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Chapter 9

The Model Patient: Observation and Illustration at the Musée Charcot

by Natasha Ruiz-Gómez

I urge you to continue sketching: it is a good way to occupy one’s spare time; science and art are allies, two of Apollo’s children.

—Jean-Martin Charcot¹

In 1885, the art critic and novelist Octave Mirbeau characterized his era as “the century of nervous diseases” because they motivated its events and were the focus of its scientific obsession.² For him, science predominated over literature and politics: “[I]t will perhaps not be the century of Victor Hugo nor the century of Napoleon, but the century of Charcot.”³ Mirbeau declared that a painting of Dr Jean-Martin Charcot (1825-1893) in his amphitheater should be made as a pendant to Rembrandt’s *Anatomy lesson of Dr. Nicolaes Tulp* (fig. 1-1. Mauritshuis, 1632).⁴ The young and ambitious Realist painter André Brouillet (1857-1914) fulfilled Mirbeau’s wish with an almost life-size work, exhibited at the Paris Salon two years later.

Une Leçon clinique à la Salpêtrière (*A Clinical Lesson at the Salpêtrière*) (1887, Paris, Musée d’Histoire de la Médecine) modernizes Rembrandt’s painting by depicting Charcot teaching in front of a *living* model. In so doing, it celebrates the theatricality of his lectures, as

well as his renown (plate 9-1).⁵ Charcot, one of the founders of modern neurology, had already run the medical service of the Salpêtrière Hospital for a quarter-century and had made it famous as the site of his theorization of hysteria. Brouillet's painting memorializes Charcot discoursing dispassionately on hysteria before a crowd that includes well-known doctors, writers, and politicians of the day.⁶ His protégé Dr. Paul Richer (1849-1933) is also portrayed, either taking notes or sketching at Charcot's proper right, behind a table where the most modern medical technology is proudly displayed. The young Dr. Joseph Babinski (1857-1932) looks sympathetically at the hypnotized Blanche Wittmann (1859-1913) in his arms (she was known at the time as the "Queen of the Hysterics"), while Nurse Marguerite Bottard (1822-1906) holds out her hands to ease the patient's swoon onto the awaiting stretcher. A large drawing by Richer of a hysteric in the *arc-de-cercle* pose is affixed to the back wall of the room, anticipating and validating Wittmann's attitude in the foreground of the painting. Brouillet's canvas attests to Charcot's groundbreaking use of visual aids, such as photographs, sculptures, diagrams, graphs, lantern slides, and especially patients, to dazzle his audiences.⁷

Art historian Anthea Callen has rightly highlighted the resemblance of Charcot's lecture to a lesson for fine arts students (plate 9-2), identifying the dependence of François Sallé's *The Anatomy Class at the École des beaux-arts* (1888, Sydney, Art Gallery of New South Wales) on Brouillet's canvas.⁸ In both paintings, a partially dressed model is displayed at the front of a room for a male audience. In the Sallé painting, the muscular arm of the virile *poseur* is being examined by the École's Professor of Anatomy, Mathias-Marie Duval (1844-1907), while the Brouillet canvas instead presents its viewers with a model of pathology.⁹ In both, we have students with pencils in hand, gazing up at the model; given the emphasis on drawing as a practice under Charcot's direction, the trainee doctors are just as likely to be sketching the model

as taking notes on the clinician's lecture.¹⁰ Wittmann's awkward pose, illuminated by tall windows, is reminiscent of those often taken by studio models in French academies, who also required assistance in order to sustain their unbalanced postures.¹¹ Moreover, Charcot himself compared the hospital patient to the artist's model; during one lesson, he assured his audience that the naked patient under examination was comfortable because the room was "properly heated, as a painter's studio would be."¹²

Like the teachers at the *École*, Charcot believed that observing the naked body was critical to his practice. He would have patients brought to him, then undressed, while he silently observed them. He might ask that other patients with the same condition be brought in so that he could examine several individuals at the same time to determine common presentations of pathology. Such observation famously allowed Charcot to make innovative diagnoses, with autopsies later confirming or disproving his theories.¹³ In a lesson in which his visual analysis leads him to correct another physician's diagnosis, Charcot expounds on the need to examine 'the nude':

In reality, [...] we physicians should know *the nude* as well and even better than painters do. A flaw in drawing by a painter or sculptor is serious, no doubt, from the point of view of art, but all in all, from a practical point of view, it has no major consequences. But what would you say about a physician or surgeon who takes, as happens too often, a normal bump or contour for an abnormality or vice versa? ... This digression may be enough to highlight once again the need for the physician, and for the surgeon, to attach a great importance to the medico-surgical study of the NUDE [*sic*].¹⁴

Here the clinician is compared to the artist and the patient to the model. In fact, Charcot makes the claim that the clinician's need to study the naked body is even more urgent. His pretensions to art are hinted at here by the reference to the fine art category of the 'nude'—that is, the idealized human body. Art historian Susan Waller argues that the *académie* or study of the live model was originally conceived to "prepare the [fine art] student to negotiate the discrepancies

between the flawed shape of the individual live body and the ideal.”¹⁵ However, like William Hunter, another *savant-artiste* discussed in the present volume, Charcot instead encouraged his protégés at the Salpêtrière to focus on the “flaws” visible in the pathological body. In his painting, Brouillet seems to attempt a reconciliation of the two. He has idealized Wittmann’s face and body, which are more elegantly proportioned than in the photographs of her in the *Iconographie photographique de la Salpêtrière*.¹⁶ With her arched back and the contracture in her left hand, however, her body displays the ‘stigmata’ of hysteria—the contracture of her left hand and her arched back—an illness that Charcot believed was based in the nervous system.¹⁷ Given the potential erotic charge of this pose, which thrusts the body’s erogenous zones forward, it is unsurprising that hysterics, like the female models who posed for artists in the nineteenth century, were sexualized in the popular imagination. Indeed, *fin-de-siècle* Salons saw an epidemic of “broken backs,” indicative of a circularity in artistic and scientific imagery in the nineteenth century.¹⁸

Charcot gave primacy to the visual and pursued artistic interests throughout his life. Forced by his father to choose a profession in either art or medicine, he unsurprisingly incorporated artistic imagery into his medical career and encouraged his students to do the same.¹⁹ In fact, his student Achille Souques wondered whether Charcot studied nervous diseases specifically because of the perceived visibility of their symptomatology: “One may wonder whether the physical deformations, so visible and so common in nervous diseases, had not led him to study and privilege this branch of pathology.”²⁰ He nurtured that focus on the visual especially in one of his most important students, Paul Richer, whose natural talents as an artist led him to Charcot’s attention in the first instance.

As historian Ludmilla Jordanova has argued, prolonged looking at an individual is rarely sanctioned in society, but exceptions include the acts of examining portraits and examining patients.²¹ We could add to this the sustained attention of artists on the live model. Like a life-drawing class at the École, the collective gaze of the men on the left of Brouillet's canvas is fixed on the female 'model'. Here, however, this gaze thematizes the late nineteenth century's obsession with medical voyeurism, which was equally visible in the period's anatomical museums. Significantly, and not coincidentally, Charcot himself founded a museum of pathological anatomy at the Salpêtrière in the late 1870s to complement the "living pathological museum" comprised of its patients, suggesting that they were animate exhibits of pathology on display among the hospital grounds.²² He proposed the creation of a museum to the Assistance Publique in 1875, reasoning that "[t]he clinical and anatomo-pathological riches that [the Salpêtrière] holds are, so to speak, inexhaustible. But, unfortunately, they are not utilized as widely as they deserve to be."²³ By 1879, he could thank the administration for the hospital's new photography studio and electrotherapy room, as well as "an anatomo-pathological museum, perfectly arranged, [and] very elegantly decorated."²⁴

Like the Brouillet painting, which actually reveals little about hysteria, except a visible (and, some argue, invented) bodily attitude that signified the disorder,²⁵ the so-called Musée Charcot offered a partial and idiosyncratic vision of nervous disease. If illumination was the presumed goal of anatomical museums since the Enlightenment, the exhibits here more often resulted in the obfuscation of pathology. This chapter focuses on two largely unknown and unpublished albums from the Musée Charcot's collection that, I argue, replicate the museum's methodology in miniature. In them, accomplished drawings and enigmatic photographs complement more 'objective' graphs and diagrams to represent the pathologies seen at the

Salpêtrière. In their ground-breaking study, *Objectivity*, Lorraine Daston and Peter Galison posit that scientific endeavors in the late-nineteenth century were dominated by a paradigm of “mechanical objectivity,” in which the “scientific subjective self” was suppressed and denied in favor of “objective” mechanical media, such as photography.²⁶ The authors claim that at the time “[t]he scientific self [...] was perceived by contemporaries as diametrically opposed to the artistic self, just as scientific images were routinely contrasted to artistic ones.”²⁷ The images in the Musée Charcot albums resist this paradigm. Instead, many of them collapse the distinction between the scientific and the artistic and privilege a personal (subjective) vision of pathology—either that of the patients who modeled or, more typically, that of the *savants-artistes* who represented them.

