

INTRODUCTION

Clinicians and Artists

The physician is inseparable from the artist.

—HENRY MEIGE, 1898

In May 1885, art critic and novelist Octave Mirbeau published an article in *L'Événement* in which he characterized the nineteenth century as “the century of nervous diseases.” He argued that this was the case because nervous diseases motivated its events and were the focus of its scientific obsession. Thus, Mirbeau writes, “it will perhaps be neither the century of Victor Hugo nor the century of Napoleon, but the century of Charcot.” In this largely overlooked article, the author describes in detail one of the celebrated lessons at the Hôpital de la Salpêtrière of Doctor Jean-Martin Charcot (1825–1893), a founder of modern neurology, and the frisson generated by its partially disrobed and hypnotized hysterics. Mirbeau calls for a painting of the famed clinician in his amphitheater as a pendant to Rembrandt’s *Anatomy Lesson of Doctor Nicolaes Tulp* (1632, Mauritshuis, The Hague). This would become “the painting of the century” if the artist managed to create a work that was worthy of the model.¹ *Une leçon clinique à la Salpêtrière* (*A Clinical Lesson at the Salpêtrière*) (1887), exhibited at the Paris Salon exactly two years later, could be viewed as realist painter André Brouillet’s (1857–1914) answer to Mirbeau’s appeal (fig. 1).

Brouillet’s painting—hailed by the *Journal des arts* as “one of the most important works of the Salon of 1887”—celebrates Charcot’s renown as the theorizer of hysteria and hypnosis as well as the theatricality of his lectures.² His stature rivaled only by Louis Pasteur, Charcot became a celebrity with the help of the contemporary fixation on hysteria and the female patients of the Salpêtrière Hospital in Paris.³ Charcot was famous in the scientific community not only for his role in spearheading many of the period’s most important advancements in the study of neurological illnesses, including multiple sclerosis and Parkinson’s disease, but also for his exceptionally effective application of the anatomo-clinical method.⁴ Because this method involved correlating signs of disease observed during life with the results of autopsies conducted after death, Charcot benefited immensely from the fact that the Salpêtrière was also a hospice that



housed and treated individuals for life. In 1882, recognition of the advancements in neurology that had resulted from his studies led the Faculté de médecine to create the first chair in the field, which he accepted. His renown, however, extended well beyond medical circles—he was a celebrity even among the general public. His name appeared several times in the 1880s on the front page of *Le Figaro*, and depictions of the hospital and the pitiable state of its patients were engraved in *Paris illustré* and *Le Monde illustré*.⁵ Coinciding with the exhibition of Brouillet’s canvas at the Salon, Charcot was portrayed on the cover of the popular *Revue illustrée* standing before a wall of illustrations showing typical hysterical postures, like an artist in front of his own work.⁶ The Salpêtrière even appeared in guidebooks at the end of the century, listed alongside the Jardin des Plantes as an attraction on the Left Bank.⁷ He was famous outside of France as well; in 1885 the young Viennese doctor Sigmund Freud received a fellowship to study with Charcot and spent almost five months in Paris, dividing his time between the Salpêtrière, the Louvre, and the theater—arguably three interests that were not unrelated.⁸

Trained in the studio of Orientalist painter Jean-Léon Gérôme (1824–1904), a personal friend of Charcot’s, Brouillet purports to paint a typical lesson in this almost life-size work: Charcot standing dispassionately while discoursing on hysteria and hypnosis before a standing-room-only crowd made up of *le tout Paris*; his protégé, Doctor Paul Richer (1849–1933), sketching or taking notes, just to Charcot’s proper right, behind a table where the most modern medical technology is proudly displayed; the young doctor Joseph Babinski (1857–1932) gazing sympathetically at the hypnotized Blanche Wittmann (1859–1913) in his arms (she was known at the time as the “Queen of the Hysterics”); nurse Marguerite Bottard (1822–1906) holding out her hands to ease Wittmann’s swoon onto the awaiting stretcher.⁹ The lesson’s audience is framed by the visual construction of hysteria. Richer’s large drawing of a hysteric in the arched back or *arc-de-cercle* pose is tucked subtly but significantly into the top left corner of the painting, both predicting and validating Wittmann’s attitude in the right foreground. The female body here is shaped by, and enacts, the representation of illness.

The presence of Richer’s drawing and the figure of Wittmann herself attest to Charcot’s pioneering use of visual aids in his lectures. He deployed photographs, casts, diagrams, graphs, drawings, lantern slides, and especially patients to help the audience understand his presentations. For example, in Richer’s many drawings of Charcot’s lessons, one can see bones at the ready on a table or posters displayed on the stage of the Salpêtrière amphitheater. In one of his sketchbooks, Richer drew an attentive technician or junior doctor sitting by a projector in the hospital’s amphitheater in front of Tony Robert-Fleury’s painting *Pinel délivrant les aliénés de leurs chaînes* (*Pinel Freeing the Insane from Their Chains*) (1876, Paris, Hôpital de la Salpêtrière).¹⁰ This well-known Salon painting represents a scene at the Salpêtrière from the late eighteenth century but uses the vocabulary of the hysterical body codified by Charcot and Richer.¹¹ Charcot gave primacy to the visual—“the eye that knows and decides, the eye that governs”—and pursued artistic interests throughout his life, incorporating them into his medical

Fig. 1 (opposite)
 Pierre-André Brouillet, *A Clinical Lesson at the Salpêtrière*, 1887. Oil on canvas, 290 × 430 cm. Paris, Musée d’Histoire de la Médecine. Inv. F.N.A.C. 1123. Photo: akg-images / Erich Lessing.

career and encouraging them in his students.¹² Indeed, Achille Souques (1860–1944), who did his residency at the Salpêtrière, speculated that Charcot studied nervous diseases specifically because of the unavoidable visibility of their symptomatology: “One may wonder whether the physical deformities, so visible and so common in nervous diseases, had not directed his studies toward this favored branch of pathology.”¹³ Sigmund Freud thought that Charcot had “the nature of an artist.”¹⁴ It is especially appropriate, then, that Charcot would be immortalized in a Salon painting that would become one of the most famous images in the history of medicine.

