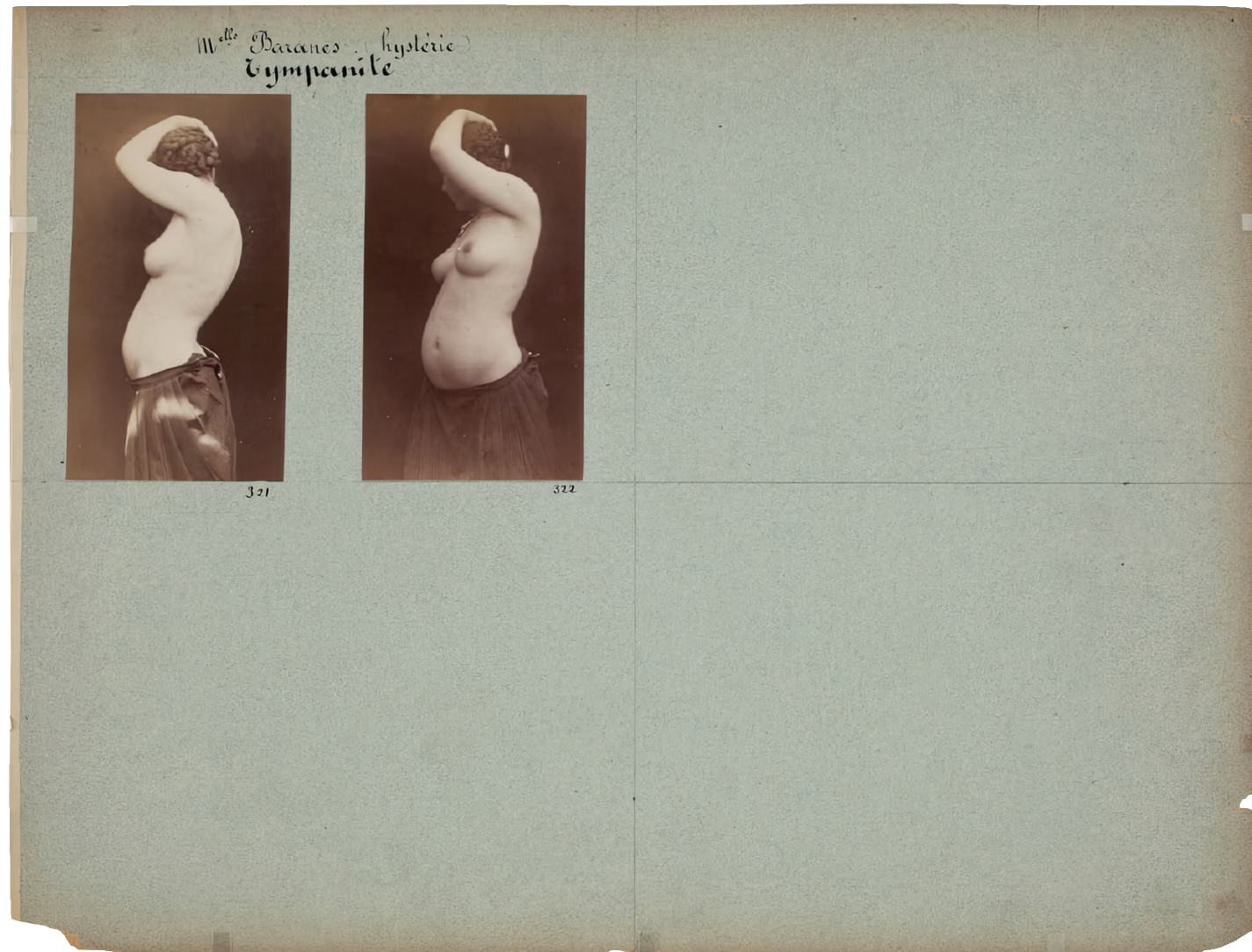


Natasha Ruiz-Gómez

Medical Eroticism: The Camera and the Female Patient



The velvety background of the left-hand photograph crisply outlines the sinuous body of a young woman in profile. Her underexposed white skin appears almost flat, like a cut-out, the few shadows at her armpit, breast and belly suggesting soft, pliable flesh. Her face is completely averted from the camera, and her raised left arm encircles the back of her head to form the top of an ‘S’ that is continued by the curve of her spine but ends abruptly at the back of her partially undone skirt. The pattern of panes from an unseen window are cast onto her skirt by the same sunlight that illuminates her milky skin and situates this woman, now long-dead, in a particular time and place. In this photograph, her identity is hidden from us, her elaborately plaited hair standing in for a visage.

The photograph on the right is less crisp. It seems that the woman could not quite keep her twisted torso still during the protracted opening of the 19th-century camera shutter. In a pose that shows us more of her chest and bulging stomach, we also catch a glimpse of her face. Her hair clip reflects the bright light that shines on her body, and she appears to be wearing a necklace, hinting at her just-acquired nakedness. The waist of her striped and pleated skirt delicately frames her midriff. In both photographs, the dark background highlights her arched back and round stomach.