The Musée Charcot

The most complete description of the Musée Charcot comes from Belgian philosopher and psychologist Joseph Delboeuf. He recounted a visit to the Salpêtrière alongside the historian Hippolyte Taine in the mid-1880s to witness the experiment rendered in the painting by Brouillet: the hypnosis of Blanche Wittmann. Delboeuf reported,

[The session] took place in a large room, a kind of museum, whose walls, even the ceiling, are decorated with a considerable number of drawings, paintings, engravings, photographs sometimes showing scenes with various individuals, sometimes a single patient naked or clothed, standing, sitting or lying down, sometimes one or two legs, a hand, a torso, or another part of the body altogether. All around, cupboards with skulls, spines, tibias, humeri showing this or that anatomical feature; all over the place, on tables, in vitrines, a pell-mell of jars, instruments, machines; the image in wax, not yet completed, of an old woman, nude and lying on a kind of bed; busts, including that of [Franz] Gall, painted green.²⁸

The only known photograph of this museum shows a curious group of objects and images, which coalesce under the umbrella of medical evidence (fig. 9-1). Other “objects” not visible in the

photograph could be included in this eclectic mix. For instance, Delboeuf described Wittmann as “a real living laboratory specimen” as she wandered hypnotized through the museum, echoing Charcot’s claim that the hospital itself was a “living pathological museum.” Delboeuf continued, “With her one can explore the human body as meticulously and more demonstratively than with a cadaver,” inadvertently forging a link between the anatomy classes of the hospital and the École.²⁹

The scientific riches offered by the live patient complemented the museum’s deathly remains, wax casts, and artistic renderings. According to medical historian Michael Sappol, in the nineteenth century, “[m]embership in the [medical] profession was consolidated by a common culture of collectorship.” He specifies that “[i]n formal medical discourse the specimen was accounted as an educational aid [...]. Informally, there was the pleasure of acquisition and possession and a connoisseur’s appreciation of the artistry of the preparation.”³⁰ This connoisseurial spirit was made manifest in the wooden armchairs, striped rug, and dark-paneled walls of the lavishly appointed room that housed the museum at the Salpêtrière. Reproductions of famous artworks were displayed on the walls, and the polychrome wax sculpture of a contemporary artist, Henry Cros, covered several of the room’s wooden supports.³¹ A visitor to the museum derided this element of the eccentric decor: “Let us note [...] the garish ornamentation that has been daubed on the beams protruding from the ceiling.”³² This museum resembled less a clinical space than the physician’s study or indeed Charcot’s own home, the “magic castle in which [Charcot] lives,” according to a dazzled Sigmund Freud who attended one of the receptions hosted by the Charcot family every Tuesday evening from October through May.³³

Sappol adds, “Collection was a quasi-erotic quest [...]. The collector prided himself on his erudition and acumen, [and] cultivated a love of the grotesque, beautiful, and obscure.”³⁴ The “quasi-erotic” act of voyeurism, visible in the painting by Brouillet, is also implicit in this space of nude bodies, revealed organs, and concretized pathology. Seeing, knowing, touching, and classifying were all at the core of the cabinet of curiosities, as well as of the medical museum, which has been called its successor.³⁵ To these, Charcot and his students added observing, sketching, photographing, and illustrating. All of these modes of gaining knowledge were in operation in the albums collated by Charcot and his students and can be seen as microcosms of the Musée Charcot.³⁶ Disparate images that detail the minutiae of patients’ bodies during life and after death are pasted onto the albums’ faded, stained, and sometimes mutilated blue pages. They include delicately drawn disfigured hands in red chalk; pencil sketches that capture the different phases of movement in the style of a chronophotograph; dissections rendered with colored pencils; graphs measuring epileptic seizures; photographs of excised bones next to drawings of deformed legs; sketches of young boys held upright in cage-like constraints; a highly finished drawing that captures a woman’s awkward step; and photographs of men and women naked from the waist down. The mixture of living and lifeless, indexical and artistic, was typical of the eclectic clinical practice at the hospital.

Most of the drawings in the Musée Charcot albums are unsigned, and a wide variety of styles and hands is evident. There are early drawings by Charcot that are pasted on the pages of albums alongside images from decades later, indicating that these books were “living” documents that could be consulted, amended, or updated as necessary. They contain very little explanatory text—only a few images have captions indicating diagnoses, the names of patients, or references that reveal more details about particular cases. What is clear is that the doctors of

the Salpêtrière made equivalences between different modes of observation—between drawings, photographs, graphs, and so on—both in the museum and in the albums. Callen has observed that “it is not the image *per se* which is more—or less—objective: it is the scientist (or artist) who, as the embodiment of ‘objective truth,’ designates the objectivity of his material in his appropriation and re-presentation of it. For Charcot and the Salpêtrière School, the scientist’s sight constitutes ‘truth.’”³⁷ In other words, these different kinds of “evidence” stood on equal footing, through an emphasis on the visual and through the purportedly objective vehicle of the clinician. Charcot famously asserted, “I am absolutely nothing but the photographer [at the Salpêtrière]; I register (*inscris*) what I see.”³⁸ And while this professed objectivity is seemingly in keeping with Daston and Galison’s premise of the “scientific self grounded in a will to willessness [*sic*],” the albums themselves tell a different story about the role of individual agency and artistry in medical imagery.³⁹

The Scientific and Artistic Self

Album number AP 2005.0.27.1 is fairly typical. The volume opens with two small, sepia-toned photographs glued above a drawing (fig. 9-2). The photographs, overexposed and out of focus, show a young man in a suit, sitting on a chair in a hastily configured studio: the rug under his feet bubbles up behind him where it meets the backdrop. His hands are on his knees, but the left sleeves of his jacket and shirt have been pulled up, exposing his arm to the elbow and highlighting the unnatural torsion of his wrist. In the photograph on the left of the page, more of the chair is visible; the angle of the turned wood legs matches that of the man’s exposed arm, while his torso mirrors the angle of the chair’s back. He and the chair thus appear oddly fitted together. Only his uplifted chin and direct stare hint at his character and add a subtle note of

defiance to the image, undermining the presumed status of objectivity granted to the image by its placement in a medical album. The unnatural gesture of the patient's left hand is unexplained—perhaps the pathology was considered to be self-evident.

The page is devoid of text save for the name of the female patient perfunctorily written on the drawing below the photographs: "Mme Beau." While the photographs invariably capture the "that-has-been," the sensitively worked drawing gives the impression of being done from life.⁴⁰ The focus here is on Beau's face and hands, traditionally the body's principle sites of expression. The former is foreshortened; the sitter's full cheeks and wide nose are rendered in shadow as her head is bent down towards a large book or newspaper held awkwardly on her lap with her contorted hands. The irises of her eyes are just visible, especially her right; they stare intently, giving a heightened sense of Beau's inner life. They also lead our gaze to her hands, the other focal point of the composition. Like the suited man in the photographs, her hands betray her status as patient. Pressing against the pages on her lap, her fingers do not work in tandem, with some bending unnaturally at a sharp angle from their first joint. The insistent pressure they bring to bear on the object on her lap suggest that Beau may be feeling the paper in order to read words printed in Braille.

