keeping with Pardo Bazán's criticisms of the medical and scientific movements of her day.

A constant theme in Doña Emilia's writings is her skepticism about doctors' and scientists' claims about being able to answer questions that, in all actuality, went beyond the realm of science. According to Laura Otis's excellent article on the early scientific writings of Emilia Pardo Bazán, “the point of departure for [Pardo Bazán's] scientific studies was Kant's reevaluation of knowledge, his awareness of the limits of human perception, and his rigorous analysis of the categories of knowledge possible” (81). In other words, Pardo Bazán would insist that truly objective knowledge must begin “with an admission of one's own [intellectual] limitations” (81). We see this idea repeated in “La nueva cuestión palpitante” (1892) when Pardo Bazán asserts that science will never be able to answer metaphysical questions regarding the essence of existence:

Si hay una verdad dicha, repetida y trillada, es que la ciencia no nos saca de dudas respecto a la esencia íntima de las cosas. Antaño el hombre pedía a la metafísica la explicación y sistema del mundo; hogaño la metafísica ha caído en descrédito, y por ciencia se entiende el conjunto de las físicas y naturales, que si bien nos ofrecen tesoros de conocimientos relativos, no nos acercan a lo absoluto ni una pulgada más. Sin emprender la apología de la metafísica y de las ciencias teológicas, bien puedo afirmar que las físicas y naturales, no por su atraso, sino por su misma índole, están desquiciadas cuando intentan penetrar en el terreno del gran misterio. (1181-82)

This leads Pardo Bazán to portray scientific assertions that step outside of the bounds of what can be known through empirical study as on a par with superstition, or at best, with

blind faith. We see an example of this in “Error de diagnóstico” in the narrator’s ironic presentation of Dr. Cano’s conversion of “science” into an idol of worship that he hopes will replace religion:

El ídolo de nuestra edad le contaba entre sus devotos. Soñaba mucho, y no daba forma poética, sino científica, a sus sueños. Descreído y hasta unas miajas enemigo personal del que nos mandó amar a nuestros enemigos, se forjaba en su fantasía planes de sustituir la Providencia por el conocimiento. Era estrictamente leal, estrictamente honrado, y su culto a la verdad rayaba en fanatismo. (74)

The doctor is so “fanatical” in his “faith” in his own scientific hypotheses that he even risks his life two or three times injecting himself with untested serums and microbe cultures in order to prove their safety and effectiveness (74). His dedication and zeal wins Dr. Cano the respect of his scientific peers, who also clearly do not bother to evaluate his work objectively; that is, based on its veracity and/or usefulness to the field, but rather simply on the doctor’s own devotion and enthusiasm. Dr. Cano’s hypocrisy in regards to his rejection of religious faith, while blindly adhering to his own “faith” in “science,” is most conspicuously revealed when he orders the Countess to snuff out the votive candles that she has lit in the hopes that God will heed her prayers and save her daughter’s life: “Apague usted las velas, condesa [...]. Si la niña mejora, el bienaventurado va llevarse la Gloria de la mejoría, y si la niña empeorase, culparía a usted al tonto del doctor” (76). This passage proves to be highly ironic considering that the girl not only gets worse, but dies that night, and that she would have been at least equally well served by the candles, and/or the priest whom the Countess had thought of calling first. The discovery that the girl was really suffering from a vomica, an abscess in the lungs, which should have been treated surgically, makes it clear that had the doctor correctly diagnosed the problem, there was at least a possibility that he could have saved her life.<sup>11</sup> Moreover, he most likely would have treated both the Countess and her daughter more compassionately, especially considering the “faith” the young girl had placed in him: “Desde que está usted aquí, ya me siento mejor” (76). This event forces Dr. Cano to acknowledge his own blindness and arrogance as well as the limitations of human knowledge in general—“He comprendido que la puerta de la ciencia es la humildad [...] y que no sabemos nada o casi nada” (77)—a point on which, as we have already seen, Pardo Bazán had often insisted.