Clinical Lesson was a realist manifesto: it celebrated contemporary progress while attempting to depict reality “objectively.” Realist artworks were therefore often compared to the purportedly objective medium of photography. Charles Ponsonhailhe in *L'Artiste* dismissed *Clinical Lesson* as merely “a large photographic reproduction of a lesson given by a scientist.”¹⁵ Critics also noted that observation was central to the realist enterprise, just as it was to science. Louis de Fourcaud insisted that the “modern school” of art had only one method: “honest . . . observation.” In the exhibition he was reviewing, which included Brouillet’s canvas, he noted that contemporary painting had substituted “mythological scenes” for “humanized gods.”¹⁶ In a later essay, he reflected that “the right to portray reality faithfully” is inherent to realism.¹⁷ Peter Brooks argues, “The claim of ‘realism’ in both painting and literature is in large part that our sense of sight is the most reliable guide to the world.”¹⁸

Charcot’s own project echoed that of realist artists: he professed his objectivity while at the same time creating and nurturing an image-making workshop that often prioritized the hand of the artist. The prodigious output in a variety of media from Charcot and the many clinicians who worked under him, who came to be known as the Salpêtrière School, embodies this paradox.¹⁹ Henry Meige (1866–1940), who was a later member of this School and would eventually take on the post of professor of anatomy at the École des beaux-arts, characterized the pathological sculptures produced at the hospital by Paul Richer as “scientific artworks.”²⁰ This term is not an oxymoron: it recognizes Richer’s deliberate conflation of scientific objectivity and artistic interpretation and can also be applied to the myriad images and objects illustrating nervous pathology that emerged from the Salpêtrière at the end of the nineteenth century. These “scientific artworks” are the focus of this book.

Scientific Artworks

Pathology and Visual Culture examines an exceptional group of pathological drawings, photographs, casts, and sculptures created by clinicians who knowingly combined scientific knowledge and artistic expression. As head of the medical service at the Hôpital de la Salpêtrière for more than thirty years, Jean-Martin Charcot cultivated the artistic sensibilities of the many doctors who worked under him.²¹ The images and objects created by the Salpêtrière School demonstrate not only the selective and interpretive

processes inherent to any artistic practice but also an active engagement with contemporary artistic discourses and the history of art, even as these clinicians professed dedication to objectivity. Taking these scientific artworks as my focus, I grapple with the following questions: In what ways can the history of art inform and nuance our understanding of medical imagery? What are the limits of the categories we use to describe medical and artistic imagery? How was the intersection of art and medical science explored and exploited by the Salpêtrière School at the end of the nineteenth century? What new possibilities arose from working within this space, and how did these doctors negotiate its tensions? *Pathology and Visual Culture* argues for the critical importance of art and its histories to an understanding of imagery and objects not traditionally associated with the discipline.

In this book, I analyze works that have languished in storage for decades, including the unpublished and mostly unknown medical albums of the so-called Musée Charcot, the Salpêtrière's museum of pathological anatomy. They have been overlooked in part because they defy clear-cut disciplinary categories and therefore require analysis through new methodological tools if they are to be properly understood. In exploring the artistic output of the Salpêtrière School, I compare it with contemporary paintings and sculptures as well as other objects from the history of art; I put it into dialogue with published memoirs, technical manuals, and art and cultural criticism; and I consider it against medical texts and illustrations by authors both within and outside the Salpêtrière. All of it was created at an intellectual and cultural moment that predated the development of the boundary that now seems to divide medicine and art. This book brings into focus the ways in which the Salpêtrière's images and objects straddle that disciplinary boundary as well as their relevance to the histories of both disciplines. After all, Charcot himself felt equally at home in both medical and artistic circles.

Pathology and Visual Culture moves beyond current medical and art-historical scholarship by questioning and expanding conventional interpretations of medical imagery and objects. Its sustained attention to their production—in a wide variety of media by many clinicians under the aegis of a single figure—enables a uniquely thorough analysis of the ways in which medical science and art were consciously deployed together to create tools for understanding pathology at the end of the nineteenth century. The body of work that constitutes the focus of *Pathology and Visual Culture* attests to these clinicians' negotiation of medical objectivity and artistry. Arlette Farge embraces the complications that arise from the riches discovered in archives, the “details that disabuse, derail, and straightforwardly break any hope of linearity or positivism. This eruption of works and actions shatters established models, broadens the norm, displaces conventional wisdom once and for all, and often adds a certain confusion to things that had been previously considered simple.”²² The mythology of Charcot often starts with the moment when his father forced him to choose a course of study in either art or medicine. The elder Charcot was a carriage builder, “more artist than artisan,” and could only afford higher education for one of his sons; since Jean-Martin performed the best in school, he was permitted to choose a profession.²³ Much of the existing scholarship on

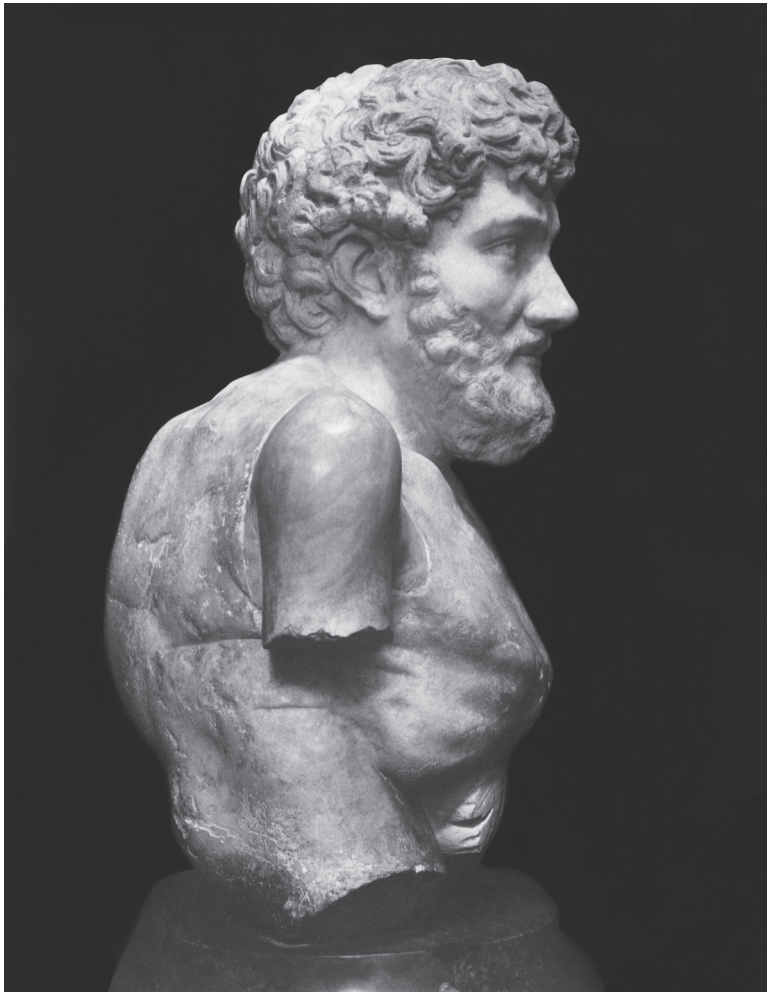


Fig. 2
Aesop, ca. 300 BCE. Marble. Rome,
Villa Albani. Photo: ak-images.