Hatching creates the planes and volume of her head, arms, and torso while freely drawn lines add a more abstract note to the patient's skirt and, simultaneously, to the bottom edge of the sheet of paper. Similarly, the back of the her chair is no more than a cursory sketch. Like an artist's life drawing, the picture focuses our attention on the face and body, as well as on the draughtsman's skill in capturing the foreshortened visage. Here, however, it is not Beau's likeness that is of interest, but her illness. The patient models not only for a *savant-artiste*, but

also for the medical community at the Salpêtrière who would study her image for signs of pathology in one of the museum's albums.

The accomplished drawing of Mme Beau is likely the work of Paul Richer, who joined the Salpêtrière in January of 1878 and became its most important artist.⁴¹ The albums of the Musée Charcot hold a spate of unsigned but skilled drawings dated that same year, suggesting that Richer filled page after page as soon as he arrived at the hospital. He may have been interested in Beau in particular, as his drawings of hands had brought him initially to Charcot's attention. As a medical student, Richer illustrated a friend's thesis on hand deformities and was "discovered" at its defense where Charcot, the principal examiner, exclaimed: "You could make a diagnosis from these drawings!"⁴² Charcot immediately offered Richer an internship at the Salpêtrière in 1878, his fourth year of studies.

Richer appears to have been an auto-didact; drawing lessons as a child in his hometown of Chartres seem to have been the extent of his schooling in art.⁴³ He began sculpting around the age of forty and submitted his first sculpture to the Salon in 1890, regularly exhibiting there in subsequent years.⁴⁴ Critics immediately recognized that, like Brouillet, who gave Richer a place of prominence in *Une Leçon clinique*, Richer's artistic practice was invested in Realism, a movement committed to depicting contemporary life.⁴⁵ Gustave Larroumet, for example, in response to five sculptures that Richer submitted to the Salon of 1892, noted his "Realist spirit."⁴⁶ Richer's fine art, in other words, attempted to capture modern existence as 'objectively' as possible, and he likely saw his naturalistic depictions of laborers—sower, harvester, blacksmith, and so on—on a continuum with his medical practice. In a text entitled "Dialogues sur l'art et la science" ("Dialogues on Art and Science") from 1897, Richer (through an interlocutor named Pamphile) argues that there are strong affinities between the work of the

artist and that of the scientist: these include creativity and the careful observation of nature.

Science reveals as much about the scientist as art reveals about the artist. He writes: “If [the scientist’s] work belongs to everyone and becomes a part of our joint heritage, it is no less true that it comes from his mind and bears the stamp of his personality.”⁴⁷

This “careful observation of nature” that “bears the stamp of [the scientist’s] personality” is visible in another drawing in the same album from the Musée Charcot that appears to be by Richer’s hand. It shows the same attention to the patient’s face and the same facility with creating planes and volumes through hatching. The artist carefully sketched the visage of the unconscious 82-year-old Marie Désirée Argentin (fig. 9-3). Her face is viewed at an angle, her head propped up by a pillow and adorned with a cap. Her open, toothless mouth is a dark void around which her features and bed are carefully defined. Again, casually drawn lines on the sheet below Argentin’s head and shoulders suggest a body underneath a cover, but also add an almost abstract flourish. Here the artist—not the clinician—is dominant, inflecting the drawing with his individual touch. Charcot explicitly encouraged his medical students to draw—the epigraph for this chapter is taken from an undated letter to his son, Jean-Baptiste, who was studying medicine at the Salpêtrière and is pictured in Brouillet’s canvas.⁴⁸ Apollo, of course, was the god of medicine but also of art, and his name was invoked more than once by Charcot and Richer in their published work.⁴⁹ Charcot *père*, then, nurtured the skills of observation and drawing in his students, even though the letter indicates that, in combining science with art, drawing muddied the supposedly clear waters of objectivity with individual perception.⁵⁰

Beneath the drawing, a square of paper containing a timeline of events reveals that Argentin was asleep all day on February 17, 1878, the day the drawing was made. It also notes that she died at 11 AM two days later, which would explain the other pieces of paper glued to the

drawing's right. They illustrate diagrammatic sections of the human brain, highlighted with yellow to show, in this case, the parts of Argentin's brain that had degenerated. What, then, did Richer's drawing contribute to Argentin's diagnosis or prognosis? In other words, why was it made by a clinician and then kept in the album of a museum of pathological anatomy? Charcot and the members of the Salpêtrière School iterated repeatedly the power of images to describe more clearly and forcefully than text. "[K]nowing that images speak more strongly to the mind than words," Souques noted, "[Charcot] gave images a prime position."⁵¹ Yet this drawing reveals no more and no less than the words "*somnolence toute la journée*" written below it. Instead, it betrays an obsession with the image *tout court*. The drawing illustrates a patient, mute both literally and figuratively—in this case, the surface of the body tells us nothing about the illness that will shortly kill Argentin. Taken together, the drawing, text, and diagrams are meant to represent her fatal disease—the patient is only a vehicle to an increased understanding about pathology—but little is revealed. This accumulation of "evidence" is also a reminder that the bodies of the Salpêtrière's patients became the property of the hospital after death or, in this case, as death approached.⁵² Argentin was simply a "willing" sitter for the *savant-artiste—qui tacet consentire videtur*.

Most of this album contains printed sections of brain, colored and marked to highlight pathology in various cases, and others drawn in freehand, cut out and pasted onto its pages. The names of patients and their pathologies have a sameness that ultimately diminishes their individuality: Jambon, "left hemiplegia for 2 years"; Galien, "left hemiplegia for 4 years"; Roger, "right hemiplegia, aphasia."⁵³ The consistency of the case histories described in this album suggests that it is principally dedicated to this particular pathology: hemiplegia is a complete paralysis of one half of the body and is caused by an injury to or an infection in the

brain. A child born with hemiplegia can often gain some control over the affected side of the body. Are the photographs of the man showing us his left arm a case of hemiplegia from childhood? If so, the album when viewed as a totality might begin to explicate some of the images.

Across from Roger's case, a black graph with almost illegible markings takes up a whole page. What it was originally measuring—perhaps the strength of hysterical coughing, the violent shaking of a bicep during an epileptic seizure, or the jerky movements typical of chorea—is now lost.⁵⁴ However, its coldly calculated and mechanically rendered zigzags and lines are a reminder of the purportedly objective intent of *all* of the images in the album. In relation to representations of hysteria, cultural historian Sander Gilman has argued that the most “consistent image of the hysteric is that of the scientific reduction of the sufferer and the disease to schematic representations. [...] This fantasy of reducing the complexity of hysteria to statistics or charts rests on a notion of nineteenth-century science that everything is reducible to nonverbal form.”⁵⁵ We can see this creation (and re-creation) of the hysterical patient as an “image” in Brouillet's painting, where Wittmann's pose re-enacts Richer's drawing (see plate 9-1). Of course, Georges Didi-Huberman has famously claimed that the hysterical body was constructed as an image in the theatrical stagings in Charcot's amphitheatre, as well as in the photographs, etchings, and sculptures produced in the sophisticated laboratories of the Salpêtrière.⁵⁶ In the Musée Charcot album, the photographs, drawings, schematic representations, and graph are treated as equivalent in providing an “image” of disease, confirming Gilman's point about the “reducibility” of disease to “nonverbal form.” Yet, as we have seen, the information these different kinds of “evidence” convey is always partial.

