

THE 19th CENTURY DID CASE OF LOUIS VIVET: NEW FINDINGS AND RE-EVALUATION

Henri Faure, M.D.
John Kersten, M.A.,
Dinet Koopman, M.A.
Onno van der Hart, Ph.D.

Henri Faure, M.D. (retired), was Medical Director of the Hôpital Psychiatrique at Bonneval, Eure-&-Loire, and Director of the Laboratorium of Psychopathology, Sorbonne University, France. John Kersten, M.A., is a psychologist at the Regional Institute for Ambulatory Mental Health Care Amersfoort, Amersfoort, The Netherlands. Dinet Koopman, M.A., is a psychologist at the Clinic for Intensive Treatment Atlantis, Den Haag, The Netherlands. Onno van der Hart, Ph.D., is a professor at the Department of Clinical Psychology and Health Psychology, Utrecht University, Utrecht, and Chief of Research at the Cats-Polm Institute, Bilthoven, The Netherlands.

For reprints write Onno van der Hart, Ph.D., Riagg Z/NW, Oldenaller 1,1081 HJ Amsterdam, Netherlands.

An earlier draft of this paper was presented at the 5th ISSD Annual Spring Conference, Amsterdam, Netherlands, May 13, 1995.

ABSTRACT

Although not the first patient to be described as a multiple, the French patient Louis Vivet was the first to be explicitly named a multiple personality at the end of the 19th century. Recent critics have disputed the validity of the diagnosis or the number of alter personalities in this widely publicized case, by stating that his alter personalities were iatrogenically created, or by giving credit only to the first publication on Vivet, pertaining to his stay at the asylum of Bonneval during 1880-1881 (Camuset, 1882). The senior author of the present paper recently discovered Vivet's original medical file bearing on the same period. Comparing both sources, we conclude that Vivet manifested at least three personality states during this period and that there is no firm evidence that his situation was iatrogenic.

The 19th century dissociative identity disorder (DID, formerly multiple personality disorder [MPD]) patient Louis Vivet was probably the most extensively studied example of "male hysteria" (Harrington, 1995). Vivet's attending physicians published numerous reports on his condition (Bourru & Burot, 1885, 1886, 1887, 1888/95; Camuset, 1882; Mabile & Ramadier, 1886; Voisin, 1885, 1887), and many secondary sources have subsequently cited this case (e.g., Azam, 1890; Binet, 1896; Charcot, 1893; James, 1890; Janet, 1893, 1894,

1907; LeGrand du Saulle, 1891; A.T. Myers, 1886; F.W.H. Myers, 1903; Pitres, 1891; Ribot, 1885; Richer, 1885; Sidis & Goodhart, 1905).

Recently, beginning with Harrington (1985), a few modern authors have shown a new interest in this case. Thus, Carroy (1991) presented a critical discussion of Bourru and Burot's experiments with Vivet; Gauld (1992) briefly described his treatment history, noting that memory for his past life was fragmentary; and Crabtree (1993) discussed Vivet as an authentic 19th century example of MPD/DID. In contrast to Crabtree's view, Merskey (1992) regarded him as an iatrogenic case in which the manifestation of alter personalities were the result of hypnotic suggestions. Merskey based his opinion on a very limited part of the literature available, i.e., Bourru and Burot (1885), Camuset (1882), and a secondary source Myers (1886). In crediting only the first publication on Vivet (Camuset, 1882), Hacking (1995) argued that Vivet was a clear-cut case of double personality, not multiple personality. According to Hacking, the numbers of alter personalities reported in subsequent publications were the result of hypnotic suggestion.

Thus, while Merskey made an extreme claim regarding Vivet's alleged iatrogenic DID, Hacking offered a milder version of the same opinion. These skeptical views were, on their turn, gratefully copied by other authors aversive to the diagnosis of DID (e.g., Crombag & Merckelbach, 1996). By re-evaluating the original publications on Vivet, (in particular Camuset [1882]), pertaining to Vivet's stay at the asylum of Bonneval, Departement Eure-&-Loir, France, in 1880-1881, we intend to critically examine both claims in this paper. Recently, the senior author discovered the hitherto unknown medical file of the stay of Louis Vivet at the psychiatric hospital of Bonneval, which we also use in our analysis. This file accentuates Vivet's stay in the asylum as a forensic patient. First, we will present a brief summary of Vivet's history.

LOUIS VIVET'S LIFE HISTORY

Louis Auguste Vivet was born on February 12, 1863, in Paris. He was raised in Luysan and Lèves, near Chartres (Bourru & Burot, 1885). Camuset (1882) described Vivet's mother as a child mother "addicted to shamelessness"; Vivet's father was unknown. His mother beat him and did

not give him enough to eat (Mabille & Ramadier, 1887). Since his earliest years, he had attacks of hysteria, accompanied by hemoptysis and "temporal paralysis" (Bourru & Burot, 1888).

At age eight, Vivet became a vagrant and a thief (Bourru & Burot, 1885). At the same age, on October 23, 1871, he was sentenced for theft and sent to a house of correction. He remained under treatment in houses of correction up to the age of eighteen. He spent almost two years in Douaires, after which he was sent to the agricultural colony of St. Urbain (Haute-Marne), where he arrived on September 27, 1873. At St. Urbain, he worked in the fields and in the vineyard. He attended primary school and was regarded as hard-working, of good intelligence, and of good character (Bourru & Burot, 1888).