discuss the anatomy of several ancient sculptures, including a bust in the Villa Albani in Rome that was thought to show Aesop (ca. 300 BCE; fig. 2). The authors comment that Lysippus had famously carved Aesop's form by copying a kyphotic model in his studio while taking inspiration from the moral and intellectual character of the fabulist. This, they assert, is the reason for the figure's nudity—not heroic convention but the desire to show a personage almost as well known for the “oddness” (*bizarrerie*) of his body as for the sharpness of his mind.²⁵

The spinal curvature was modeled “from life,” Charcot and Dechambre conclude, but the bearing of the head and even the symmetry of the face do not conform to the same condition.²⁶ The authors hypothesize that “this anatomical impossibility” shows that the obviously skilled sculptor took certain liberties in order to give the visage a certain noble beauty that was not in line with Aesop's famous kyphosis.²⁷ While Charcot and Dechambre assert that they would not “describe the bust minutely as we would do for an observation in the hospital,” they offer a detailed analysis of the curvature of the spine and its attendant effects on the rest of the torso, abdomen, and neck.²⁸

Charcot's engagement with art then jumps to the period of his greatest fame, when he was studying hysteria in the 1880s. These texts overlook the fact that, from the beginning of his career, Charcot envisaged an important role for the clinician in the study of art. *Pathology and Visual Culture* aims to expand the purview of the art historian, just as Charcot wanted to expand the purview of the clinician.

Clinician as Critic and Artist

In the 1850s, as a young physician lacking a hospital post, Charcot did his own version of the Grand Tour, visiting Italy as the private doctor of banker Benoît Fould and starting a personal tradition of filling notebooks with drawings every time he traveled.²⁴ Already at this early moment in his career, Charcot not only “diagnosed” illness in depicted bodies but also asserted the primacy of the clinician in judging works of art. In 1857, he co-authored an article with the physician Amédée Dechambre (1812–1886) in which they

Based on these details, which are “so true, so naturalistic (to use a term from the atelier),” and lacking the evidence of the rest of the body, they ultimately diagnose Pott’s disease, a form of spinal tuberculosis that is one cause of this deformity.²⁹

Charcot and Dechambre go on to criticize the histories of art, the academies, and the studios of eminent painters and sculptors that incessantly repeat the falsity that the artists of antiquity solely pursued the ideal. Furthermore, they claim, the sculpture of Aesop “introduces to the plastic arts an element of critique whose meaning and scope must be established by doctors.”³⁰ The import of a medical judgment to the artist or art historian is made explicit: the authors declare that medicine plays a role in determining “if this or that imperfection of features, of pose, or of structure belongs to nature or the chisel, and consequently if it shows in the artist great skill or great incompetence.”³¹ Visible effects of any deformity are not arbitrary, they argue, and that is why only doctors can determine whether the artist was guided by a profound knowledge of nature.³² Charcot and Dechambre assign to medicine—and, by extension, to doctors—the role of assessing works of art and their fidelity to nature.

Charcot would return again and again to works of art that highlighted the critical role the physician must play in the history of art. He revisited the sculpture of Aesop more than thirty years later in the book he co-authored with Paul Richer, *Les Difformes et les malades dans l’art* (The deformed and the ill in art, 1889).³³ The inspiration for this book and their earlier *Les Démoniaques dans l’art* (The possessed in art, 1887)—which was perhaps not coincidentally published the same year Brouillet’s painting appeared at the Salon—came from Charcot’s examination of *The Miracles of Saint Ignatius of Loyola* (ca. 1619, Genoa, Church of Jesus and the Saints Ambrogio and Andrea), an altarpiece by seventeenth-century Flemish painter Peter Paul Rubens (1577–1640).³⁴ Charcot identified the historic belief in demonic possession as a sort of misdiagnosis of hysteria, and he and Richer subsequently acclaimed not only the painter’s “scrupulous observation of nature” but also his ability to “copy” it.³⁵ Since Rubens’s works were productive for both science and art, according to the authors, it is unsurprising that his study of a woman possessed by the devil had already been included in a Salpêtrière journal intended for a medical audience.³⁶ This altarpiece was an especially useful device in battling the popular claim that the Salpêtrière was the center of the hysteria epidemic in France and that the illness itself had been “invented” at the hospital.³⁷ Charcot and Richer, then, diagnosed illnesses in figures in historical artworks to validate their diagnoses in the present. The Salpêtrière School also called upon a long history of images of the diseased or deformed in order to create powerful and purportedly veridical representations of medical pathology, exemplifying the circular and mutually reinforcing relationship between art and science in the late nineteenth century.

But Charcot was not just a judge of art—he was an artist as well. This is evident in the drawings contained in the notebooks he filled while traveling, the albums of the Salpêtrière’s museum of pathological anatomy, and the artworks he designed for his home (see chapter 1). He also curated the spaces of his home and the hospital. Both supporters and detractors of Charcot commented during and after his lifetime on the

centrality of art in his neurological practice. In an *éloge* to Charcot, for instance, Pierre Marie (1853–1940) argued that Charcot’s (anatomy-clinical) “method” would be better described as his “manner” (*manière*), a term typically used to characterize the work of “the greatest artists.” For him, “Charcot was a great artist of medicine!”³⁸ Moreover, Charcot himself repeatedly equated the artist and the clinician, arguing that “the anatomical pathologist often felt the need to become an artist himself.”³⁹ Five years after Charcot’s death, Henry Meige wrote “Charcot artiste,” describing the fundamental role that Charcot’s artistic sensibilities and practice had played in his personal and professional life. As this chapter’s epigraph notes, Meige eulogized the “inseparability” of the physician and artist.⁴⁰

The *Savants-Artistes* of the Salpêtrière

Pathology and Visual Culture furthers Meige’s analysis of Charcot’s artistic inclinations by expanding it to include the clinicians who came to study with him. I bring to light the work of myriad *savants-artistes* whose contributions have gone mostly unremarked, their work overshadowed by a scholarly focus on the celebrated Charcot himself. The inclusion of the words “Salpêtrière School” in the title of this book is quite intentional. It has become apparent that drawings and ideas are often attributed to Charcot even when they appear in co-authored books and in the Salpêtrière’s journals, effectively disregarding the clinicians who worked for and with him. While Charcot’s impress would have been manifest in these volumes and these texts would not have been published without his support, his overwhelming public persona has substantially obfuscated the contributions of others and silenced his colleagues’ authorial voices.