One page of the album, comprising the contribution of an American neurologist, brings this point to bear. A letter by Royal Wells Amidon (b. 1853 or 1854-?) addressed to Charcot is pasted alongside a photograph and its brief caption.⁵⁷ Sent in 1884, the letter includes regards to Mme Charcot and “John” (presumably Jean-Baptiste Charcot), as well as a nostalgic reference to an earlier time in Paris, making it clear that Amidon had spent time at the Salpêtrière and in the Charcot family home. The enclosed cabinet card captures, in his words, “the result, the fruit, you may say, of one of the few ‘cases’ we sometimes meet in the course of our dreary existence over here in New York.” It shows the brain of a patient who suffered from, as the caption reads, “‘word deafness’ or ‘word blindness’ with no paralysis, or true aphasia” (fig. 9-4).⁵⁸ The autopsied organ, in profile, rests on a frayed cloth laid on top of another textile, the rough texture of which fills the rest of the image. The abnormal brain is framed tightly at the center of this vertical photograph, a format more typical of, and better suited to, a portrait. But, of course, this *is* a portrait of a patient, and the name of the photographer who took it is printed along its bottom edge: “Thomas, 717 6th Avenue.” The photographic studio of S. A. Thomas was only a few blocks away from Amidon’s home on 41 West 20th Street in Manhattan. An obituary printed in *The Photographic Times and American Photographer* in 1894 states that Thomas “made a specialty of the portraits of children.”⁵⁹ In this case, presumably an anomaly in his oeuvre, Thomas took a “portrait” of Amidon’s dead patient, whose illness—and, seemingly, essence—was captured, self-evidently for Amidon and presumably Charcot, in this photograph.

Moreover, Thomas made a habit of stamping promotional messages onto the back of his cabinet cards; one reads “photographic artist” while another is in the shape of a painter’s palette on which is written the photographer’s name and address, along with the words “Rembrandt effects.”⁶⁰ Thomas clearly prided himself on the artistry of his photographs, and this sepia-toned

cabinet card is no exception. Such stamps bring to the fore the impossibility of removing individual interpretation from the results of this supposedly “objective” medium, even in a photograph of an internal organ. This cabinet card is especially intriguing as it was presumably taken in order to share visualized medical knowledge between specialists in nervous diseases. This was also the function of the medical museum, where rare or ‘signature’ illnesses were visually displayed to edify and excite the (medical) visitor. Thomas’ cabinet card stands as a *mise-en-abyme* of the tangled relationship between art and medicine concretized in the albums, exhibited in the museum, and cultivated by Charcot.

Charcot *Artiste*⁶¹

Album AP 2003.7.1.5 is mainly comprised of photographs. Men, a few women, and a child model pathologies that are now difficult to read. None of the photographs are labeled with a patient’s name or illness, and, as in the album described above, most are surprisingly inarticulate.⁶² A shirtless mustachioed man stands with his arms at his sides (fig. 9-5). He seems to look at, or just beyond, the camera. With his chin tucked in, his eccentric hairstyle has more prominence. The light coming from his proper right strikes the triangular pouf that juts out from his hair, forming a diagonal line with the deformed arm that pulls away from his body on his left. A woman with sloping shoulders gazes disarmingly and distrustfully at the lens. Her left arm cuts slightly across her torso, which is visible to the waist. Another photograph in the album shows her again; taken from a few steps further away, the image reveals her deformed left hand pointing accusingly at her other, seemingly “normal,” hand (fig. 9-6). A young man, suited and seated, presents his wrinkled brow and direct gaze to the camera, the contour of his pointed pate outlined against the dark background (fig. 9-7). His striking visage seems to betray

consternation. Given the absence of accompanying clinical information, the photographs' *raisons d'être* are difficult to ascertain, but the individual agency of the patient models comes through clearly in their unconventional postures and expressions. The photographs also hint at, to use Gilman's words, "the usually invisible lines of social power in the world of medicine."⁶³ An inadvertent fingerprint on the photograph of the bald man serves as a poignant reminder of the clinician's power, holding the man's fate, so to speak, in his hands.

While many of the images in this album are enigmatic, striking, and even troubling, the most curious is perhaps the final one: a creased reproduction of Frans Hals's *Laughing Cavalier* (1624, London, Wallace Collection), pasted horizontally to make it fit on the page (fig. 9-8). The *Laughing Cavalier* conveys a strong sense of inner life.⁶⁴ Indeed, Joshua Reynolds, first president of the Royal Academy of Arts, complimented exactly that quality in Hals's portraits.⁶⁵ It is a trait shared by many of the Salpêtrière patients in these albums, who like Hals's 26-year-old model, look directly at the viewer, albeit without the jauntily cocked head and sly smile. The painting, reproduced in a low-quality print, stands in contrast to the medical photography shown in this album. Photography at the Salpêtrière was supposed to illustrate the visible and static symptoms of nervous disease—this was, as Souques claimed, the reason Charcot probably "privilege[d] this branch of pathology" in the first place. The tensed arm, the accusing hand, the wrinkled brow: these "signs" of dis-ease written on the body are remarkably inarticulate. Nevertheless, something of the personalities of the sitters is captured more successfully in the photographs. Wielding a paintbrush instead of a camera, Hals too seems to penetrate the body's surface, but with the intention of expressing character rather than pathology.

Art historian Seymour Slive has described Hals's sitter as "one of the most familiar characters in the history of Western painting."⁶⁶ Charcot may have first encountered the painting

as a reproduction in the *Gazette des beaux-arts* in 1865, in an article that discussed the Pourtalès sale in Paris in which it was being auctioned;⁶⁷ the astronomical price paid for it by Lord Hertford in a bidding war with Baron James de Rothschild likely stoked the public's interest in the work.⁶⁸ The *Laughing Cavalier* may display a pathological symptom relevant to the clinicians at the Salpêtrière; they published many “medico-artistic” case studies in the *Nouvelle Iconographie de la Salpêtrière* (NIS) in which they diagnosed figures in past artworks, though neither the *Laughing Cavalier* nor any other of Hals's works are ever discussed.⁶⁹ Charcot and Richer also published two popular books on the “possessed” (read, “hysterical”), deformed, and ill in art in which they chart the “invasion of pathology into art,” but Hals is not included in these volumes either.⁷⁰ In *Les Difformes et les malades dans l'art* (*The Deformed and Ill in Art*) (Paris, 1889), they claim that “science and art are nothing more than two manifestation of the same phenomenon, two faces of the same object,” echoing the sentiment that Charcot shared with his son.⁷¹ In Charcot and Richer's view, both science and art were united in a concern with knowledge, and, specifically, with nature. This attention to nature was also a well-known characteristic of seventeenth-century Dutch painters like Hals, whose “realism” was touted by historians and artists in France during Charcot's time.⁷² Charcot's personal art collection included paintings by Hals's contemporaries: Gabriël Metsu, Ludolf Bakhuizen, and Jan Steen. He owned significant works by the latter, including the *Marriage at Cana* (1676, Pasadena, Norton Simon Museum), and Steen's paintings were used more than once to illustrate articles in the NIS.⁷³ The style of Hals's painting would certainly have been to Charcot's taste, and he may have felt a kinship with the Dutch master who was also a keen observer.

Charcot's focused attention while staring at the patient's body was similar to the close looking required by the artist sketching a model or by the connoisseur studying a work of art.

The neurologist believed that one of the keys to accurate diagnosis was to view the (nude) body, which, as mentioned earlier, he often did in silence while patients were paraded before him.⁷⁴ According to his student Henry Meige, Charcot exhorted clinicians “[t]o look, to look again and to look always, it is only thus that one comes to *see*”—not unlike a teacher of the fine arts.⁷⁵ Significantly, it was in examining *The Miracles of Saint Ignatius of Loyola* (c. 1615–16, Kunsthistorische Museum, Vienna) by the seventeenth-century Flemish painter Peter Paul Rubens (1577–1640) that Charcot identified the historic belief in demonic possession as a sort of misdiagnosis of hysteria. In *Les Démoniaques dans l’art* (*The Possessed in Art*) (Paris, 1887), Charcot and Richer acclaim not only Rubens’s “scrupulous observation of nature” but also his ability to “copy” it.⁷⁶ 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 publication intended for a medical audience.⁷⁷

The reproduction of the *Laughing Cavalier*, along with other examples from these albums, evinces an engagement with contemporary artistic practices and discourses, as well as with the history of art, that is incongruous in a clinical setting at the end of the nineteenth-century. These images point to a mistrust of capturing the visual signs of pathology through mechanical means (i.e., the camera) alone and run counter to Daston and Galison’s argument on objectivity. Many of the images in these albums are more successful at eliciting pathos than depicting pathology;⁷⁸ these words’ shared origin in the emotions points to the Salpêtrière School’s delight, or thrill, in the compulsive representation of sick bodies that is also at odds with our conventional understanding of “objectivity” at the end of the nineteenth century.⁷⁹ Art historian Mary Hunter affirms this point: “Although medical men and artists emphasized the objectivity and reason of their realistic objects, whether in paint, wax, photography, or print,

pleasure and subjectivity were a vital component of creating and collecting bodies.”⁸⁰ The albums in the Musée Charcot showcase the evident pleasure in the collecting, categorizing, observing, rendering, and illustrating of illness, which was only made possible by the patients who modeled, willingly or not, at the Salpêtrière.⁸¹

In a letter from 1879 sent to his wife from Italy, Charcot made it very clear that he felt his love of art was in tension with his talent for medicine: he wrote, “For sure, if I had doctors in my family, I also had some painters. My heart is torn between the two.”⁸² And while one could argue that the images in the Musée Charcot album similarly show a tension between artistry and medical “objectivity,” it might be more accurate to say that they testify to the fluid and often permeable boundaries between the two disciplines.