When Vivet was approximately 17 years of age, he was working in St. Urbain's vineyard, when a viper wound itself around his left arm (Bourru & Burot, 1888; Camuset, 1882), causing him terrible fright. That evening, he lost consciousness and began to have violent convulsions. These attacks recurred several times, eventually resulting in a paralysis of his lower limbs. However, his intelligence remained intact.

On March 23, 1880, Vivet was transferred to the asylum of Bonneval, Departement Eure-&-Loir. Because he was unable to walk at the time, it was decided to teach him the trade of tailor, consistent with his ailments. On April 23, 1880, Vivet began to suffer from a series of violent attacks, consisting of severe convulsions, epilepsy, cries. At times these attacks left him unconscious. Fifty hours later, he became calm again. He wanted to get up, and demanded his clothes in order to go and work in the fields. According to Camuset (1882), Vivet's paralysis of his legs had lasted altogether one year.

The return of Vivet's ability to use his legs was accompanied by the curious fact that he did not recognize his fellow patients or attending physicians anymore. Also his character was changed. He had become quarrelsome, he lacked morals, and his appetite was different. Able to walk again, he tried to escape, but he was caught at a train station, where he wanted to board a train to Paris (Camuset, 1882). After a few months without attacks, Vivet was declared cured and released from the hospital on June 24, 1881 (Bourru & Burot, 1888/95). He was then 18 years old, the age at which the Department of Justice would stop paying for his treatment.

After Vivet had left Bonneval, he first went to visit his mother in Chartres, and then to Mâcon where he started agricultural work (Bourru & Burot, 1888). He soon became ill again and spent a month at the local general hospital. From here he was sent, on September 9, 1881, to the asylum of St. George, near Bourg, where he spent 18 months. During his stay at St. George, Vivet suffered repeatedly from attacks, accompanied by a wide variety of symptoms ranging from total paralysis to no physical complaints at all; his character

varied from being very impulsive and dangerous to being calm and gentle. In a much improved condition, Vivet left the asylum of St. George on April 28, 1883 (Bourru & Burot, 1888).

After short stays at Hôpital St. Anne, Paris, later that year, Vivet was sent to the Bicêtre in Paris, where Voisin became his attending physician. Here he stated that he had frequented several hospitals, mentioning the asylum of Vacluse (Departement Vacluse) and the Salpêtrière in Paris. He also mentioned that he was treated by Lasèque and hypnotised by Beurmann and that in 1882 he had spent three days in prison for theft (Voisin, 1887). Voisin recognized him as Camuset's famous patient (Voisin, 1885).

His entrance certificates of the Bicêtre (August 1883) state that he was arrested and condemned for stealing and represent him as suffering from mental insufficiency combined with epilepsy. (Voisin, 1885, p. 102)

In January 1884, while still a patient in the Bicêtre, Vivet suffered from violent attacks followed by right hemiplegia. Again he was unable to walk (Voisin, 1885). In this state, he presented a gentle character; and when he could walk, he was quarrelsome and inclined to steal. While being hemiplegic, he seemed not to remember his earlier paralysis (during his stay in asylum of Bonneval). When being hypnotised while in the hemiplegic state, he could walk; then he had no recollections of his stay in Bonneval or of his current stay at the Bicêtre.

After a light attack, on April 17, 1884, Vivet awoke and was astonished not to find his clothes at the end of his bed. He believed it to be January 26, 1884, and he thought that he had to get up early and go to work as he had been accustomed to do three months ago. On January 2, 1885, he stole some money and clothes from an attendant and escaped from the Bicêtre (Voisin, 1885).

Being at large in Paris, Vivet enlisted in the Marines. He was stationed at Rochefort (Department Charente Maritime), where he arrived on January 31, 1885. Here, too, he stole, and he was arrested on February 23, 1885. He was brought before the Council of War, which found him of unsound mind and therefore sent him to an asylum. On March 27, he arrived at the Medical Department of the School for Naval Medicine in Rochefort, where he came under the observation of Bourru and Burot. During the first evening here, he had several attacks. On March 30, he manifested a contracture of the right side of his body which disappeared after about 48 hours, leaving him paralyzed and insensitive in these parts of his body.

With regard to his stay at Rochefort, from March 27, 1885, onwards, followed by his stay at Lafond, Bourru and Burot successively described six personality states (1885), eight personality states (1886), six personality states (1887), and ten

personality states (1888), which all differed in memory, character, and somatic symptoms. These different states were discovered by using metallotherapy, (i.e., the placing of metals [e.g., magnets] on various parts of the body), and later by medicines and hypnotic suggestions. Bourru and Burot could transfer the somatic symptoms from the affected side of his body to the other side, and they could make such symptoms as the paralysis of his legs disappear. These changes were accompanied by the appearances of specific personality states with their own memories and character (Janet, 1907).

During the summer of 1885, Vivet was transferred to the asylum of Lafond (La Rochelle), where he came under the care of Mabilie and Ramadier. Here, he showed a *déroulement spontané* (i.e., the spontaneous unrolling or unfolding of all personality states, starting with the youngest ones). This unfolding could also be provoked by pulling his tendons, by placing his body in certain positions, or by suggesting to him where he would find himself (for example, in the asylum of Bonneval).

It is not clear when exactly Vivet left Lafond or when he was readmitted to the Bicêtre, in Paris, where Voisin was again his attending physician (Voisin, 1887). Voisin also used him as a subject for his experimental studies, which were mainly reproductions of those done earlier by Bourru and Burot. His goal was to investigate whether their results were reproducible. He concluded that suggestion, or autosuggestion, was at the base of all affects. The last known date that Vivet was still a patient in the Bicêtre was October 20, 1886. What happened to him since then remains unknown.