Many of the pathological images and objects examined in *Pathology and Visual Culture* have received no attention in either medical or art-historical scholarship. For the most part, these are works created by men who saw themselves as clinicians and not artists, though many of them likely gravitated to Charcot because of their artistic interests or inclinations. Even Paul Richer, who was exhibiting realist sculptures and winning prizes at the Salon while working at the Salpêtrière, considered himself first and foremost a doctor (see especially chapter 4). Therefore, these clinicians often did not sign the drawings they created. Many of these works are rather schematic, as they were intended primarily to capture the typical symptom of a particular illness or patient. They were not intended to impress *le grand public* but to improve their own understanding and to inform other physicians of the symptoms and causes of specific pathologies. I consider the information that these images and objects supplied to the medical community that could not be garnered from texts. The fact that the Salpêtrière School created artworks as they conducted research—and not just to publicize their findings—means that art making and the limits of an individual doctor’s artistic abilities had an impact on how they conceived of disease. In other words, the way they visualized pathology had an impact on how they understood it.

My contention is that the clinicians who created these works under Charcot's direction engaged with the era's artistic practices and discourses as well as with the history of art. This was inescapable at the Salpêtrière, given Charcot's and Richer's intense focus on art history and the place of their patients *in* that history. Their own position in that history is relevant as well: the anticlerical Charcot takes the place of Saint Ignatius, healing the possessed/hysterics, in Rubens's *The Miracles of Saint Ignatius of Loyola*, the artwork that acted as a self-conscious originary moment for their medicalized history of art.⁴¹ It is inevitable that there would be crossover between fine art and medicine when both Richer and Albert Londe (1858–1917), the Salpêtrière's photographer from the early 1880s, were working between and within disciplines. How could the conventions of the Paris Salon not influence Richer's creations at the Salpêtrière, for example? The critical vocabulary of art history illuminates the works that emerged from the sophisticated laboratories of the Salpêtrière and, at the same time, reveals the inherent limitations of that vocabulary in describing both medical and artistic imagery and objects. Attending more closely to the formal elements of the images and objects produced at the hospital—and couching analysis within a critical art-historical tradition—allows us to better understand the contributions of medical imagery not only to our broader visual culture but also to the history of art itself.

Artistry and Objectivity

The Salpêtrière presents a particularly rich case study of the intersection between the two broad intellectual endeavors of art and medicine, because the clinicians were consciously and actively engaged in both. Consider that Charcot participated in and encouraged art making and art criticism; Richer created artworks for both the hospital and the Salon; and Londe, a professional photographer, directed the hospital's photography studio. Visual images and objects were incorporated into the practice and teaching of medicine at the hospital under Charcot's aegis. They were utilized by Charcot and his many students to capture symptoms, construct archetypes, and understand illness. As I noted earlier, the life-size Salon painting of *Pinel Freeing the Insane* by Robert-Fleury hung in the amphitheater where Charcot gave his famous demonstrations. Art was everywhere at the Salpêtrière. Visual imagery in science and medicine, which, then as now, is used to communicate to both specialists and the general public, has always been socially constructed and inflected by contemporary artistic practices and discourses, and these in turn have been shaped by medicine and science.⁴²

In their groundbreaking study, *Objectivity*, Lorraine Daston and Peter Galison use the imagery published in atlases from the eighteenth century through the twentieth to attempt to explain the links between scientific visualization, the “scientific self,” and the history of objectivity.⁴³ They posit that there were three “epistemic virtues” that shaped the role of the scientist across the period: an early “truth-to-nature,” which saw sagelike scientists define and depict the “perfect” image, even if it did not exist in

nature; “mechanical objectivity,” in which scientists attempted to remove themselves from the image because of anxiety about possible influence, leading to the representation of “individual” (as opposed to universal or perfect) examples; and, finally, the later “trained judgment,” in which scientists took data and “made sense of it” for viewers, emphasizing the most relevant details and discarding any extraneous information that would only serve to distract. In this account, Charcot’s tenure at the Salpêtrière would fall within the period of “mechanical objectivity,” epitomized by the photograph as the medical image *par excellence* because of its apparent indexicality and seeming promise of “knowledge unmarked by prejudice or skill.”⁴⁴ Daston and Galison argue that in this moment, “the scientific self . . . was perceived by contemporaries as diametrically opposed to the artistic self, just as scientific images were routinely contrasted to artistic ones.”⁴⁵

Charcot’s well-known statement “I am absolutely nothing but the photographer [at the Salpêtrière]; I register [*inscris*] what I see” seems to confirm Daston and Galison’s contention that “epistemology and ethos are intertwined: mechanical objectivity, for example, is a way of being as well as a way of knowing.”⁴⁶ They note, however, that objectivity “is a chapter in this history of intellectual fear of errors anxiously anticipated and precautions taken.”⁴⁷ This observation, writes D. Graham Burnett in his review of *Objectivity*, “articulates the fundamentally human drama at the heart of the history of science.”⁴⁸ With this in mind, it is illuminating to reread Charcot’s characterization of himself as a “photographer,” using the language of “mechanical objectivity” defensively to counter the claim that hysteria was “invented” at the Salpêtrière. The full passage reads:

It seems that hystero-epilepsy exists only in France and, I could say and it has been sometimes said, only at the Salpêtrière, as if I had created it through the force of my will. That would be a truly marvelous thing, if I could create illnesses in this way, according to my whim and fancy. But, in truth, I am absolutely nothing but the photographer [at the Salpêtrière]; I register [*inscris*] what I see, and it is only too easy for me to prove that it is not only at the Salpêtrière that these things happen. . . . M. Richer, in his book [*Études cliniques sur la grande hystérie ou hystéro-épilepsie*], shows us that in the fifteenth century it was exactly as it is now.⁴⁹