The Salpêtrière at the École des beaux-arts

Like the artists of the École des beaux-arts, Charcot and clinicians of the Salpêtrière School sketched their models, utilized photographs as *aides-mémoire*, and studied the Old Masters. Paul Richer especially bridged the worlds of medicine and art by exhibiting sculptures at the Salon while creating “scientific artworks” in his atelier on the grounds of the Salpêtrière.⁸³ In the first years of the twentieth century, he concretized the link between the two fields when he succeeded Mathias Duval to become Professor of Anatomy at the École des beaux-arts. There, in addition to teaching art students for the next two decades, he crafted sculptures of athletic male bodies in action, photographed hundreds of men and women in a variety of poses while also keeping measurements of their bodies, created a canon of human proportions to rival Leonardo da Vinci’s, and sculpted an écorché that was meant to improve upon Jean-Antoine

Houdon's.⁸⁴ Nonetheless, he insisted that at the École he was simply continuing the research he had started at the Salpêtrière.

Almost twenty years after the first exhibition of Brouillet's *Une leçon clinique à la Salpêtrière*, Richer would see his likeness on the walls of a Parisian Salon once again, this time in a painting by Georges Leroux, one of his students at the École (fig. 9-9).⁸⁵ The work serves as the right panel of a triptych entitled *Les Études classiques de la peinture* (1904, location unknown), in which Leroux asserts the fundamental importance of the study of antiquity, the live model, and the cadaver for the art student. In the center panel, a nude female model dominates a life drawing class at the Académie de la Grande Chaumière; on the left, a female student copies an antique bust at the Louvre while, on the right, Richer discourses over a partially dissected corpse at the École. He holds forth on anatomy in the same amphitheater depicted in Sallé's painting of Duval, but here the handsome, muscular model is now a cadaver. Like Tulp, he lectures to students while pinching a flayed arm with a metal tool. And, like Charcot in Brouillet's canvas, Richer captures his audience's attention, his right hand caught mid-gesture as he makes a point. Leroux, however, in depicting Richer in profile, echoes God's pose on the Sistine Chapel ceiling: he extends his right hand to animate not the lifeless body on the table before him, but the minds of the art students who gather at the cadaver's side. Richer's pointing hand is partially silhouetted against the dark clothing of a female student, who is positioned prominently at the front of the group, standing next to the corpse. She stares at the body from up close, her sketchbook and pencil held in gloved hands. This art student participates in the collective gaze directed at the partially dissected corpse. The model in this painting is not the young woman, as in the canvas by Brouillet, but the male cadaver laid out for viewing.

This work by Leroux, then, calls to mind the anatomy lesson in Rembrandt's painting of Tulp, Brouillet's portrait of the Salpêtrière School, and Sallé's earlier depiction of the École. Richer's post at the École des beaux-arts could be seen as the apotheosis of the Salpêtrière School's desire to bridge the worlds of medicine and art. In contrast, some claimed that Charcot's artistic legacy eventually overshadowed his clinical reputation. Léon Daudet wrote almost thirty years after Charcot's death that "[t]he great artist is favored over the great scientist."⁸⁶ While Charcot's brilliant neurological discoveries and experimental diagnostic tools earned him worldwide renown during his life, many of his theories would fall into disfavor.⁸⁷ After his death in 1893, the Musée Charcot's intimate association with its controversial and mythic founder only hastened its own demise, and the museum's artifacts gradually disappeared from view.⁸⁸

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¹ “je t’engage à continuer les croquis: c’est une bonne façon d’occuper ses loisirs: la science et l’art sont alliés, deux enfants d’Apollon.” Undated letter from Charcot to Jean-Baptiste Charcot, Charcot family archives; quoted in Catherine Bouchara, *Charcot. Une Vie avec l’image* (Paris: Philippe Rey, 2013), 2.

² “le siècle des maladies nerveuses”; Octave Mirbeau, “Le siècle de Charcot,” *Chroniques du diable*, ed. Pierre Michel (Paris: Les Belles Lettres, 1995), 121. Originally published under the pseudonym Le Diable in *L’Événement*, May 29, 1885.

³ “il ne sera peut-être ni le siècle de Victor Hugo, ni le siècle de Napoléon, mais le siècle de Charcot”; Mirbeau, “Le siècle de Charcot,” 121.

⁴ “le tableau du siècle”; Mirbeau, “Le siècle de Charcot,” 121.

⁵ For a detailed discussion of this painting, see Mary Hunter, *The Face of Medicine: Visualising Medical Masculinities in Late Nineteenth-Century Paris* (Manchester: Manchester University Press, 2016), esp. 166-241. The following exhibition catalogue attempts to put the painting in context: Musée de l’Assistance Publique – Hôpitaux de Paris, *La Leçon de Charcot. Voyage dans une Toile*, ex. cat. (Paris: Musée de l’Assistance Publique, 1986), 15–16. For more information on Brouillet, see Philippe Bata, et al., *André Brouillet, 1857-1914*, ex. cat. (Poitiers: Musées de la Ville de Poitiers, 2000). For Charcot’s biography, see Georges Guillain, *J.-M. Charcot, 1825–1893. His Life—His Work*, ed. and trans. Pearce Bailey (London: Pitman Medical Publishing Co., 1959) (originally published as *J.-M. Charcot, 1825–1893: sa vie, son oeuvre* [Paris: Masson et Cie, 1955]), and Christopher G. Goetz, Michel Bonduelle and Toby Gelfand, *Charcot: Constructing Neurology* (New York: Oxford University Press, 1995). For a detailed discussion of his artistic output, see Bouchara, *Charcot*.

⁶ The members of the audience include Jules Claretie, Paul Arène, Philippe Burty, and Victor Cornil. For the full list, see Goetz, Bonduelle, and Gelfand, *Charcot*, 92-93.

⁷ For an analysis of Charcot’s performances, see Jonathan W. Marshall, *Performing Neurology: The Dramaturgy of Dr. Jean-Martin Charcot* (New York: Palgrave Macmillan, 2016).

⁸ Anthea Callen, “Doubles and Desire: Anatomies of Masculinity in the Later Nineteenth Century,” *Art History* 26.5 (November 2003): 672. For more on the life drawing class at the École des beaux-arts, see Emmanuel Schwartz, “L’École des beaux-arts au XIXe siècle et l’enseignement ‘d’après le modèle,’” *L’Art du nu au XIXe siècle: le photographe et son modèle*, ex. cat. (Paris: Bibliothèque nationale de France, 1997), 12-23.

⁹ For more on Duval’s tenure at the École, see Philippe Comar, “Une leçon d’anatomie à l’École des beaux-arts,” in *Figures du corps. Une leçon d’anatomie à l’École des beaux-arts*, ed. Philippe Comar (Paris: Beaux-Arts de Paris, 2008), esp. 51-56.