From the very beginning of the story, the authority of the doctor is conspicuously subverted by an ironic narrator and the use of dramatic irony. The narrator undermines the doctor’s authority not only by using religious terminology to describe his “scientific” work, as we saw above, but she also contradicts his assumptions and judgments, ironically enough, with facts and/or empirical evidence to the contrary. For example, when Dr. Cano is making his way to the Countess’s estate, he calmly, yet incorrectly, assumes that the patient is the Countess herself and that she must be suffering from her usual complaint. The narrator immediately corrects him: “Será el cólico nefrítico de costumbre,” pensaba el doctor, reclinado en la berlina azul, tan confortable y flamante, de la aristocrática señora. Se engañaba en sus presunciones el médico. Tratábase de un

ataque repentino de sofocación, y la paciente no era la condesa, sino su hija, muchacha de dieciséis años (75).

Similarly, and more importantly, we see this use of antithesis when the narrator juxtaposes the doctor's lack of concern to the grave physical condition of the patient and to her mother's panic:

La enferma, con la boca muy abierta, el pecho aún jadeante, yacía tendida en la meridiana de su dormitorio. Antes de que el doctor pisase la escalera, sobrevino el alivio; pero la madre, oprimida todavía por el terror, estaba medio loca.

--¡Creí que se moría, doctor! ¡Creí perderla!

Cano sonrió con la sonrisa bien informada, algo irónica, que reservan los médicos a las alarmas extremosas de la familias. (75)

The doctor's "alivio" and "sonrisa bien informada, algo irónica" contrast markedly with the "boca muy abierta" and "pecho jadeante" of the patient and with her mother's emotional state: "oprimida todavía por el terror" and "loca" (75). Perhaps most effective in undermining the doctor and his diagnosis is the use of dramatic irony. From the very beginning of the story it is clear that he will misdiagnose his patient's illness. Not only does the title of the story, "Error de diagnóstico," suggest this, but also we are told in the first paragraph that "los más refinados [científicos] sufren en especial al comprobar los límites de la ciencia, lo nulo del saber, lo fatal de las leyes naturales" and then in the second that "El doctor Cano era de estos últimos" (74). These statements clearly foreshadow the doctor's disgrace and lead the reader to view the doctor's certainty and arrogance ironically from the very beginning of the story.

Thus, by revealing the weaknesses in the practice of medicine at the time, the story advances the idea that hysteria is more superstition than science. The fact that its symptomatology in nineteenth- and early twentieth-century Spain resembled that of ancient Greece, is more suggestive of the survival of prejudices, fears and misunderstandings about women and their bodies, than with any real advancement in medical knowledge. Dr. Cano's patronizing treatment of the Countess and her daughter similarly conveys a lack of respect for women in general and reveals the gender prejudices that necessarily inform his own diagnoses of his female patients. Hysteria, then, is portrayed as a catch-all diagnosis that both hides doctors' ignorance and prejudices regarding women and their dismissal of the real afflictions from which so many women were suffering at the time, be they physical, psychological, or both. In this way "Error de diagnóstico" not only deconstructs the concept of hysteria as a real disease but also serves as a vindication of women's voices, particularly in regard to their own feelings and bodies.

It is important to note that Pardo Bazán was not shy about relating her critique of science directly to the way in which it was being used to argue against giving women the same rights and privileges as men. Specifically, she opposed medical assertions about the dominant role the reproductive organs played in determining, and limiting, a woman's destiny in life. In other words, she objected to "[E]l error de afirmar que el papel que á la

mujer corresponde en las funciones reproductivas de la especie, determina y limita las restantes funciones de su actividad humana, quitando á su destino toda significación individual, y no dejándole sino la que puede tener relativamente al destino del varón” (“La educación” 20-21). She argued that women were no more dominated by their sexual drives than men and that, even though they were a powerful force in both sexes, it was not the only force that motivated the behavior of a rational being:

n[o] (*sic*) son el móvil único ni el único fin de la criatura racional, ni han de ofrecerse en ningún caso como negación ó limitación forzosa de otros móviles y fines altísimos, como el social, el artístico, el político, el científico, el religioso, ni siquiera al ejercicio de la libertad individual indiscutible, que implica el derecho absoluto al celibato y á la esterilidad (“Una opinión” 79).

Ultimately, Pardo Bazán’s insistence on the limitations of knowledge and what could truly be revealed through empirical observation of material reality would become a crucial argument against attempts by doctors to reduce women’s essence and reason for existence to their reproductive function and thereby render them “naturally incapacitated” for other pursuits. In other words, by arguing that the essence of woman could not be revealed by an empirical study of her body and reproductive organs, Pardo Bazán was able to underscore the limitations of what science could truly say about a woman’s nature and destiny.