It was as a result of a public attack on his “scientific self” that Charcot fell back on the dominant epistemic virtue—even if the practices of “scientific objectivity” and “artistic subjectivity” at the Salpêtrière were exactly *not* “in reversed-mirror-image relationship to one another,” as Daston and Galison claim was typical of this era.⁵⁰ Uncoincidentally, Charcot’s defense concludes with “evidence” of hysteria found in historical artworks. The second edition of Richer’s book *Études cliniques sur la grande hystérie ou hystéro-épilepsie* (Clinical studies on hysteria or hystero-epilepsy), published three years before Charcot’s lecture, includes an appendix that maps the presence

of “hysteria in art” through representations of the possessed from the fifth century through the seventeenth.⁵¹

The artistic output of the Salpêtrière School demonstrates the limits of Daston and Galison’s elegant theorization. The clinicians’ search for the archetype is in some ways analogous to the “perfect example” that Daston and Galison posit as the epistemic virtue of the previous era. The illustrations of “individuals” that captured a particular incidence of disease often stood for the “universal,” which Daston and Galison claim epitomized the time of “mechanical objectivity.” Yet the Salpêtrière School’s belief in the objectivity of new mechanical media is belied by their retouching of photos, a practice whose only apparent purpose is aesthetic (see chapter 2). Their artistic interpretation of pathology in various media, including drawing and sculpture, seems to look ahead to the first half of the twentieth century, when the dominant epistemic virtue was “trained judgment.” Of course, Daston and Galison note that these virtues did not arise as a chronological sequence but instead as a “history . . . of innovation and proliferation rather than monarchic succession.”⁵² Still, the Salpêtrière School, one of the most important producers and distributors of medical imagery in the late nineteenth century, defies the framework in *Objectivity. Pathology and Visual Culture* makes a crucial contribution to this debate because of the particular way in which members of the School negotiated the notion of objectivity: by emphasizing their scientific role as clinicians and *at the same time* fostering artistic skill and a detailed study of the history of art. The images and objects considered in this book bear witness to the tangled history of objectivity and the importance of both art history and the critical medical humanities in nuancing and enriching our understanding of that history.

Some scholars have challenged Daston and Galison’s central claims about the “scientific self.” Joel Snyder, for instance, makes the compelling case that French physiologist Étienne-Jules Marey (1830–1904), well known as one of the inventors of chronophotography, was not attempting to remove his “subjective self” from the mechanical data he produced, chronophotographic and otherwise. Instead, Snyder elaborates, there was “nothing for a mediator to mediate,” as the information resulting from his instruments was “outside the scope of human sensibility.”⁵³ Historian of science Theodore Porter disagrees with their contention that a “distrust of self” led the late nineteenth-century scientist to have absolute faith in mechanical objectivity. He argues instead that “objectivity was mainly a positive moral trait” that “did not annihilate judgment but exalted it . . . by conferring a scientific attitude that rose above petty distractions of local circumstance and self-interest.”⁵⁴ Philosopher Martin Kusch, too, worries that the opposition outlined by Daston and Galison between the epistemic virtue and the scientific self is false: using a visual analogy, he writes, “*Objectivity* comes close to granting this point when the relationship is described as ‘yin’ and ‘yang.’ . . . Think of the typical pictorial representation of that relationship: surely, once you have demarcated the yin, you have fully specified the shape of the yang.”⁵⁵ What if objectivity and subjectivity—“the shadow term that is held to separate art from science”—were not in mutual opposition, since “neither category is stable or sufficient—not for

artists and not for scientists”⁵⁶ What if instead we considered them “two faces of the same object,” as Charcot and Richer characterized them?⁵⁷ In working on this project, it became clear to me that the objective/subjective binary that Daston and Galison posit is too constricting for the scientific artworks produced at the Salpêtrière.⁵⁸ Henry Meige understood this, noting that Charcot the physician and Charcot the artist were one and the same, even if for Daston and Galison there was “a scientific self grounded in a will to willessness [*sic*] at one pole, and an artistic self that circulated around a will to willfulness at the other” at that time.⁵⁹ The analyses of images and objects in *Pathology and Visual Culture* point to the ways in which the clinicians’ mediation, intervention, and “artistry” were productive in their endeavor to accurately diagnose neurological illnesses. The personal and published texts of the Salpêtrière School, including those by Charcot and Richer, frame art and (medical) science—what I am simplifying to “subjectivity” and “objectivity,” in Daston and Galison’s formulation—as related and requisite in the pursuit of a higher goal, which they call “truth” but that we can characterize as medical knowledge.⁶⁰ This is why Meige’s term “scientific artwork” encapsulates their project. For Charcot and the clinicians at the Salpêtrière, “subjectivity” was not antithetical to the “scientific self.” Quite the contrary: it was essential.

Nervous Diseases

One contention of this book is not only that Charcot and the Salpêtrière School engaged with contemporary artistic practices and discourses but that those practices and discourses came to shape the way they visualized pathology. Medical imagery and objects can inform us about the limitations of vision and knowledge, and they can show us the resulting lacunae differently than texts. Most importantly, they also fashion medical knowledge. Certainly in the case of the Salpêtrière School, images do not belong merely “to science’s intelligently crafted apparatus” but are integral to “its cognitive and procedural substance,” *pace* Joel Smith.⁶¹ Until now, hysteria has been the primary focus of most relevant scholarship that shares this perspective on the Salpêtrière’s voluminous output of visual media. Georges Didi-Huberman’s groundbreaking book *Invention of Hysteria: Charcot and the Photographic Iconography of the Salpêtrière* sparked interest in the imagery of hysteria at the Salpêtrière and is important for my understanding of the hospital’s artistic production. Didi-Huberman argues that the hysterical body was constructed as an image in the photographs, drawings, and sculptures produced at the Salpêtrière as well as in Charcot’s amphitheater. He pays significant attention to the hospital’s well-known journal, *Iconographie photographique de la Salpêtrière*, published in the late 1870s, which popularized and disseminated photographs of the hysterical attack. Furthermore, he writes, “I am nearly compelled to consider hysteria, insofar as it was fabricated at the Salpêtrière in the last third of the nineteenth century, as a chapter in the history of art.”⁶² This statement led me to the profound realization that the Salpêtrière’s artistic output could be reconceptualized through art history and its

methodologies—that the discipline of art history, of which it forms a part, could facilitate a clearer and deeper understanding of the claims that the Salpêtrière clinicians were making *through* those images and objects.