¹⁰ These include Henry Berbez and Paul Berbez; the latter wrote a thesis on hysteria with drawings by Richer that was published the same year the Brouillet painting was exhibited. Paul Berbez, *Hystérie et traumatisme: Paralysies, contractures, arthralgies, hystéro-traumatiques* (Paris: Bureaux du progrès médical and Delahaye et Lecrosnier, 1887).

¹¹ Examples can be found in *L’Art du nu au XIXe siècle: le photographe et son modèle*.

¹² “justement chauffée comme le serait un atelier de peintre”; Jean-Martin Charcot, *Leçons de mardi à la Salpêtrière, Polyclinique 1888-1889*, eds. MM. Blin, Charcot, Henri Colin (Paris: Progrès médical and E. Lecrosnier & Babé, 1889), 22.

¹³ Henry Meige, *Charcot Artiste* (Paris: Masson et Cie, 1925), 15. This originally appeared in the *Nouvelle Iconographie de la Salpêtrière* 11 (1898): 489–516.

¹⁴ Emphases in the original. “En réalité [...] nous autres médecins, nous devrions connaître le nu, aussi bien et même mieux que les peintres ne le connaissent. Un défaut de dessin chez le peintre et le sculpteur, c’est grave, sans doute, au point de vue de l’art, mais en somme cela n’a pas, au point de vue pratique, des conséquences majeures. Mais que diriez-vous d’un médecin ou d’un chirurgien qui prendrait, ainsi que cela arrive trop souvent, une saillie, un relief normal pour une déformation ou inversement?,... Cette digression suffira peut-être pour faire ressortir une fois

de plus la nécessité pour le médecin comme pour le chirurgien d'attacher une grande importance à l'étude médico-chirurgicale du NU." Charcot, *Leçons de mardi à la Salpêtrière*, 22.

¹⁵ Susan Waller, "Professional Poseurs: The Male Model in the Ecole des beaux-arts and the Popular Imagination," *Oxford Art Journal* 25.2 (2002): 45. For more on drawing instruction at the École des beaux-arts, see Albert Boime, *The Academy and French Painting in the Nineteenth Century* (New Haven: Yale University Press, 1971), esp. 24-36. See also Emmanuelle Brugerolles, Georges Brunel, and Camille Debrabant, eds. *The Male Nude: Eighteenth-Century Drawings from the Paris Academy* (London: Paul Holberton for the Wallace Collection, 2013).

¹⁶ See Désiré-Magloire Bourneville and Paul Régnaud, *Iconographie Photographique de la Salpêtrière*, vol. III (Paris: Bureau du Progrès médical and Delahaye et Lecrosnier, 1879-1880), plates I-X.

¹⁷ For a full discussion of Charcot's theories of hysteria in the context of his time, see Goetz, Bonduelle, and Gelfand, *Charcot*, 172-216

¹⁸ Bram Dijkstra, *Idols of Perversity: Fantasies of Feminine Evil in Fin-de-Siècle Culture* (New York: Oxford University Press, 1986), 105-109. See also the author's "A Hysterical Reading of Rodin's *Gates of Hell*," *Art History* 36, no. 5 (November 2013): 994-1017.

¹⁹ [Georges] Gilles de la Tourette, "Jean-Martin Charcot," *Nouvelle Iconographie de la Salpêtrière* 6 (1893): 241 and Meige, *Charcot Artiste*, 7-8.

²⁰ "On peut se demander si les déformations physiques, si visibles et si communes dans les maladies nerveuses, n'avaient pas dirigé ses études vers cette branche préférée de la pathologie"; A[chille] Souques, "Charcot intime," *La Presse médicale* no. 42 (May 27, 1925): 697.

²¹ Ludmilla Jordanova, Opening Remarks, "Case Studies of Medical Portraiture Workshop," King's College London, 2 June 2011.

²² J[ean]-M[artin] Charcot, *Oeuvres Complètes. Leçons sur les maladies du système nerveux III* (Paris: Aux Bureaux du Progrès médical/Lecrosnier et Babé, 1890): 4. On the next page, he states, "Nous possédons un musée anatomo-pathologique auquel sont annexés un atelier de moulage et de photographie." Emphases in the original; Charcot, *Oeuvres Complètes III*: 5.

²³ "Les richesses cliniques et anatomo-pathologiques qu'elle renferme sont pour ainsi dire inépuisables. Mais, par malheur, elles ne sont pas utilisées aussi largement qu'elles méritent de l'être"; "Hospice de la Salpêtrière [sic].—Conférences cliniques de M. Charcot," *Le Progrès Médical*, 3 année, no. 49 (December 4, 1875): 718.

²⁴ "un musée anatomo-pathologique, parfaitement aménagé, très élégamment décoré"; "Hospice de la Salpêtrière.—M. Charcot," *Le Progrès Médical*, 7 année, no. 47 (November 2, 1879): 913.

²⁵ Charcot was accused of this during his lifetime. See Didi-Huberman for an art-historical analysis of this issue; Georges Didi-Huberman, *Invention of Hysteria: Charcot and the Photographic Iconography of the Salpêtrière*, trans. Alisa Hartz (Cambridge, MA: The MIT Press, 2003).

²⁶ Lorraine Daston and Peter Galison, *Objectivity* (New York: Zone Books, 2007), 34.

²⁷ Daston and Galison, *Objectivity*, 37.

²⁸ "Elle [la séance] eut lieu dans une grande salle, espèce de musée, dont les murailles, voire le plafond, sont ornés d'un nombre considérable de dessins, de peintures, de gravures, de photographies figurant tantôt des scènes à plusieurs personnages, tantôt un seul malade nu ou vêtu, debout, assis ou couché, tantôt une ou deux jambes, une main, un torse, ou toute autre partie du corps. Tout autour, des armoires avec des crânes, des colonnes vertébrales, des tibias, des humérus présentant telle ou telle particularité anatomique; un peu partout, sur des tables, dans des vitrines, un pêle-mêle de bocaux, d'instruments, d'appareils; l'image en cire, non encore achevée, d'une vieille femme nue et étendue dans une espèce de lit; des bustes, parmi lesquels celui de Gall, peint en vert." J[oseph Rémi Léopold] Delboeuf, "Une Visite à la Salpêtrière," *Revue de Belgique* 54 (1886): 122-3.

²⁹ "une véritable pièce de laboratoire vivante" and "on peut faire avec elle une exploration du corps humain aussi minutieuse et plus démonstrative qu'on ne peut le faire avec un cadavre"; Delboeuf, "Une Visite à la Salpêtrière," 259.

³⁰ Michael Sappol, "'Morbid Curiosity': The Decline and Fall of the Popular Anatomical Museum," *Common-Place* 4.1 (January 2004). www.common-place.org/vol-04/no-02/sappol/ [accessed April 4, 2011]

³¹ "Hospice de la Salpêtrière.—M. Charcot," 913.

³² "Notons [...] des ornements de mauvais goût qui ont été barbouillés sur les poutrelles saillantes du plafond"; Maurice Guillemot, "A la Salpêtrière. II," *Paris Illustré* (October 1, 1887): 371.

³³ Letter dated January 20, 1886 in Sigmund Freud, *The Letters of Sigmund Freud*, ed. Ernst Freud (New York: Basic Books, 1975), 194; cited in Debora L. Silverman, *Art Nouveau in fin-de-siècle France: Politics, Psychology, and Style* (Berkeley: University of California Press, 1992), 103. Charcot lived in the *hôtel* of the Prince de Chimay on the quai Malaquais until it was sold to house part of the École des beaux-arts; Pont-Calé, "Le Professeur

Charcot,” *Les Hommes d’aujourd’hui* 7.343 (1890): 3. He then moved to, and combined, 217 and 219 Boulevard Saint-Germain, which now houses the Maison de l’Amérique Latine.

³⁴ Michael Sappol, *A Traffic of Dead Bodies: Anatomy and Embodied Social Identity in Nineteenth-Century America* (Princeton: Princeton University Press, 2002), 276.

³⁵ See Jean Baudrillard, “The System of Collecting,” *The Cultures of Collecting*, eds. John Elsner and Roger Cardinal (London: Reaktion Books, 1994), 7-24.