The Bonneval Episode (March 23, 1880 - June 24, 1881)

The primary sources concerning Vivet's stay at Bonneval are Camuset (1882) and the recently discovered medical file. We compare both sources, using also information from other available sources about this period.

Camuset's Article on Vivet (1882)

Camuset worked as a physician at the psychiatric hospital of Bonneval and treated Vivet during his stay there. With regard to Vivet's admission, on March 23, 1880, Camuset (1882) remarked that Vivet's health certificate from St. Urbain stated:

He suffered from epileptical accidents in the month of May, 1879, which manifested itself in more and more serious periodical attacks – Furthermore paralysis of the lower limbs with urinary and fecal incontinence – Intelligence intact. (Camuset, 1882, p. 75)

Camuset described Vivet as a young man, 17 years of age, small-built but with well developed muscles, except for his lower limbs which are atrophied as a result of the paralysis.

He compared Vivet with Azam's famous patient, Félicité X, the prime example of double personality in France:

In a well known analogous investigation, that of Fidelity [sic] X, Monsieur Azam has, as the first, used the well chosen expressions of a primary state and secondary state to describe two ways of being of the patient. We follow this and in succession say that at the moment V. is in the secondary state. (Camuset, 1882, p. 75)

In her so-called primary state, Félicité X was timid, depressed, of good character, and full of complaints, while in the secondary state she was gay, active, and of dishonest character. In the latter she had an almost complete memory of her life (pertaining to both states). Since, at the time of his admission, Vivet apparently remembered almost everything of his life, Camuset concluded that he was in the so-called secondary. In Félicité X, the secondary state was characterized by an awareness (and memory) of this state only, together with complete amnesia for all activities of the secondary state. Camuset believed that the same applied to Vivet.

During his stay in Bonneval, Vivet was taught a profession compatible with his handicap. The staff carried him to the tailor shop and placed him on a table where he took upon himself the classical posture of a tailor. Subsequently, he made good progress in his job, until the following incident occurred:

One morning, two months after his arrival at the asylum, at the end of May, 1880, our patient suffered an attack in the same tailor shop. It was a violent hystero-epileptical crisis (...) First, an epileptical attack: the patient let out a cry and fell; then, tonic movements during several seconds; then, clonic convulsions during the whole day and part of the night with more or less long periods during which the patient was in a coma. These convulsions were extremely violent. (...) Fifty hours after the start of the attack, it was all over. The ecstasy was replaced by a calm sleep. On awaking, V. wanted to get out of bed. He demanded his clothes and succeeded, even though clumsily, in dressing in his trousers and jacket; then he took several steps in the ward (...) We realized quickly that our patient believed himself still to be in St. Urbain and that he wanted to return to his customary occupations. (Camuset, 1882, pp. 78-80)

According to Camuset, Vivet returned at this moment from his paralyzed, secondary state to his primary state, in

which he was able to walk. While in this state, he had no memories of being paralyzed. He did not recognize the physicians or his fellow patients. He denied having been paralyzed, accusing his physicians and peers of teasing him. Subsequently, Camuset (1882) observed that Vivet did not behave as a good and honest person anymore:

Noteworthy is also that the character of V... has changed completely. This is not the same subject. He has become quarrelsome and an epicure. He replies impolitely. Having never liked wine and giving his ration mostly to his comrades, now he steals theirs. (Camuset, 1882, p. 81)

Time passed, but Vivet's memories of the period in Bonneval during which he was paralyzed did not return.

V... remembered well having been sent to St. Urbain. He said that 'recently' he had been frightened by a viper that wound itself around his arm. But, after this moment, there was a gap, he remembered nothing. He did not even have awareness for the time passed. Naturally, suspecting simulation, the staff tried hard to make him contradict himself, but did not succeed. (Camuset, 1882, p. 80)

Camuset believed that the sight of the viper had caused a severe attack, resulting in a paralysis of Vivet's legs. After the first major attack, there were subsequently several minor ones. Each time Vivet's symptoms disappeared rather quickly. However, during the remainder of his stay he never recovered memories of the period during which he was paralyzed. On June 14, 1881, Vivet left the asylum, declared cured.

In conclusion, according to Camuset (1882), Vivet was a double personality, similar to Azam's *Félida X*. In his primary state, Vivet was paralyzed and had an open and soft character, while in his secondary state he could walk and had a violent character. According to Camuset, both personality states were stable.

VIVET'S BONNEVAL MEDICAL FILE

Vivet's recently discovered medical file consists of a description of his appearance, a medical evaluation, information from the registration service, and correspondence with the Ministry of Justice about his admittance, stay, prolongation, escape from, and return to the asylum of Bonneval, as well as the progress notes made during his stay. As Vivet was a forensic patient at the time, the legal notes in his file are most complete.

The earliest dated document in this file is a medical evaluation dated February 13, 1880, written and signed by doc-

tor Rayer, physician of the St. Urbain colony:

I, the undersigned, doctor in medicine of Joinville, physician at the hospital in this town and the penal colony of St. Urbain, certify that Vivet, Louis Auguste, detainee of this colony, has experienced cerebral incidents of an epileptic nature and increasingly severe recurrent attacks during the past three years. These are undoubtedly the cause of paralysis of the lower limbs, which cease to function, subsequently followed by urinary and fecal incontinence. His intelligence is unaffected, except during the attacks. St. Urbain, February 12, 1880, signed Rayer. I have classified the detainee as an invalid and not as a dangerous lunatic. – Signed Rayer.

This evaluation would indicate that Vivet did not immediately suffer paralysis after the sight of the viper. The attacks had become more and more violent over a period of years.