The neat cursive handwriting at the top of the blue page onto which these two photographs have been pasted tells us the name of the patient: Mademoiselle Baranes. Her overarching illness is surprisingly given as a parenthetical – ‘(hystérie)’ – while the diagnosis that we are meant to read from the two photographs is written in thick, black ink below: ‘Tympanite’ or tympanitis. While this could be translated simply as ‘bloat’, a diagnosis of tympanitis was considerably more serious in the 19th century and, depending on the cause,

could even be fatal. Hysterical tympanitis, in particular, could be either temporary, arising from a hysterical convulsion, or permanent; it could be painless or accompanied by vomiting, heart palpitations and even asphyxiation, according to clinicians of the time.¹ Most poignantly, certain cases of tympanitis could appear after a miscarriage or result from ‘the exaggerated desire for a pregnancy’.²

This page comes from an album dedicated to neuropathology, the branch of medicine concerned with diseases of the nervous system. This album, among many, was collated by the clinicians at the Hôpital de la Salpêtrière in Paris in the last decades of the 19th century. Dr Jean-Martin Charcot (1825–1893), one of the founders of modern neurology, was head of its medical service from 1862 until his death. He was known internationally for his clinical studies of Parkinson’s Disease, Multiple Sclerosis and Amyotrophic Lateral Sclerosis, among many other illnesses. (A young Sigmund Freud received a scholarship to study at the Salpêtrière in 1885, and his time with Charcot would change the course of his career.) And while Charcot’s neurological diagnoses earned him acclaim in medical circles, his studies of hysteria made him a celebrity among the general public.

Hysteria was the ‘palpitating question of the day’, an epidemic whose epicentre seemed to many to be the Salpêtrière.³ Charcot attempted to rein in this enigmatic illness – characterised by symptoms that ranged from pain, nausea and muscular contractures to hemorrhages, paralysis and blindness – which had been puzzling doctors since antiquity. Hysteria comes from the Greek for uterus (*ustéra*), binding the disorder to the female sex. Charcot did diagnose it in men as well, but, as Georges Didi-Huberman states bluntly, the illness was ‘the symptom ... of being a woman’.⁴ Charcot considered it a neurological disorder and searched unsuccessfully

for lesions in the brain that would determine its cause. He therefore focused on the visual and variable poses of the hysterical attack, which his collaborator Dr Paul Richer (1849–1933) famously sketched and ordered into a synoptic table. This visual mapping of the illness would have widespread ramifications in both the medical and the artistic world.⁵

Charcot received funds from the Assistance publique (the Parisian administration for public hospitals) in the late 1870s to found the so-called Musée Charcot, a museum of pathological anatomy at the Salpêtrière. The page that depicts hysterical tympanitis comes from an album that likely belonged to this extraordinary museum, which no longer exists. As an *artiste manqué*, Charcot produced many drawings of pathology throughout his life and encouraged artmaking among his collaborators and protégés at the hospital.⁶ The museum’s albums therefore contained drawings, diagrams, X-rays and photographs of the bodies, bones and organs of the patients suffering from the many neurological illnesses treated at the hospital. Charcot was also granted funds to open one of the first photography studios in a hospital setting. By 1884, it was run by a professional photographer, Albert Londe, who likely took these two photographs of Baranes.

Londe was not a medical professional, but a practising photographer, a theorist and an inventor of cameras. He published an important book on medical photography in 1893 in which he noted its critical importance at the Salpêtrière: ‘In the study of certain nervous illnesses, such as epilepsy, hystero-epilepsy, hysteria, where one encounters poses, essentially transient states, photography is necessary to capture the exact image of these phenomena too short-lived to be analysed by direct observation.’⁷ He thought that the photograph was the ideal medical tool because it was ‘sincere’



Salpêtrière patient with polio, 1894



Women in Hospital, 1897

and ‘impartial’ – that is, objective.⁸ And while this view of photography dominated the sciences in the 19th century, the reality of photographic practice problematised any sense of it being unmediated or objective.

Compare, for instance, the photographs of Baranes with that of another female Salpêtrière patient (p. 188). The caption on the blue card states that this young woman had, as a child, suffered from polio (‘polymyélite [sic] infantile’). Her dress too has been removed to the waist to show her atrophied right arm and unnaturally raised shoulder; the soft light comes from her proper left, evenly lighting her chest while leaving her right arm in pale shadow. The frontally posed patient meets the photographer’s gaze, chin slightly raised as her naked body is outlined against the neutral grey backdrop. This photograph appears more ‘objective’ or, at the very least, less aesthetic than the ones of Baranes, which seem to revel in photography’s capacity for mellow tones and the patient’s soft curves.

