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CHAPTER EIGHT

Two faces of the same object: borderline bodies in art and visual culture

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What is a borderline body? To explore this question, we take as a case study the *Ataxic Venus* (c.1880, Figure 8.1), one of the most extraordinary ‘scientific artworks’ to survive the nineteenth century (Ruiz-Gómez 2024). The *Ataxic Venus* is a polychrome wax cast of a sixty-year-old patient at Paris’ Hôpital de la Salpêtrière named Berthelot, a woman whose effigy acquired a certain fame after her death. The cast highlights Berthelot’s ataxic joints, a symptom of locomotor ataxia. A complication of tertiary syphilis, this devastating illness typically resulted in loss of coordination and the degeneration of the joints, among a host of other painful symptoms, and could eventually lead to paralysis, amputations and even insanity. Berthelot’s body and those distended and deformed joints are challenging to look at and evoke a visceral response of discomfort and even repulsion.

It is unclear who gave the wax cast its moniker, though it was likely intended to establish its lineage with anatomical ‘Venus’ – the *Venere dei Medici* by Clemente Susini (1754–1814) at La Specola foremost among them – which sit uneasily at the juncture of the ‘high’ art tradition of the female nude and medical images of sick, disabled, anatomized and dead female bodies (Stephens 2010; Ebenstein 2017; Ruiz-Gómez 2013). But the *Ataxic Venus* is



FIGURE 8.1 Louis Loreau, *Venus ataxique*, polychrome wax cast, c. 1880. Musée de l'Assistance publique – Hôpitaux de Paris, inv. AP 2001.0.4.3.1 Photo © AP-HP/musée – F. Marin

the macabre partner (elderly, decrepit, distorted, barren) to the aestheticized and sexualized young, beautiful, usually pregnant, women more regularly portrayed in anatomical imagery and modelling and in paintings of medical subjects (Jordanova 1989; Hunter 2016; Ruiz-Gómez 2024).

The *Ataxic Venus* was cast by a photographer and *mouleur* at the Salpêtrière named Louis Loreau (1846–1907), about whom almost nothing is known. (We know substantially more about the patient than we do about the technician.) Loreau was one of the many collaborators who worked with Jean-Martin Charcot (1825–1893), *medecin en chef* of the Salpêtrière Hospital and one of the founders of modern neurology, thanks in part to the patients under his care whose illnesses progressed, sometimes over the course of decades, under his watchful eye. By the time Loreau had cast Berthelot's body around 1880, Charcot had established at the hospital a photography and casting studio, a consulting room for ophthalmology, an amphitheatre for his internationally renowned lectures, and a museum of pathological anatomy (the so-called Musée Charcot, where the *Ataxic Venus* would be the star attraction).

The *Ataxic Venus* was intended as a medical specimen, to be studied by (future) clinicians at the Musée Charcot; a photograph of the sculpture takes centre-stage in the only known photograph of the museum (Levillain 1894). But the fact that the hospital's clinicians, as well as the international coterie of doctors and esteemed politicians, artists and celebrities who attended Charcot's famous lessons at the Salpêtrière, might have seen Berthelot during her lifetime highlights the recognizable features of the cast that also make it a portrait. In other words, they would not have failed to recognize the patient Berthelot, the woman who was studied, if not treated, at the Salpêtrière because of her incurable illness. This sculpture, then, is both medical specimen *and* portrait and should thus be considered at the

porous and messy border of the histories of medicine and of art (Jordanova 2000 and 2013; Hammerschlag 2013a).

Charcot facilitated the photographing of Berthelot during life and the casting of her body after death, an attempt to preserve her decomposing corpse so that it could be studied in the future, compared to her excised skeleton (also exhibited in the museum), and contribute to the glory of the clinician whose innovative diagnosis remains attached to her affliction. The *Ataxic Venus* might therefore be associated with other cast bodies and body parts from the eighteenth and nineteenth centuries that were used for instruction and entertainment, including death masks of famous and notorious individuals (Pointon 2014; Ruiz-Gómez 2021). The turning of Berthelot's corpse into the *Ataxic Venus* also bares uncanny and disturbing similarities to the story of Sarah Baartman, whose body was also cast after death and exhibited in a Parisian museum so that the 'Hottentot Venus' could continue to be gawked at (and groped) in death as in life (e.g., Qureshi 2004; Lyons 2018). 'Charcot joint' is still the nomenclature used for the kind of deformed joints (arthropathy) evidenced by the *Ataxic Venus*. Significantly, the International Medical Congress in 1881 named it so after Charcot presented the material traces of Berthelot: a photograph of her while alive, the polychrome cast of her body, her actual skeleton and microscopic sections of her bones (Charcot 1881). For Charcot, Berthelot and her diagnosis became a kind of possession: he wrote proudly to his wife from London, 'my wax lady has made a sensation' (quoted in Goetz, Bonduelle and Gelfand 1995: 147).