Because of this medical evaluation, the County Council of Eure-et-Loir decided, after approval of the Department of Home Affairs, that Vivet was to be transferred to the Bonneval asylum. A mutation form indicates that Louis arrived in Bonneval on March 23, 1880, and that his registration number was 1622. It also contained a description of Vivet's appearance: he had brown hair, green eyes, a round face without a beard and a sun-burnt skin. Louis was smaller than average (1m 55: between 4 feet, 11 inches and 5 feet, 1 inch). He was single and his domicile was Ouarville (Department Eure-&-Loir).

However, the file also contains a letter from the registration service of Ouarville, stating that, unlike his mother, Vivet had never lived in that town. His mother left Ouarville in February 1870 – when Vivet was just seven years old – and, after marrying a travelling tailor named Mornas, went to live in Chartres at the rue Grand Cerf.

The first monthly observation about Vivet's condition, dated April 23, 1880, states:

Is affected by hystero-epilepsy. Very violent attacks that take, during a certain amount of time, the patient's whole consciousness. Furthermore, the patient Vivet is affected by paraplegia with analgesia of the lower limbs. This state denies him absolutely to move without the assistance of others.

Next, there is a copy of the letter by Dr. Cortyl, the Medical Director of the Bonneval asylum, concerning Vivet's escape.

July 22 1880. Your Worship the Prefect, The aforementioned Vivet, Louis, native of Ouarville, committed on March 23 last at the order of the Minister of Home Affairs, escaped yesterday between six-thirty and seven o'clock. The patient, who suffers from hysterical epilepsy, was paralyzed for nearly two years. Approximately three weeks ago he started to walk. Since he needed exercise, I permitted him to stroll in the garden, where he rather more dragged himself round than walked. No one could have had the slightest suspicion that this patient could have been capable of escape. After he had stolen some 65 or 68 francs from an attendant, and having furnished himself with clothing piece by piece, he scaled the asylum wall. Alerted immediately, we engaged in a search for him, without discovering anything on the estate. I dispatched the attendants in all directions. One of them, on arriving at the railway station, it was about 10 o'clock in the evening, recognized Vivet and attempted to bring him back to the asylum but he refused to walk, saying that he was no longer able to move. The attendant, believing him to be exhausted and wishing to act humanely, left Vivet seated against a wall and went to muster assistance from a nearby house, hardly 20 yards away. Returning immediately to the place where he had left his patient, he discovered only that the fugitive had availed himself of the darkness to conceal himself in the neighboring recesses. We prolonged our search until 1 o'clock in the morning, but without success. At the railway station, Vivet enquired at what time there was a train to Paris and waited for it. It was evidently his intention to return to the capital. This morning I have dispatched one of the attendants to the railway station in Voves to search all the trains throughout the day. Another awaits at the railway station in Gault St. Denis. I have warned the constabulary in Bonneval, who have instituted a search of their own. Vivet is 17 years of age, is smaller than average height, between 4'11" and 5'1." Well-built chest. Round face without a beard, common complexion. Thick brown hair, walks with difficulty, above all dragging his left leg. He is dressed in a black peaked cap, a black cardigan and probably a pair of black trousers. Clothing that was stolen, which he had, in all probability, secreted in the park in order to avail himself of them at the desired moment.

July 23, 1880. Your Worship the Prefect, Flight Vivet. Complementary report. It was my honor to address you yesterday afternoon by telegram announcing the return of the lunatic Vivet. This lunatic was arrested by the head gardener and the second gardener, assisted by the chief attendant 1 mile outside Voves. These three employees were afoot almost throughout the night and on arriving in Gault St. Denis they were able to ascertain precise details of the direction taken by the fugitive that the gardener had acquired along the route. The lunatic offered a desperate resistance and it was necessary to restrain the patient in order to bring him back to the asylum. Mr. Vivet has declared this morning that he has nothing but praise for the forbearance and benevolence of my staff who, despite his insults, his blows, his biting and his threats of death, nevertheless treated him with all possible gentleness. Vivet escaped, as it was my honor to inform you, after having stolen the purse of an attendant which had been placed in a cupboard whose lock he had forced, and by taking the clothing of a patient. With the intention of misleading his pursuers, in Voves he purchased a cardigan and a pair of blue canvas trousers and then a pair of shoes. When he was arrested he was wearing this clothing purchased with the stolen money, he was carrying the stolen clothing over his arm. Mr. Vivet told us that on the night of his escape he had concealed himself in a patch of potatoes situated some 100 yards from the railway station in Bonneval, that at 11 o'clock I myself passed two to six feet of him, and that he was afraid that I would step on him. He made the journey from Bonneval to Gault on a cart. These are, Your Worship, the exact details concerning this escape which I deplore all the more since the lunatic was a detainee. His treatment requiring exercise in the open air, I permitted this young man to walk in the garden. His conduct, the apparent gentleness of his character, the difficulty with which he walked banished my fear of any idea of escape on his part. But Vivet is a sick man subject to bouts of hysteria which take him unawares and change his character from one day to the next. As much as he was aggravated yesterday, as much is he quiet, calm and repentant today.

The following monthly progress notes pertain to August and October, 1880.

August: New hystero-epileptic attack with total analgesia. Lost all awareness of his condition. Has no memory during the period of calm what happened during the attacks.

October: No new attacks during the month October. Calm and shows no sign of delirium.