Though my book casts a wider net than Didi-Huberman's, his work prompted a substantial body of art-historical scholarship that has convincingly demonstrated the influence of hysteria on modern art and culture.⁶³ Rae Beth Gordon, for example, has written about the immense importance of the “hysterical aesthetic” in Parisian café culture, through which it influenced modern art—including the work of Henri de Toulouse-Lautrec (1864–1901) and Edgar Degas (1834–1917).⁶⁴ Other art historians have analyzed the connection between the images of hysteria and art—for instance, Anthea Callen also sees Charcot's influence on Degas, and I have written elsewhere of the way sculptor Auguste Rodin (1840–1917) interpreted and manipulated the postures of the hysterical attack to create a distinctly modern portrayal of the human condition.⁶⁵ With the exception of chapter 2, which delves into the Salpêtrière's retouched photographs of hysterical patients, *Pathology and Visual Culture* moves away from hysteria. My aim is to widen the scope of art-historical analysis to take in other neurological conditions treated at the hospital and to broaden the discussion of Charcot's work and that of his protégés. Nor does this book discuss hypnosis, a practice used by Charcot in his study of hysteria that was also sensationalized at the time, becoming a subject of public fascination and scientific debate in its own right.⁶⁶ Rather, *Pathology and Visual Culture* is about “nervous diseases” at a moment when they were being identified and attempts were being made to understand them. From today's perspective, Charcot's neurological discoveries are much more significant than any of his claims about hysteria; he made important advances in the study of epilepsy, stroke, multiple sclerosis, neuropathic arthropathy (“Charcot joint”), and neurodegenerative syndromes such as amyotrophic lateral sclerosis (still known in France as “Charcot's disease”) and Parkinson's disease, among many other neurological disorders.⁶⁷ Visual images were a vehicle for those discoveries.

Contrary to what one may assume from the existing scholarship, I argue that artistry at the Salpêtrière was not limited to a single field, such as hysteria. Nor was it exclusive to a select group of notables like Charcot, Richer, and Londe. Rather, it was an integral aspect of the ethos and protocol of the hospital's medical service, practiced by figures including Paul Regnard, Loreau, and other lesser-known or (currently) unknown individuals. These clinicians saw patients daily, discussed their case histories with Charcot, and utilized artistic practices not only to capture their patients' pathologies but also to determine what those pathologies were. This book attempts to recuperate both this “lost” history of medical imagery at the Salpêtrière and the story of some of the patients who were observed, drawn, sculpted, photographed, and dissected so as to uncover as much detail as possible about the personal histories of the individuals whose likenesses were rendered in various visual media at the hospital.⁶⁸ Unfortunately, as there is very little information about most of these patients, it is difficult to gain much insight beyond what can be gleaned from the medical “specimen”

on display. While these patients are mostly silent witnesses to the artistic practices of the Salpêtrière School, they also constituted the source material and subject matter for its artistic creations and, as such, were absolutely essential to the hospital's larger artistic and medical project.

Though after death they were completely passive recipients of the medical gaze, in life, the hospital's patients participated in the creation of artistic images by actively engaging with the clinicians who re-presented them. They had some kind of power in those relationships, though it was clearly unbalanced. In many images, patients look directly into the camera or at the clinician portraying them. "Staring . . . is an intense visual exchange that makes meaning," Rosemarie Garland-Thomson has written, "recast[ing] starees as subjects not objects."⁶⁹ Some patients exercised a measure of control. For instance, novelist Alphonse Daudet (1840–1897) recounts the disruption of one of Charcot's lessons by a hysteric named Balmann who refused to "perform," as she was jealous that another patient, named Daret, had been allowed to appear first. Revealing the slippage between art and medicine typical of the Salpêtrière and those who knew of its practices, Daudet compares Daret to "the dummy in the [artist's] studio, even more docile and more flexible," because she allowed her "sad body" to be moved and manipulated in any way the clinicians wished.⁷⁰ As Arlette Farge acknowledges, even though "the archive collects characters," their "names, when revealed, in no way lift their anonymity."⁷¹ I am aware of the sensitive nature and ethical dangers of illustrating—or re-illustrating, since many were published at the time—the images of patients who did not give consent in ways that would be acceptable today.⁷² By including them here, I follow historian of medicine Jennifer Wallis, who writes of her own engagement with photographs of patients that "in analyzing and re-purposing images we enter into (and alter) the present and future readings of those images."⁷³ I have attempted to recover as much of the patients' biographies as possible to call attention to the ways in which the images might demonstrate their agency and to critically contextualize the use of their (re-)presentations, which are central to the argument of this book. While I recognize that these actions do not and cannot return to these individuals the dignity they deserve, I do hope that they will at least help bring to the fore the fundamental role these patients played in the founding of modern neurology.

Entwined Practices

Pathology and Visual Culture explores the various media found in the albums of the Salpêtrière's museum of pathological anatomy, wax casts made in its casting studio, and the sculptures produced in the artist's atelier on its grounds in addition to the well-known photographs of hysterics captured both inside the hospital's wards and outside in its courtyards. The examination of mostly unknown and unpublished material allows for a thorough mapping of the hospital's sophisticated artistic production, but it also necessitates an attentiveness to the differences among various media and their own

individual histories within the larger history of art. These material histories structure the book, as the focus largely shifts in each chapter to a different medium (drawings, photographs, casts, sculpture) and producer (Charcot, Regnard, Loreau, Richer). The importance of attending closely to material history was introduced to me in Ludmilla Jordanova's pioneering *Sexual Visions: Images of Gender in Science and Medicine Between the Eighteenth and Twentieth Centuries* (1989). Her discussion of wax anatomical models, the most influential chapter of her book for my own project, showed "the gendered character of natural knowledge."⁷⁴ Anthea Callen's scholarship, also attentive to material histories, has similarly shown me the inseparability of art and (medical) science. Her book *The Spectacular Body: Science, Method and Meaning in the Work of Degas*, which inspired my own journey into the intersection of art and medicine, was a radical intervention in the art-historical canon when it was published in 1995. Her work over the last twenty-five years on Paul Richer and on the École des beaux-arts has been key to my understanding of Richer's transition to that Parisian institution.⁷⁵ It remains an essential part of the exponential increase in scholarship in the visual medical humanities in recent years.