Not only a key material remnant of the Salpêtrière School's engagement with the history of art and contemporary artistic practices, Charcot's 'wax lady' is also a borderline body. Julia Kristeva deploys the concept of the border in her definition of abjection, writing that it is 'what disturbs identity, system, order. What does not respect *borders*, positions, rules. The in-between, the ambiguous, the composite' (emphasis added; Kristeva 1982: 4). The *Ataxic Venus* exists in a liminal conceptual space, created at a hospital as well known for its (medical) studies of art as for its innovative neurological diagnoses, exhibited in a curated medical museum that included commissions by a contemporary artist (Ruiz-Gómez 2024). As Charcot and his collaborator Dr Paul Richer (1849–1933) would write in their popular book *Les Différmes et les malades dans l'art* (*The Deformed and the Ill in Art*, 1889): 'Science and art are nothing more than two manifestations of the same phenomenon, two faces of the same object' (Charcot and Richer 1889: iii).

The *Ataxic Venus*, moreover, was crafted from a material which too can be considered borderline: while wax is especially suited for representing skin, its use in fine art has always been problematic and contested. This ability to represent flesh accurately makes it both uncanny and extremely useful in documenting medical illness, especially dermatological (Hunter 2008; Fend

2018). Coloured wax in particular can give the impression of life-likeness, yet the *Ataxic Venus* shows us a life stilled by death. This wax cadaver is a pale sandy colour all over, but Charcot and Loreau decided to implant hair on the scalp, in the eyebrows and in the *mons veneris* to create a more ‘realistic’ figure. While casting is traditionally considered indexical (i.e., created without human intervention), the *Ataxic Venus* gives the illusion of objectivity even as it displays the results of myriad artistic decisions. In this too it is borderline.

Artists and doctors: these professions rely on being *intimate with* the human body, including marginalized and vulnerable bodies (Hammerschlag 2013b; Woloshyn 2017; Ruiz-Gómez 2019). As art historians working within the medical humanities, our attending to these bodies involves related processes of close looking to ‘flesh out’ and substantiate (give ‘substance’ to) things which are often overlooked or taken for granted, i.e., the visual and material representations through which we encounter such bodies. Berthelot may be the origin for the *Ataxic Venus* but the sculpture is not Berthelot. It is a material presentation of her body, and yet as we follow its contorted, jarring contours – its bodily borders – it is so easy to conflate body and representation, even to refer to the sculpture as ‘she’.

The three authors of this paper have considered similarly confounding borderline bodies in their work at the intersection of the histories of medicine and art. Working within the medical humanities has taught us how to be interdisciplinary art historians, working within, between and across borders of different disciplines (Biernoff and Johnstone 2024). Drawing inspiration from Marco Mogiani’s conception of borders as “‘meeting points’, that is, places of encounter, interaction/clash, and reassessment/redefinition of different epistemological and empirical processes”, we decided to bring together scholars from around the world working in different disciplines to consider the visual and material representations of ‘borderline’ human bodies (Mogiani 2023: 1324). The result is *Borderline Bodies in Art and Visual Culture: Unsettling Identity and Place Since 1800* (Manchester University Press, 2026).

Contributors to *Borderline Bodies* consider representations of bodies across a range of geographies and media that move across borders and/or embody indefinite or multiple racial, religious, gender, physical, social or political categories. As well as carrying geographical and political meanings, the concept of the ‘borderline’ is used, of course, in medical practice to describe diagnostic ambiguity, even failure. In medicine, the ‘borderline case’ is a term which characterizes uncertain diagnosis, qualities or conditions, here between the normative and the pathological. It is the ‘not quite’ of medical diagnosis, defying labels and, for better or worse, what those labels could enable or disable (e.g., access to medication, to rights, to care). It is both disruptive and generates conflict because it undermines the clarity of a definitive diagnosis.

But borderline bodies are remarkable precisely because they do not conform to a norm or to a known or desired standard. Instead they disrupt, misbehave and mark out those norms through their difference and their refusal. They are complex, often frustrating and potentially destructive. A borderline can only exist if there are categories or an infrastructure through which to traverse. In other words, if there were no borders, walls or fences, we would never cross territories. This is why we understand the borderline as a *threshold*: one which can literally and figuratively mark out divisions or limits but can also signal new beginnings. Moreover, the act of border crossing is rarely simple or painless: it often involves passing through a 'no man's land' or state of transition – a liminal space – which can be fraught and conflicted. Hence, *Borderline Bodies* considers the ways art and visual culture can reveal the unbounded, vulnerable, permeable and mobile nature of human corporeality. It explores representations of 'borderline bodies', such as the *Ataxic Venus*, their questionable boundaries and capacity to breach boundaries. Above all, it examines the relationship between borders and identity formation in order to throw into focus the 'two faces of the same object'.

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