On February 12, 1881, Vivet would become eighteen years of age: the date his sentence pronounced ten years before would end. Therefore, in a letter dated January 27, 1881, addressed to the Director of the asylum of Bonneval, the Prefect asked for a report about his mental and physical condition. The Medical Director, Dr. Cortyl, answered:

February 4, 1881 – A confirmation of the present situation addressed to his Worship the Prefect. I, undersigned, hereby declare that so called Vivet, Louis Auguste, is suffering from hysterical epilepsy. The condition of the patient has remarkably improved, in the sense that we have not observed any crises during the past three months. However, it would not be sensible to return this young man into society, for he is in convalescence and the slightest emotion will cause a relapse. Thus, there is reason to keep him admitted until his sentence is over (February 12, 1881).

A bit late in following this advice, the Prefect wrote in his letter dated March 11, 1881:

The Prefect of Eure-et-Loir has the honor to request the Director of the isolation asylum of Bonneval to expedite the release of the detainee Vivet between January 1 and February 12, at which time he will cease to be a burden on the budget of the prison.

Vivet was kept a patient in the asylum in Bonneval, however. During the next few months just a few sentences were added to his file and it appeared that there were no reasons for concern.

Dr. Cortyl stated in his letter of June 18, 1881, that Vivet was cured. In a replay, dated June 20, 1881, the Prefect of Eure-et-Loir ordained that Vivet, Louis Auguste, admitted in the asylum of Bonneval from March, 1880, (forward), had to be released. On June 24, 1881, Vivet left the asylum, cured, according to the file. On June 25, 1881, Dr. Cortyl wrote the following letter to the Procurator:

To the Procurator of the Republic of Chateaudun. I have the honor to inform you that in conformance with a warrant issued by the Prefect of Eure-et-Loir, Mr. Vivet, Louis Auguste, junior, and natural son of Rosalie Vivet, born on February 12, 1863, has left the asylum on the 20th of this month in order to return to Chartres. The mother showed no interest at any time in her son.

Contradictions Between Camuset (1882) and the Medical File

The two primary sources about Vivet's stay at the asylum of Bonneval presented above contain inconsistent information with regard to Vivet's personality changes and the duration of his paralysis, among other things.

Personality. Camuset (1882) stated that Vivet changed from being paralyzed and of good character to being able to walk and of bad character. According to the medical file, however, when able to walk, he appeared not to have only a bad character. This impression is based on the fact that, after his paralysis had disappeared he did not raise any suspicion that he would escape: he was allowed to practice in the garden. And after Vivet was caught during his escape, he first resisted violently, because of which he had to be restrained in order to bring him back to the asylum. But the next morning, he thanked the Medical Director for the kind treatment he had received by the attendants who had arrested him. The Medical Director attributed the differences between both characters of Vivet (who was able to walk) to bouts of hysteria. These observations seem to indicate the possibility that during the Bonneval period, Vivet manifested at least three personality states, two of which were able to walk.

Duration of paralysis. Camuset (1882) stated that Vivet was paralyzed for the period of one year. He based this on the Health Certificate from Saint Urbain, which according to him mentioned the occurrence of attacks during the month of May, 1879. As Vivet could move his lower limbs at the end of April 1880, after a series of severe attacks, Camuset concluded that the paralysis had lasted almost a year.

However, the Bonneval medical file contains the original certificate written by Dr. Rayer, who stated that Louis was for three years suffering from recurring cerebral accidents of an epileptical nature. These periodic attacks became more and more severe, eventually resulting in paralysis of his legs. This would mean that Louis was not immediately paralyzed after having seen the viper. Also, in the original attest, no mention was made of any attacks during the month of May, 1879. Furthermore, in his letter to the Prefect (a copy of which was included in the medical file), dated July 22, 1880, the Medical Director of the Bonneval asylum described Vivet as suffering from hysterical epilepsy and as being paralyzed for almost two years.

Recovery from his paralysis. Camuset (1882) suggested that Vivet could walk again immediately after his violent attack at the end of May, 1880. According to the medical file, however, his recovery process after the paralysis took approximately seven weeks and required a lot of practice, as he dragged himself around more than he could walk around July 1, 1880. This is not surprising, given the fact that his legs were atrophied because of the paralysis (Camuset, 1882; Voisin, 1885).

DISCUSSION

Although certainly not being the first patient in whom more than two personality states were discovered, Louis Vivet was, at the end of the 19th century, the first patient to be explicitly named a multiple personality (Myers, 1886). However, Azam's equally famous patient Félicité X preceded him (Azam, 1876 a&b). Although she was labeled as a case of *double conscience*, she manifested at least three personality states rather than two (van der Hart, Faure, van Gerven, & Goodwin, 1991). Following Janet (1889), modern authors such as Ellenberger (1970), Fine (1988), and Kluft (1984), have drawn attention to Despine's (1840) patient Estelle as the first patient diagnosed as suffering from DID. Finally, van der Hart, Lierens and Goodwin (1996) showed that the 16th century case of the French nun Jeanne Fery – originally described as a case of possession – was actually the first recorded case of DID. This case report was republished by Bourneville (1886), who called Jeanne Fery “the most perfect case” of “*dédoublement de la personnalité*.” This implied that his concept could pertain to a wider range of dissociative states than the concept of double consciousness did.

As stated before, based on a very limited part of the available literature available, Merskey (1992) regarded Vivet as an iatrogenic case in which the manifestation of alter personalities were purely the result of hypnotic suggestions. In giving credit only to Camuset (1882), Hacking (1995) argued that Vivet was a clear-cut case of double personality, not multiple personality. In his opinion, subsequent reports on increasing numbers of personality states were merely the result of hypnotic suggestions.