Both “La novia fiel” and “Error de diagnóstico” reveal Pardo Bazán’s cynicism about hysteria as a real disease, and specifically as a diagnosis applied to women. Her works suggest that women who had difficulty conforming to a restricting concept of femininity that offered them few means for expressing intellectual, creative, and/or sexual drives, understandably became “hysterical.” “La novia fiel” in particular makes clear that it was not women’s natures, but rather artificial constructs of femininity that were making women ill and making doctors view normal reactions to this oppression as pathology. “Error de diagnóstico,” on the other hand, can be seen as an indictment of the medical establishment for its retrograde views on women that were more akin to superstition than to any truly empirical or scientific understanding of the women’s natures, desires and capabilities. In this sense, both stories show that the hysterical woman was, as Carroll Smith-Rosenberg has argued, both a “product and indictment of her culture” (215).

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**Notes**

<sup>1</sup> Ángel Pulido Fernández summarizes the various talks on discontinuous pages of volume 2 (1876) of the *Anales de la Sociedad Ginecológica Española*. I would like to thank Catherine Jagoe for generously providing me with photocopies of these materials. I would also like to point out that original quotes that display nineteenth-century spelling and punctuation have been left in their original form.

<sup>2</sup> See McKenna and Tolliver.

<sup>3</sup> I am not the first critic to interpret Amelia's "illness" as hysteria. In her discussion of "La novia fiel," Carmen Bravo-Villasante states that: "La sensatez, aplomo y equilibrio del novio se justifica por las aventurillas que éste tiene con unas y con otras, mientras que la novia fiel, que como mujer no puede permitirse esas infidelidades, cae en el *histerismo*" (201-02, emphasis mine).

<sup>4</sup> According to Elaine Showalter, "the two defining characteristics" of nineteenth-century hysteria were "the seizure, and the *globus hystericus*, or sensation of choking." She also mentions that at the height of the hysterical attack "the victim alternately sobbed and laughed" (130).

<sup>5</sup> According to Viguera,

La matriz, pues, sufre en [el ataque histérico] unos bambaneos, erecciones y estremecimientos muy notables, y aun unas sensaciones placenteras muy análogas á las que se escitan en la consumación del estro venéreo [...]. Estos dos fenómenos, aunque el uno sea fisiológico y el otro patológico, tienen entre sí tanta conformidad, que si la duración del primero es en razon de la mayor ó menor facilidad de la explosión que todo lo aquietá; la prolongación y violencia del segundo están de la misma manera en razon de un semejante resultado. (84-85)

<sup>6</sup> Showalter, for example, argues that "It was simpler to blame sexual frustration, to continue to see hysterical women as lovelorn Ophelias, than to investigate women's intellectual frustration, lack of mobility or needs for autonomy and control" (131).

<sup>7</sup> Both the novel (1993) and the film (1994) the *Road to Wellville*, which takes place in 1908 at John Harvey Kellogg's Battle Creek Sanitarium in Michigan, includes a scene in which one of the female protagonists receives such a "treatment" from a German doctor, which is referred to as *Die Handhabung Therapeutik*.

<sup>8</sup> In 1916, Pardo Bazán taught a course on French lyricism. The notes for this course were compiled and published posthumously in 1923 with the title *El lirismo en la poesía francesa*.

<sup>9</sup> For an insightful and thorough analysis of this passage see Tolliver, pages 911-12.

<sup>10</sup> In "Knowledge, Desire and Syntactic Empathy in Emilia Pardo Bazán's 'La novia fiel'" Tolliver illuminates the way in which Amelia's passivity is conveyed in her position as object, rather than the subject, of the verbs in the first part of the story. This dynamic, however, changes with her discovery of Germán's sexual escapades and of her own sexual desires, signaling her acquisition of a certain degree of agency.

<sup>11</sup> At this time, before the existence of antibiotics, surgery would be the only possible treatment, and even still the mortality rate was high (Bhimji). Even just 50 years ago, the mortality rate after surgery was greater than 50% (Bhimji).

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