Pathology and Visual Culture also contributes to the burgeoning field of the visual medical humanities that sees the visual itself as a "mode of intervention and critique."⁷⁶ The recent scholarship of art historians such as Suzannah Biernoff, Gemma Blackshaw, Keren Hammerschlag, Allison Morehead, Kathleen Pierce, Susan Sidlauskas, and others demonstrates that medical imagery cannot be properly understood or interrogated without recourse to art-historical methods and that thinking about art and visual culture through the prism of the history of medicine yields unexpected interpretive riches. Moreover, I see myself participating in a critical medical humanities that is "not only sensitive to imbalances of power, implicit and explicit, but include[s] activist, sceptical, urgent and capacious modes of making and re-making medicine."⁷⁷ The analyses in this book provide new insights into how Charcot and the Salpêtrière School conceived and established the field of modern neurology through imagery and objects that could be articulate or mute, effective or unhelpful, but always loaded with meaning. As Jennifer Tucker argues, "There is nothing self-evident about the concepts of science, history of science, or scientific illustration. Far from belonging to the order of things, scientific representations have been exposed as visual artifacts that are bound to the times and places of their creations."⁷⁸ The visual has been a key element in the conceptualization and understanding of the body, especially in Western medical history.

Pathology and Visual Culture follows Des Fitzgerald and Felicity Callard's theorization of an "entangled" medical humanities: "What holds together much of the research employing 'entanglement' is an intuition that some set of things, commonly held to be separate from one another (indeed, that define themselves precisely with reference to their separability) . . . not only might have something in common, but also, in fact, may be quite *inseparable* from one other."⁷⁹ This notion of "entanglement" underlies the analyses in *Pathology and Visual Culture*, especially because of Charcot's and the Salpêtrière School's knowledge of and comfort with both art and medicine. The

School's illustrations of illness in two and three dimensions are impoverished and, in some cases, incomprehensible without an understanding of art and its history. For these clinicians, art and medicine were entangled practices—or perhaps it would be more accurate to use the more positive term “entwined.”⁸⁰

In the last ten years, a number of studies have engaged in innovative ways with Charcot's artistry. My book builds on Mary Hunter's *The Face of Medicine: Visualising Medical Masculinities in Late Nineteenth-Century Paris* (2016), in which Brouillet's canvas is used as a springboard into a discussion of how “realist modes and media dealt with the challenge of representing hysteria.”⁸¹ Whereas Hunter focuses her insightful analysis on the ways in which realisms “went mad” at the Salpêtrière by examining its clinicians' use of various media to visualize hysteria, I instead look at the Salpêtrière School's wider neurological practice and how it navigated the intersection of art and medical science. In *Performing Neurology: The Dramaturgy of Dr Jean-Martin Charcot* (2016), Jonathan Marshall, a scholar of performance, discusses the theatrical strategies that Charcot used in his lessons, from a Wagnerian aesthetic to a “Brechtian” mode *avant la lettre*.⁸² Elements of Marshall's analysis have been useful for my study, such as his discussion of the way that Charcot's lecture style facilitated the fragmentation of the patient's body in the amphitheater. In *Charcot in Morocco* (2012), historian Toby Gelfand examines the journal that Charcot kept while traveling in North Africa in 1887, which reveals the “priority of the visual over the written record.”⁸³ During this trip, Charcot clearly had in mind Eugène Delacroix's illustrated travel notebooks, and we know that Charcot kept some of Delacroix's original drawings of Morocco handy in his office drawer.⁸⁴ In comparing the two, Gelfand reveals the same entwinement of (medical) objectivity and (artistic) subjectivity that is my focus here. Charcot “explicitly invokes the painter's eye by using the word ‘painting’ [*tableau*] . . . and again by his desire to see a scene which Delacroix painted [a Jewish wedding].” But, Gelfand continues, “Significantly, the verb ‘to see’ [*voir*] is employed nearly forty times in the absence of a first person voice (*on voit, se voit, il faut voir, laisse voir, etc.*) as compared with only five times in the active form (*je vois*) thus underscoring the putative objectivity of the observer who transmits what is seen or to be seen.” He concludes, “The Moroccan journal as a whole conveys a passion to see.”⁸⁵

Gelfand was a co-author, with Christopher Goetz and Michel Bonduelle, of the indispensable biography of Charcot, which follows the midcentury panegyric published by Georges Guillain and the novelistic *Monsieur Charcot de la Salpêtrière* (1993) by psychiatrist and writer Jean Thuillier.⁸⁶ Charcot's biographers have all recognized his artistic sensibility as a key to understanding his medical and popular success. His artistic production, and that of the Salpêtrière School, has also been the focus of scholarship by medical doctors themselves, such as Goetz, a practicing neurologist, and Olivier Walusinski.⁸⁷ The most important recent intervention was *Charcot, une vie avec l'image* (2013) by Catherine Bouchara, a psychiatrist at the Salpêtrière who specialized in hypnosis. Her copiously illustrated book serves as a visual biography of the neurologist and helpfully includes previously unknown and mostly personal drawings and

photographs from the archives of the Vallin-Charcot Family. However, Bouchara seems unable to distinguish Charcot's hand and therefore misattributes several images: drawings created by more skilled clinicians—principally by Paul Richer—are attributed to Charcot. She assumes that the unsigned drawings in the Musée Charcot albums or those found in his papers are all by Charcot.⁸⁸

The publication of Bouchara's book prompted an exhibition in the seventeenth-century church on the grounds of the Salpêtrière in 2014. It gathered drawings, photographs, sculptures, casts, films, and objects from the collections of the Musée de l'Assistance Publique–Hôpitaux de Paris, the École nationale supérieure des beaux-arts, and private collections, among others, as well as installations by contemporary artists that created “a bridge . . . between Charcot's visual thinking and contemporary thought, between art and mental health.”⁸⁹ Given Bouchara's own specialization and the fact that she was the principal curator, the exhibition approached its subject more from the perspective of psychiatry (especially in relation to hysteria) than of neurology; it also included the same misattributions as the book. The exhibition nonetheless attempted to dissolve the boundaries between art and medicine, both in Charcot's practice and historically, to stunning effect. It is worth noting that a projection of Brouillet's canvas hung over the crossing of the church–cum–exhibition space, above Charcot's autopsy apron and his robes from the Institut de France (he was inducted into the Académie des sciences in 1883), in a hagiographic scene that was reminiscent of an altarpiece.