³⁶ These albums are now housed at the Musée de l’Assistance Publique-Hôpitaux de Paris (M’AP-HP). They were first brought to my attention by Jean-François Minot, former Responsable des collections médicales of the M’AP-HP. Later, Dominique Plancher-Souveton, who became Responsable des collections of the M’AP-HP, allowed me priceless access to them. I am very grateful to them both.

³⁷ Anthea Callen, *The Spectacular Body: Science, Method, and Meaning in the Work of Degas* (New Haven: Yale University Press, 1995), 53.

³⁸ “je ne suis absolument là que le photographe; j’inscris ce que je vois”; Jean-Martin Charcot, *Leçons du mardi à la Salpêtrière, Polyclinique 1887–88. Notes de cours de MM. Blin, Charcot et H. Colin* (Paris: Bureaux du Progrès médical/A. Delabaye et Emile Lecrosnier, 1888), 178.

³⁹ Daston and Galison, *Objectivity*, 38.

⁴⁰ Roland Barthes, *Camera Lucida: Reflections on Photography* (London: Jonathan Cape, 1982).

⁴¹ I am grateful to Dr. Olivier Walusinski for confirming the date when Richer arrived at the Salpêtrière. Personal communication with the author, April 26, 2017. For more on Richer's life and work, see Raphaël Blanchard, *Hommage à M. le Docteur Paul Richer à l’occasion de son election à l’Académie des beaux-arts (22 Juillet 1905)* (Paris: Académie des beaux-arts, 1906); Jean-Baptiste Charcot, “Paul Richer,” *Paris Médical* 92 (1934): 316-320; Philippe Comar, “Une leçon d’anatomie à l’École des beaux-arts,” in *Figures du corps. Une leçon d’anatomie à l’École des beaux-arts*, ed. Philippe Comar, ex. cat. (Paris: Beaux-Arts de Paris, 2008), esp. 56-60; Henry Meige, “Paul Richer et son oeuvre,” *La Press médicale* 42, no. 6 (January 20, 1934): 123-126; Natasha Ruiz-Gómez, “The ‘Scientific Artworks’ of Doctor Paul Richer,” *Medical Humanities* 39.1 (June 2013): 4-10 and “Shaking the Tyranny of the Cadaver: Doctor Paul Richer and the *Living Écorché*,” *Bodies Beyond Borders. Moving Anatomies, 1750-1950*, eds. Kaat Wils, Raf de Bont, and Sokhieng Au (Leuven: University of Leuven Press, 2017), 231-257; and Olivier Walusinski, “Keeping the Fire Burning: Georges Gilles de la Tourette, Paul Richer, Charles Féré and Alfred Binet,” *Following Charcot: A Forgotten History of Neurology and Psychiatry*, ed. Julien Bogousslavsky (Basel: Karger, 2011), esp. 78-82.

⁴² “On ferait le diagnostic sur ces dessins!”; Catherine Desprez, “Paul Richer: 1849-1933: un médecin à l’école des Beaux Arts” (MD Diss, Caen, 1987), 10. The thesis was: Henri Meillet, *Des Déformations permanentes de la main au point de vue de la séméiologie médicale*. (Thèse pour le doctorat en médecine. Présentée et soutenue le 9 mars 1874.) (Paris: A. Parent, Imprimeur de la Faculté de médecine, 1874). Richer’s drawings were etched in three plates.

⁴³ Desprez, “Paul Richer,” 10. He may have received drawing instruction in medical school, as it was part of anatomy training for surgeons; Jean-François Minot, personal communication with author, June 14, 2013.

⁴⁴ Richer’s sculptural oeuvre will be explored in the author’s forthcoming book, *The Scientific Artworks of Dr. Jean-Martin Charcot and the Salpêtrière School: Visual Culture and Pathology in fin-de-siècle France*, as part of a larger investigation into Charcot and the Salpêtrière School’s engagement with contemporary artistic practices and discourses, as well as the history of art.

⁴⁵ For more on Realism, see: Margaret Cohen and Christopher Prendergast, eds., *Spectacles of Realism: Body, Gender, Genre* (Minneapolis: University of Minnesota Press, 1995); Paul Lenoire, *Histoire du Realisme et du Naturalisme dans la poésie et dans l’art depuis l’antiquité jusqu’à nos jours* (Paris: Quantin, 1889); George Levine, ed., *Realism and Representation: Essays on the Problem of Realism in Relation to Science, Literature, and Culture* (Madison: University of Wisconsin Press, 1993); Linda Nochlin, *Realism* (Harmondsworth: Penguin Books, 1971); Abigail Solomon-Godeau, “Realism Revisited,” *Self and History: A Tribute to Linda Nochlin*, ed. Aruna D’Souza (London: Thames & Hudson, 2001), 69-75; Gabriel P. Weisberg, *The European Realist Tradition* (Bloomington: Indiana University Press, 1982); Gabriel P. Weisberg, et al., *Illusions of Reality: Naturalist Painting, Photography, Theatre and Cinema, 1875-1918*, ex. cat. (Brussels: Mercatorfonds, 2010); and Gabriel Weisberg, *The Realist Tradition: French Painting and Drawing, 1830-1900*, ex. cat. (Cleveland: The Cleveland Museum of Art in cooperation with Indiana University Press, 1980).

⁴⁶ “esprit réaliste”; Gustave Larroumet, *Le Salon de 1892* (Paris: Boussod, Valadon & Cie, 1892), 98.

⁴⁷ “Si son oeuvre achevée appartient à tous et entre dans le patrimoine commun, il n’est pas moins vrai qu’elle procède de son cerveau et qu’elle porte le cachet de sa personnalité”; Paul Richer, “Dialogues sur l’art et la science. I. Des Rapports de l’art et la science,” *La Nouvelle Revue* (July 1, 1897): 54.

⁴⁸ Jean-Baptiste Charcot is pictured just to the left of the left-hand window in the painting. He became a famous polar explorer.

⁴⁹ For example, Paul Richer, *L'Art et la Médecine* (Paris: Gaultier, Magnier & Cie., [1902]), 3.

⁵⁰ Jane Macnaughton writes that life-drawing is being used in modern medical education to both improve anatomical understanding and manual skills but also to increase the students' appreciation of the beauty of the human body. See Macnaughton, "Flesh Revealed: Medicine, Art and Anatomy," *The Body and the Arts*, eds. Corinne Saunders, Ulrika Maude, and Jane Macnaughton (Basingstoke: Palgrave Macmillan, 2009), 78.

⁵¹ "sachant que les images parlent plus vivement à l'esprit que les paroles, il donna aux images une place de premier ordre"; Souques, "Charcot intime," 697. This is a trope in the discourse around medical photograph since at least the time of Hugh Diamond, who emphasised the particular efficacy of the photograph to "confirm[] and extend[]" any written or verbal description in the middle of the nineteenth century; Hugh W. Diamond, "On the Application of Photography to the Physiognomic and Mental Phenomena of Insanity," *The Face of Madness: Hugh W. Diamond and the Origin of Psychiatric Photography*, ed. Sander L. Gilman, (Secaucus, NJ: The Citadel Press, 1976), 21.

⁵² In the nineteenth century, "unclaimed" cadavers, as well as those of the poor, criminal, and insane were often appropriated for medical research. For an extensive discussion of this practice in England, see Ruth Richardson, *Death, Dissection and the Destitute*, London: Routledge & Kegan Paul, 1987), esp. 104-106.

⁵³ "hémiplégié gauche datant de 2 ans"; "hémiplégié gauche datant de 4 ans"; "Hémiplégié droite, Aphasie".

⁵⁴ These examples are taken from another Musée Charcot album, which is made up solely of graphs. Inv. no. AP 2003.7.2.3, Paris, M'AP-HP.

⁵⁵ Sander L. Gilman, "The Image of the Hysteric," *Hysteria Beyond Freud*, eds. Sander L. Gilman et al. (Berkeley: University of California Press, 1993), 397, 402.

⁵⁶ Didi-Huberman, *Invention of Hysteria*.