These patients’ state of undress signifies their nakedness, rather than their nudity, which was associated with an aesthetic ideal. The naked body was knowable and, thus, facilitated the artistic and the medical gaze (see, for example: Edvard Munch, *Women in Hospital*, 1897, p. 189)⁹ – it is significant that earlier in the 19th century, women remained dressed during medical examinations in order to preserve their modesty. As historian Philippa Levine has commented, ‘To be naked was to be both ashamed and shamed’;¹⁰ and while the women in these photographs do not seem particularly uncomfortable exposing their upper bodies, the fact that Baranes hides her face suggests that anonymity was important to her.

Her raised arm, which allows us to better see her breasts and belly, was a pose associated with both the artist’s model and with pornography – there was a fine line between

aesthetics and obscenity in photographs of women’s bodies in the 19th century. Her acutely arched spine thrusts her bloated stomach forward; clinicians noted the important role that an extreme ‘lumbar lordosis’ (or curve) could play in tympanitis.¹¹ This ‘broken-back’ pose – which also calls to mind the ‘arc-de-cerclé’ pose of the hysterical attack – featured in many Salon paintings of the second-half of the 19th century, such as *Cythérée* (exhibited in the Salon of 1887, current location unknown) by Lionel Royer (1852–1926).¹² Venus is shown tending to her doves, arms raised and back arched as she looks up tenderly at two birds seemingly kissing in mid-air, her pose connoting ecstasy and making clear that the raison d’être of the unclothed female body was male desire. Baranes’s pathology, therefore, was also an erotic trait – in these photographs, it is as if the patient embodies that eroticism.

Londe’s photographs of a patient with tympanitis, then, owe as much, if not more, to cultural and artistic conceptions of the female body as they do to the conventions of medical imagery and their purported objectivity. Londe has composed two photographs that capture Mademoiselle Baranes’s pathology by highlighting her sensuous form in a suggestive pose. They recall erotic precedents even as the patient’s rounded stomach connotes maternity. Though they were taken in a hospital, their aesthetic pretensions are clear. Or, at the very least, the male photographer struggled to subdue the obvious titillation of having a beautiful young woman brought before his camera.

1. Grégoire André, *Précis clinique des maladies du système nerveux* (Paris, 1895), 650–651.
2. ‘le désir exagéré d’une grosseur’; Georges Gilles de la Tourette, *Traité clinique et thérapeutique de l’hystérie, d’après l’enseignement de la Salpêtrière*, vol. 2: *Hystérie paroxystique* (Paris: E. Plon, Nourrit et Cie, 1895), 343. All translations are the author’s own, unless otherwise indicated.
3. ‘la question palpitante du jour’; Pierre Giffard, *Les Grands Bazar* (Paris, 1882), 157.
4. Emphasis removed; Georges Didi-Huberman, *Invention of Hysteria. Charcot and the Photographic Iconography of the Salpêtrière*, trans. Alisa Hartz (Cambridge, MA: The MIT Press, 2003), 68. For a discussion of male hysteria, see Natasha Ruiz-Gómez, ‘Remarkable Things. Visual Culture and Excess at Charcot’s Salpêtrière’, *Journal of the History of the Neurosciences* (2024): 1–20.
5. For instance, see Natasha Ruiz-Gómez, ‘A Hysterical Reading of Rodin’s *Gates of Hell*’, *Art History*, 36, no. 5 (2013): 994–1017.
6. For more on this and on the albums specifically, see Natasha Ruiz-Gómez, *Pathology and Visual Culture. The Scientific Artworks of Dr Jean-Martin Charcot and the Salpêtrière School* (University Park, PA: Pennsylvania State University Press, 2024).
7. ‘Dans l’étude de certaines affections nerveuses, telles que l’épilepsie, l’hystéro-épilepsie, la grande hystérie, où l’on rencontre des attitudes, des états essentiellement passagers, la photographie s’impose pour garder l’image exacte de ces phénomènes trop peu durables pour être analysés par l’observation directe.’ Albert Londe, *La Photographie médicale. Application aux sciences médicales et physiologiques* (Paris: Gauthier-Villars et fils, 1893), 3–4.

8. Londe, *La Photographie médicale*, 4 and 64.
9. Philippa Levine, ‘States of Undress. Nakedness and the Colonial Imagination’, *Victorian Studies*, 50, no. 2 (2008): 199. See also Allison Morehead, *Nature’s Experiments and the Search for Symbolist Form* (University Park, PA: Pennsylvania State University Press, 2017), esp. 160–170.
10. Levine, ‘States of Undress’, 191.
11. F. Benoit and R. Bernard, ‘Un cas de tympanisme abdominal d’origine hystérique’, *Nouvelle Iconographie de la Salpêtrière*, 13 (1900): 63. See plate XIII for an illustration of a male patient with hysterical tympanitis.
12. Bram Dijkstra, *Idols of Perversity. Fantasies of Feminine Evil in Fin-de-Siècle Culture* (New York: Oxford University Press, 1986), 105–109.



Lionel Royer, *Cythérée*, c. 1887



Henri Volland, *Nude standing in profile, hands on head*, 1861