The Case Studies

After its exhibition in 1887, Brouillet's *Clinical Lesson* took on a life of its own: it was reproduced in French and international newspapers and journals, reimagined as caricature, reexhibited at the Universal Exposition of 1889, and translated into a wax sculpture and a popular print.⁹⁰ It acquired personal significance for figures as noteworthy as Sigmund Freud as well as for the anonymous individual who used a small copy of it to make a collage that was tipped into a volume of the *Iconographie photographique de la Salpêtrière*. Details of the painting illustrated books and articles, as did a photograph of a solitary Charcot that served as evidence of Brouillet's use of photography. Each chapter of *Pathology and Visual Culture* is introduced with an iteration of *Clinical Lesson*, serving the dual purpose of providing “intelligent commentary” on the original and setting the stage for the individual case studies that begin in chapter 1, “Curating Pathology at the Musée Charcot.”⁹¹ Charcot opened a museum of pathological anatomy in 1878 that came to be known as the Musée Charcot. It did not resemble other nineteenth-century medical museums, with their clinical look and vitrines full of specimens or casts: instead, it was “very elegantly decorated,” as Charcot himself noted, with furniture of dark wood, sculptural ornamentation commissioned from a contemporary artist, and an idiosyncratic group of medical objects. These included a sculpted pathological portrait made by Richer, the latest medical equipment, a vitrine of skeletons,

a full-body wax cast referred to as the *Ataxic Venus*, and a series of albums maintained by the clinicians at the hospital. Pasted into these extraordinary albums are drawings, photographs, charts, graphs, fragments of case notes, and scholarly citations that refer to the patients and illnesses treated in the hospital.

The goal of this chapter is twofold: first, to bring to light the Musée Charcot's contents and décor and their relationship to Charcot's own home and its curated spaces, and second, to consider what the images in the museum's albums reveal about the Salpêtrière School's working practices and their use of art making to better understand the pathologies they encountered in the hospital. I see the albums as microcosms of the (no longer extant) museum, a space made up of disparate elements created by a variety of hands that only cohere when understood as a kind of portrait of Charcot himself. In essence, the museum resembles a *Wunderkammer* more than a modern medical museum.

Each of the remaining chapters focuses on a particular medium. Chapter 2, "The Art of Retouching at the Salpêtrière," examines in detail a forgotten album of photographs made in preparation for the first volume of the *Iconographie photographique de la Salpêtrière*, published by Charcot's protégés Désiré-Magloire Bourneville and Paul Regnard. In this album, many of the photographs show evidence of retouching, a practice that has gone almost unremarked in the scholarship on the famous photographs of hysterics at the Salpêtrière. This album was a working document whose pages clearly show the complexities in deciding which images to include and how to manipulate them to maximum effect. Several of the pages of this album include specific instructions to the retoucher on their versos.

I analyze closely the images of hysterics from this album, comparing them to the original, unretouched versions and considering the possible reasons for the often extensive changes made to these purportedly objective documents. Much of the retouching is poorly executed, suggesting that the clinician and amateur photographer Paul Regnard also tried his hand at "correcting" the images. While some of the modifications serve to highlight a hysterical contracture or emphasize an expression, in most cases they do not serve any clear "scientific" purpose but rather appear to be principally aesthetic. In fact, as a result of dubious aesthetic and practical choices or clumsy implementation, the retouching often proves completely counterproductive, unintentionally obfuscating a photograph's subject or its details.

Returning to the Musée Charcot, chapter 3, "The *Ataxic Venus*: Between Portrait and Specimen," considers the so-called *Ataxic Venus*, the most famous object in the museum. This polychrome full-body wax cast was created by Loreau, the head of the Salpêtrière's casting studio (about whom little is known), and shows a patient named Berthelot, who had locomotor ataxia caused by tertiary syphilis. Charcot exploited Berthelot's illness—using, among other props, this uncannily life-like cast, photographs of her, and even her actual skeleton, which was extracted after her death and preserved for display—to establish his international reputation. Like photography, another indexical medium, wax casting creates the illusion of objectivity even as it

displays the results of myriad artistic decisions. The *Ataxic Venus* is a spectacular medical object whose production required exceptional artistic and technical skill, but it is also an arresting portrait of a patient and of her illness. Its affective power comes not only from the deformities that mark this body but also from the way it refers to art-historical precedents. It was, furthermore, in dialogue with contemporary polychrome sculpture exhibited in the Salon and elsewhere.

Because Berthelot seems to have left no verbal trace whatsoever in the many texts on her illness written by Charcot and the Salpêtrière School, I use the words of the novelist Alphonse Daudet, who also had locomotor ataxia and was one of Charcot's private patients. His posthumously published *La Douleur (In the Land of Pain, 1930)* recounts its excruciating symptoms. I use the autobiographical text as a sort of surrogate for Berthelot, to attempt to approximate and articulate her (unknowable) experience and to assist me in understanding and explaining the emotional power of the *Ataxic Venus*. This striking wax cast is, I argue, not only a portrait of Berthelot and locomotor ataxia but of pain itself.

The final chapter, "Paul Richer, Sculpting Pathology," treats a series of four sculptures made at the Salpêtrière by Richer in the 1890s, while he was also exhibiting realist sculpture at the Salon. Like the wax cast of Berthelot, they depict patients at the hospital. However, Richer's sculptures more obviously betray the artistic choices made as he crafted these patient portraits, despite the fact that they were compared to photographs.⁹² Sculpting allowed Richer to convey likeness, pathology, and pathos.

This chapter considers Richer's pathological portraits, produced in an atelier at the hospital, in relation to his "fine art" practice and to the broader contemporaneous discourse on realist sculpture. I argue that Richer played with artistic conventions and with art-historical precedents in crafting these portraits that depict clearly identifiable individuals while representing "types" (of illness). He was an autodidact with strong connections in the art world and a prodigious knowledge of art history who wrote extensively about both artistic anatomy and the intersection of art and medicine. All of this would stand Richer in good stead when it was time to embark on the second half of his long and fruitful career.

Pathology and Visual Culture ends with a coda, "The Salpêtrière at the École des Beaux-Arts," that sees Richer leave the Salpêtrière after a quarter-century to teach anatomy at the École des beaux-arts, where he would train art students for the next twenty years. He focused there on creating athletic male bodies instead of the sickly, and predominantly female, body that had served previously as his standard subject. Richer insisted, however, that his work at the École did not signal a break from his earlier focus on pathology. For him, there was no distinction between the "scientific self" and the "artistic self."