⁵⁷ R[oyal] W[ells] Amidon, b. 1853 or 1854, was an American neurologist and author of the *Student's Manual of Electro-Therapeutics: Embodying Lectures Delivered in the Course on Therapeutics at the Women's Medical College of the New York Infirmary* (New York and London: G. P. Putnam's Sons, 1888).

⁵⁸ Emphasis removed.

⁵⁹ "Editorial Notes," *The Photographic Times and American Photographer* 25 (July 27, 1894): 60.

⁶⁰ The collection of the George Eastman Museum has several of Thomas' cabinet cards with these stamps. Personal communication with the author, Rachel E. Andrews, Assistant Collection Manager, Department of Photography, George Eastman Museum, Rochester, New York, May 17, 2017. As this photograph is glued down in the Musée Charcot album, it is impossible to determine if it too bears one of Thomas' promotional stamps.

⁶¹ This subheading is taken from the title of Meige's essay.

⁶² There are a few images of a sectioned brain, annotated "G. Burckhardt-de Waldau-près Berne," presumably from either Gottlieb Burckhardt himself, director of the Waldau Psychiatric Clinic from 1875-1882, or from one of his publications. In the 1880s, Burckhardt, the first modern psychosurgeon, wrote about traumatic hysteria; Gottlieb Burckhardt, "Contribution à l'étude de l'hystérie traumatique," *Revue médicale de la Suisse Romande* 6 (1886): 735-46. Coupled with the letter sent to Charcot by Amidon, these images signal the importance and extent of international communication in the field of medicine in the late nineteenth century.

⁶³ Sander L. Gilman, *Picturing Health and Illness: Images of Identity and Difference* (Baltimore: The Johns Hopkins University Press, 1995), 16.

⁶⁴ Many years later, Richer would use another painting presumed to be by Hals, the portrait of René Descartes, as the foundation of his scientific-artistic exercise in creating a portrait of Descartes from a cast of the skull presumed to be his; see Ruiz-Gómez, "Shaking the Tyranny of the Cadaver," 243-244.

⁶⁵ Reynolds is quoted without a reference in Walter Liedtke, "Frans Hals: Style and Substance," *Metropolitan Museum of Art Bulletin* (Summer 2011): 32-33.

⁶⁶ Seymour Slive, *Frans Hals*, vol. I (London: Phaidon, 1970), 21.

⁶⁷ Paul Mantz, "La Galerie Pourtalès," *Gazette des beaux-arts* 18.104 (February 1, 1865): 97-117.

⁶⁸ Seymour Slive, *Frans Hals*, vol. III (London: Phaidon, 1974), 19.

⁶⁹ For a bibliography of their articles up to 1903, see "L'Oeuvre medico-artistique de la Nouvelle Iconographie de la Salpêtrière," *Nouvelle Iconographie de la Salpêtrière* 16 (1903): 413-429. A painting by Frans Hals the Younger (1618-1669) appears in Henry Meige, "Les Peintres de la médecine (Écoles flamande et hollandaise). Les opérations sur la tête," *Nouvelle Iconographie de la Salpêtrière* 8 (1895), plate 48.

⁷⁰ "l'invasion de la pathologie dans l'art"; Jean-Martin Charcot and Paul Richer, *Les Diffformes et les malades dans l'art* (Paris: Lecrosnier et Babé 1889), iii. Their other popular book was Jean-Martin Charcot and Paul Richer, *Les Démoniaques dans l'art* (Paris: Lecrosnier et Babé, 1887).

⁷¹ Charcot and Richer, *Les Diffformes et les malades dans l'art*, iii.

⁷² See Petra Ten Doesschate Chu, *French Realism and the Dutch Masters: The Influence of Dutch Seventeenth-Century Painting on the Development of French Painting between 1830 and 1870* (Utrecht: Haentjens Dekker & Gumbert, 1974).

⁷³ For the artworks in his personal collection, see the auction catalogue after Mme Charcot's death: *Catalogue des objets d'art et d'ameublement*...., 6-9 July 1900 (Paris: Chevallier and Hémard, 1900), 6-7, lot 12. Bouchara notes that Charcot particularly loved seeing the paintings of Hals and Steen while on holiday; Bouchara, *Charcot*, 97.

⁷⁴ Achilles Souques and Henry Meige, "Jean-Martin Charcot," *Les Biographies médicales* (May-June-July 1939): 333; cited in Goetz, Bonduelle, and Gelfand, *Charcot*, 137.

⁷⁵ Emphasis in the original. "Regarder, regarder encore et regarder toujours, c'est ainsi seulement que l'on arrive à voir"; Meige, *Charcot artiste*, 15.

⁷⁶ "une scrupuleuse observation de la nature"; Charcot and Richer, *Les Démoniaques dans l'art*, xi and 56.

⁷⁷ Charcot and Richer, *Les Démoniaques dans l'art*, 64. For the illustration, see Désiré-Magloire Bourneville and Paul Régnaud, *Iconographie Photographique de la Salpêtrière*, vol. I (Paris: Bureau du Progrès médical and Adrien Delahaye et Cie, 1877), Plate XL.

⁷⁸ "pathos, n.". OED Online. March 2018. Oxford University Press. <http://0-www.oed.com.serlib0.essex.ac.uk/view/Entry/138808?redirectedFrom=pathos>; and "pathology, n.". OED Online.

March 2018. Oxford University Press. <http://0-www.oed.com.serlib0.essex.ac.uk/view/Entry/138805?redirectedFrom=pathology> [Both accessed May 4, 2018].

My thanks to Andrew Graciano for this observation.

⁷⁹ Sappol writes that the cabinet of curiosity and the anatomical museum "responded to and fostered a pleasure principle. [...] It is also worth noting that, even in the most elite and scientific eighteenth- and nineteenth-century museums, a portion of what was collected was purely curious, not scientific at all." Sappol, *A Traffic of Dead Bodies*, 276

⁸⁰ Hunter, *The Face of Medicine*, 244.

⁸¹ Sappol also writes that the cabinet of curiosity and the anatomical museum "responded to and fostered a pleasure principle. [...] It is also worth noting that, even in the most elite and scientific eighteenth- and nineteenth-century museums, a portion of what was collected was purely curious, not scientific at all." Sappol, *A Traffic of Dead Bodies*, 276

⁸² Allart-Vallin-Charcot Archives, cited in Goetz, Bonduelle and Gelfand, *Charcot*, 8.

⁸³ For more on the pathological sculptures Richer created, see the author's "The 'Scientific Artworks' of Doctor Paul Richer," 4-10.

⁸⁴ For more on some of these works, see Anthea Callen, "Masculinity and Muscularity: Dr. Paul Richer and Modern Manhood," *Paragraph* 26.1/2 (March/July 2003): 17-41; and Philippe Comar, ed., *Figures du corps. Une leçon d'anatomie à l'École des beaux-arts*, ex. cat. (Paris: Beaux-Arts de Paris, 2008); and the author's "Shaking the Tyranny of the Cadaver," 231-257.

⁸⁵ The work was exhibited at the Salon des artistes français in 1904. For a brief biographical sketch of Leroux, see Pascal Aumasson and Mathilde Pigallet, *Les Peintres de Pont-Aven et les Nabis*, ex. cat. (Brest: Musée des beaux-arts de Brest métropole océane, 2013), 126. I am grateful to Jacques Marie for generously providing information on Leroux, as well as for sharing images. According to Callen, Richer is also present in Sallé's *The Anatomy Class*. See Callen, "Masculinity and Muscularity," 22.

⁸⁶ "Le grand artiste est plus favorisé [...] que le grand savant"; Léon Daudet, *Les Oeuvres dans les hommes* (Paris: Nouvelle Librairie Nationale, 1922), 242.

⁸⁷ Christopher G. Goetz, "The Salpêtrière in the Wake of Charcot's Death," *Archives of Neurology* 45.4 (April 1988): 444-447.

⁸⁸ For more on the dispersal of the Musée Charcot collection, see Philippe Ricou, Véronique Leroux-Hugon, and Jacques Poirier, *La Bibliothèque Charcot à la Salpêtrière* (Paris: Éditions Pradel, 1993), 24-31.