Was the existence of Vivet's different personality states in Bonneval the result of hypnotic suggestion, as Merskey (1992) alleged? In our opinion, both Camuset (1882) – referred to by Merskey – and the recently discovered medical file show unequivocally that there is no evidence whatsoever for this extreme claim. Rather, the evidence shows that the staff at the Bonneval asylum critically challenged, rather than reinforced, Vivet's symptomatic behaviors such as his apparent amnesia (Camuset, 1882, p. 80). Nor are there any indications that Vivet was treated with hypnosis during his stay at St. Urbain's house of correction. Merskey's view in which Vivet's DID is iatrogenically-induced is simply wrong.

Did Vivet manifest only two personality states during the Bonneval period, as Hacking (1995), following Camuset (1882) alleged? We believe that information contained in Vivet's medical file (as described above) – which Hacking was unaware of – indicates that Vivet manifested at least three personality states during his stay in the Bonneval asylum. Therefore, Vivet can legitimately be considered as a genuine 19th century case of DID, not just a double personality (which, according to *DSM-IV* criteria, nevertheless would also justify the diagnosis of DID).

The question remains, however, whether all subsequently reported numbers of personality states (ranging from six to thirteen states) were due to hypnotic suggestion, as both Merskey and Hacking asserted? It is true that several of Vivet's attending physicians, notably Bourrot, Burot, Mabile, Ramadier, and Voison, were at times apparently more interested in experimenting with his personality states than in curing him. These experiments may have severely compromised the validity of the number of manifested personality states. However, this should not be taken as definite proof that, apart from the three personality states manifested in Bonneval, all other states were iatrogenic artifacts. We are reminded in this regard that recent research failed to show significant differences between DID patients in whom personality states were explored using hypnosis and those with which no hypnosis was used (Ross & Norton, 1989). However, it has also been noted recently that naturalistic, iatrogenic, and factitious features can be found in the same DID patient (Kluft, 1995b). In Vivet's case, these different features cannot be disentangled any more.

Why did Camuset (1882) limit the number of Vivet's personality states to two, when the medical file included information about at least three states? The reason is probably to be found in Camuset's tendency to fit Vivet's dissociative disorder within the then current model of *double conscience*, as proposed by Azam with regard to his patient Félicité X (Azam, 1878, 1887). Azam observed in Félicité also a third personality state, which he overlooked in his theoretical explanations. (van der Hart et al. [1991] regarded this third state as a traumatized child identity.) The dominance of this model, which for some time was used as a Procrustean bed to fit all cases, is illustrated by the following statement made by Binet (1887; quoted by Ellenberger, 1970, p. 143):

I believe it is satisfactorily established, in a general way, that two states of consciousness, not known to each other, can co-exist in the mind of a hysterical patient.

However, in 1891, Binet had clearly widened his view!

In general, observers have only noted two different conditions of existence in their subjects; but this number two is neither fixed nor

prophetic. It is not perhaps, even usual, as is believed; on looking closely we find three personalities in the case of Félida, and still a greater number in that of Louis V – That is sufficient to make the expression “double personality” inexact as applied to these phenomena. There may be duplication, as there may be division in three, four, etc., personalities. (Binet, 1891, 1896, p. 38)

One of the most conspicuous aspects of Vivet's dissociative phenomenology is the abundance of somatoform symptoms he displayed, amongst them paralysis of his legs, contractures, pseudo-epileptic seizures, mutism, hemoptysis, and vomiting. In harmony with the *DSM-III*, *DSM-III-R*, and *DSM-IV* descriptions of the dissociative disorders, modern studies on dissociation have mainly focused on disruptions in memory, consciousness, and identity. Vivet manifested such “psychological dissociation,” as Nijenhuis, Spinhoven, Van Dyck et al. (1996) proposed to call it. However, several studies in dissociation have also shown that DID patients manifest numerous somatic symptoms (Ross, Heber, Norton, & Anderson, 1989); in other words, an extremely high degree of “somatoform dissociation” (Nijenhuis et al., 1996), i.e., dissociation which is manifested in a loss of the normal integration of somatoform components of experience, bodily reactions and functions (e.g., anesthesia and motor inhibitions). In other words, Vivet's high degree of somatoform dissociation – phenomena which received so much attention at the end of the nineteenth century (cf. Kihlstrom, 1992, 1994; Nijenhuis & van der Hart, 1998) – is in harmony with modern findings on DID patients. The current problem is that the diagnostic manuals and structured clinical interviews for the dissociative disorders, such as the SCID-D (Steinberg, 1994), have not focused on somatoform symptoms in this patient population.

Modern views on DID point to chronic childhood traumatization, usually various forms of child abuse, as a major etiological factor (Kluft, 1984, 1985; Putnam, 1989; Ross, 1989). Several research studies have confirmed this view (Boon & Draijer, 1993; Coons, 1994; Hornstein & Putnam, 1992; Kluft, 1995; Lewis, Yeager, Swica, Pincus, & Lewis, 1997; Nijenhuis, Spinhoven, Van Dyck, van der Hart, Vanderlinden, in press; Putnam et al., 1986; Ross, Norton, & Wozney, 1989; Schultz, Braun, & Kluft, 1989). Various sources on Vivet indicate that, from an early age on, he was exposed to extremely overwhelming life events, including physical abuse, severe neglect, and, from age seven on, abandonment and wandering, with the need to steal his own food, arrest, and subsequent imprisonment. Parallel to this early abuse, he was frequently and for long periods of time admitted to hospitals with the diagnosis of hysteria. In other words, his dissociative disorder seemed indeed to be rooted in childhood maltreatment and neglect. In the 16th century DID case of Jeanne Fery, there were likewise indications of early physi-

cal abuse and, possibly, of childhood sexual abuse (Bourneville, 1886; van der Hart, Lierens, & Goodwin, 1996). Both cases show that DID, and its relationship with childhood traumatization, are not late 20th century inventions. ■

REFERENCES

- Azam, A. (1876a). Amnésie periodique, ou dédoublement de la vie. *Revue scientifique*. IIe Série, 5, 481-4875.
- Azam, A. (1876b). Le dédoublement de la personnalité, suite de l'histoire de Félida X.*** *Revue Scientifique*, IIe série, 265-269.
- Azam, A. (1878). Autres hypothèses sur la double conscience. *Revue Scientifique*, August 31. (Reproduced in A. Azam [1893]), *Hypnotisme et double conscience* (pp. 103-110). Paris: Félix Alcan.
- Azam, A. (1887). *Hypnotisme, double conscience et altération de la personnalité*. Paris: J.B. Baillière.
- Azam, A. (1890). Le dédoublement de la personnalité et le somnambulisme. *Revue Scientifique*, August 2. (Reproduced in A. Azam [1893]), *Hypnotisme et double conscience* (pp. 143-153). Paris: Félix Alcan.
- Binet, A. (1896). *Alterations of personality*. New York: D. Appleton and Company. (Original French publication: 1891.)
- Boon, S., & Draijer, N. (1993). *Multiple personality disorder in the Netherlands: A study on reliability and validity of the diagnosis*. Amsterdam/Lisse: Swets & Zeitlinger.
- Bourneville, D. (Ed.) (1886). *La possession de Jeanne Fery, religieuse professe du couvent des soeurs noires de la ville de Mons (1584)*. Paris: Progrès Médical/A. Delahaye & Lecrosnier (Bibliothèque Diabolique).
- Bourru, H., & Burot, P. (1885). Un cas de la multiplicité des états de conscience chez un hystéro-épileptique. *Revue philosophique*, 20, 411-416.
- Bourru, H., & Burot, P. (1886). Les changements d'état de la conscience. *Annales Médico-Psychologiques*, Janvier, 114-124.
- Bourru, H., & Burot, P. (1887). Les variations de la personnalité. *Revue de l'hypnotisme*, premier trimestre, 193-199, 236-241, 261-265.
- Bourru, H., & Burot, P. (1888). *Les variations de la personnalité*. Paris: J.B. Baillière. Reprinted with other material as *La suggestion mentale et les variations de la personnalité*. Paris: J.B. Baillière, 1895.
- Camuset, L. (1882). Un cas de dédoublement de la personnalité; période amnésique d'une année chez un jeune homme. *Annales Médico-Psychologiques*, 40, 75-86.
- Carroy, J. (1991). *Hypnose, suggestion et psychologie: L'invention de sujets*. Paris: Presses Universitaires de France.
- Charcot, J.M. (1893). *Maladies du système nerveux*. Paris: Félix Alcan.

- Coons, P.M. (1994). Confirmation of childhood abuse in childhood and adolescent cases of multiple personality disorder and dissociative disorder not otherwise specified. *Journal of Nervous and Mental Disease*, 182, 461-464.
- Crabtree, A. (1993). *From Mesmer to Freud: Magnetic sleep and the roots of psychological healing*. New Haven/London: Yale University Press.
- Crombag, H., & Merckelbach, H. (1996). *Hervonden herinneringen en andere misverstanden*. Amsterdam: Contact.
- Despine, A. (1840). *De l'emploi du magnétisme animal et des eaux minérales, dans le traitement des maladies nerveuses, suivi d'une observation très curieuse de guérison de névropathie*. Paris: Germer Baillière.
- Ellenberger, H.F. (1970). *The discovery of the unconscious. The history and evolution of dynamic psychiatry*. New York: Basic Books.
- Fine, C.G. (1988). The work of Antoine Despine: The first scientific report on the diagnosis of a child with multiple personality disorder. *American Journal of Clinical Hypnosis*, 31, 33-39.
- Gauld, A. (1992). *A history of hypnotism*. Cambridge: Cambridge University Press.
- Hacking, I. (1995). *Rewriting the soul: Multiple personality and the science of memory*. Princeton, NJ: Princeton University Press.
- Harrington, A. (1985). Nineteenth-century ideas of hemisphere differences and "duality of mind." *The Behavioral and Brain Sciences*, 8, 617-660.
- Hornstein, N.L., & Putnam, F.W. (1992). Clinical phenomenology of child and adolescent multiple personality disorder. *Journal of the American Academy of Child and Adolescent Psychiatry*, 31, 1055-1077.
- James, W. (1890). *The principles of psychology* (2 vols.). New York: Henri Holt & Cie.
- Janet, P. (1889). *L'automatisme psychologique*. Paris: Alcan.
- Janet, P. (1893). *L'état mental des hystériques: Les stigmates mentaux*. Paris: Rueff et Cie.
- Janet, P. (1894). *L'état mental des hystériques: Les accidents mentaux*. Paris: Rueff et Cie.
- Janet, P. (1907). *The major symptoms of hysteria*. New York: Macmillan. Reprint of 1920 edition. New York: Hafner (1965).
- Kihlstrom, J.F. (1992). Dissociative and conversion disorders. In D.J. Stein & J. Young (Eds.), *Cognitive science and clinical disorders* (pp. 247-270). San Diego: Academic Press.
- Kihlstrom, J.F. (1994). One hundred years of hysteria. In S.J. Lynn & J.W. Rhue (Eds.), *Dissociation: Clinical and theoretical perspectives* (pp. 365-394). New York: Guilford Press.
- Kluft, R.P. (1984). Multiple personality in childhood. *Psychiatric Clinics of North America*, 7, 121-134.
- Kluft, R.P. (1985). The natural history of multiple personality disorder. In R.P. Kluft (Ed.), *Childhood antecedents of multiple personality* (pp. 197-238). Washington, DC: American Psychiatric Press.
- Kluft, R.P. (1995a). The confirmation and disconfirmation of memories of abuse in dissociative identity disorder patients: A naturalistic clinical study. *DISSOCIATION*, 8, 253-258.
- Kluft, R.P. (1995b). Current controversies surrounding dissociative identity disorder. In L. Cohen, J. Berzoff & M. Elin (Eds.), *Dissociative identity disorder* (pp. 347-377). Northvale, NJ: J. Aronson.
- Legrand du Saulle (1891). *Les hystériques. État physique et état mental. Actes insolites, délictueux et criminels*, 2nd ed. Paris: Baillière et Fils.
- Lewis, D.O., Yeager, C.A., Swica, Y., Pincus, J.H., & Lewis, M. (1997). Objective documentation of child abuse and dissociation in 12 murderers with dissociative identity disorder. *American Journal of Psychiatry*, 154, 1703-1710.
- Mabille, H., & Ramadier, J. (1886). Déroulement spontané ou provoqué d'états successifs de personnalité chez un hystéro-épileptique. *Revue de l'Hypnotisme*, 2, 42-48.
- Merskey, H. (1992). The manufacture of personalities: The production of multiple personality disorder. *British Journal of Psychiatry*, 160, 327-340.
- Myers, A.T. (1886). The life-history of a case of double or multiple personality. *Journal of Mental Science*, January, 596-605.
- Myers, F.W.H. (1903). *Human personality and its survival of bodily death* (2 vols.). London: Longmans, Green & Co.
- Nijenhuis, E.R.S., Spinhoven, P., Van Dyck, R., van der Hart, O., & Vanderlinden, J. (1996). The development and the characteristics of the Somatoform Dissociation Questionnaire (SDQ-20). *Journal of Nervous and Mental Disease*, 184, 688-694.
- Nijenhuis, E.R.S., Spinhoven, P., Van Dyck, R., van der Hart, O., & Vanderlinden, J. (in press). Degree of somatoform and psychological dissociation in dissociative disorder is correlated with reported trauma. *Journal of Traumatic Stress*.
- Nijenhuis, E.R.S., & van der Hart, O. (in press). Somatoform dissociative phenomena: A Janetian perspective. In J. Goodwin & R. Attias (Eds.), *Splintered reflections: Images of the body in trauma*. New York: Basic Books.
- Pitres, A. (1891). *Leçons cliniques sur l'hystérie et l'hypnotisme* (2 vols.). Paris: Octave Doin.
- Putnam, F.W. (1989). *Diagnosis and treatment of multiple personality disorder*. New York: Guilford.
- Putnam, F.W., Guroff, J.J., Silberman, E.K., Barban, L., & Post, R.M. (1986). The clinical phenomenology of multiple personality disorder. *Journal of Clinical Psychiatry*, 47, 285-293.
- Ribot, T. (1885). *Les maladies de la personnalité*. Paris: Félix Alcan.
- Richer, P. (1885). *Études cliniques sur la grande hystérie ou hystéro-épilepsie*, 2nd rev. ed. Paris: Delahaye et Lecrosnier.
- Ross, C.A. (1989). *Multiple personality disorder: Diagnosis, clinical features and treatment*. New York: Wiley & Sons.

Ross, C.A., Heber, S., Norton, G.R., & Anderson, G. (1989). Somatic symptoms in multiple personality disorder. *Psychosomatics*, 30, 154-160.

Ross, C.A., & Norton, C.R. (1989). Effects of hypnosis on the features of multiple personality disorder. *American Journal of Clinical Hypnosis*, 32, 99-106.

Ross, C.A., Norton, C.R., & Wozney, K. (1989). Multiple personality disorder: An analysis of 236 cases. *Canadian Journal of Psychiatry*, 34, 413-418.

Schultz, R., Braun, B.G., & Kluft, R.P. (1989). Multiple personality disorder: Phenomenology of selected variables in comparison to major depression. *DISSOCIATION*, 2, 45-51.

Sidis, B., & Goodhart, S.P. (1905). *Multiple personality*. New York: D. Appleton and Company.

Steinberg, M. (1994). *Structured clinical interview of DSM-IV dissociative disorders (SCID-D)*. Washington, DC: American Psychiatric Press.

van der Hart, O., Faure, H., Van Gerven, M., & Goodwin, J.M. (1991). Unawareness and denial of pregnancy in patients with MPD. *DISSOCIATION*, 4, 65-73.

van der Hart, O., Lierens, R., & Goodwin, J.M. (1996). Jeanne Fery: A sixteenth century case of dissociative identity disorder. *Journal of Psychohistory*, 24(1), 18-35.

Voisin, J. (1885). Note sur un cas de grande hystérie chez l'homme avec dédoublement de la personnalité. Arrêt de l'attaque par la pression des tendons. *Annales Médico-Psychologiques*, Juillet, 100-114.

Voisin, J. (1887). De la suggestion - Action des médicaments à distance chez des hystéro-épileptiques - Action de l'aimant et des métaux - Hémorrhagies cutanées - Changements psychiques et somatiques. *Annales Médico-Psychologiques*, Janvier, 134-150.