
Review by Robert A. Nye, Oregon State University.

Mary Hunter’s book appears in the Manchester University Press series “Rethinking Art’s Histories.” Generously illustrated with black and white reproductions, the book opens with pictures of a set of paintings that appeared in the Paris Salon exhibitions of 1885 and 1886. The three principal works are group portraits of celebrated medical scientists portrayed in the midst of their clinical work: Louis Pasteur in a painting by Lucien Laurent-Gsell in the forefront of a group of doctors and patients awaiting rabies inoculations, the surgeon Jules-Émile Péan, painted by Henri Gervex in a crowded operating theater at the beginning a surgical procedure, and André Bouillet’s famous group portrait of Jean-Martin Charcot demonstrating a patient’s hysterical paralysis in the Salpêtrière hospital.

Hunter argues that the portrayals of these notable doctors and scientists represented a moment in the history of the Third Republic in which the projects of realist art and French science and medicine converged to celebrate an epistemic triumph of reason, knowledge, and human progress. These were national projects dedicated to propelling France into the front ranks of the arts and sciences following the humiliating military defeat of 1871. The scientific values of accuracy, truth to nature, and objectivity informed the work of realist artists, and their productions documented the achievements and settings of the great Frenchmen who brought glory to the nation. Pasteur was the famous chemist who discovered the vaccines for anthrax and rabies, Péan was the inventor, among other medical technologies, of a hemostat that sealed off blood vessels during surgery, and Charcot was a neurologist who employed hypnosis to study the successive phases of hysterical attacks. Not incidentally, each man had displayed a youthful interest in art and later used representational techniques in his scientific and clinical practice.

These noble projects of scientific realism did much to advance their respective fields, but they also served to elevate the status, fame, and income of their most famous practitioners. Moreover, Hunter wants to argue, scientific realism could not contain the subjectivity or the fantasies of the artists and scientists who were its putative devotees, nor overcome the limitations of realism itself in compiling a true picture of nature and disease. However, the most powerful constraint on the objectivity and truthfulness of art and science was medical masculinity, or, rather, the fact that the scientific and medical elites of France (and elsewhere) were men. Hunter argues that scientific and artistic credit in an era of masculine monopoly of politics and the professions operated as a system of competition, solidarity, and gift giving between men, which not only excluded women, but made them both the muses and objects of knowledge in men’s work. Though Hunter wants to focus on male bodies and masculinities, her many examples are inevitably haunted by women’s bodies, body parts, and sexualities. How could it be otherwise?
The ostensible aim of the three main group portraits she analyzes in detail was to chronicle these great French medical scientists at work. The laboratory and clinic were the working spaces of modernity and its modern heroes, and many of Hunter’s illustrations portray these sites as backgrounds. But the portraits also dramatize the healing moments of the inoculation procedure, the display of path-breaking medical technology, or the clinical demonstration of pathology by foregrounding the calm, presiding figure of the medical hero. Whether commissioned or not, the paintings all lionize Pasteur, Péan, and Charcot and establish them, despite much contrary evidence, as undisputed discoverers. The painter thus bestows the gift of precedence on the healer, and confirms his own talent in the glow of his subject’s celebrity.

The objects to be healed by the great men are female, along with, in the Pasteur portrait, an infected man in native dress from French North Africa, a feminized colonial. A bourgeois woman bares her young daughter’s midriff for inoculation surrounded by medical men in black frock coats. In the Gervex painting, the same assembly of black-clad men surround a pale, naked woman who has been anesthetized for surgery. Finally, Charcot’s famous hysterical patient, Blanche Wittman, assumes a semi-naked classic pose of hysterical paralysis before a similar audience. All these group portraits capture important historical and national moments in which elite, expert men vaccinate, operate, and lay hands on the bodies of supine females. Hunter rightly puts great stress on the gendered inequalities of power that suffused the medical world, but these inequalities were abetted by the artistic conventions of historical portraiture adapted by male artists to modern settings of work and healing, as well as by a public that was conditioned to see these realist presentations as real.

Hunter draws our attention to the overlap of realist science with painting, drawing, and other art forms in the work and lives of these three men. They all collected art of various kinds, used photography in their work, and took a keen interest in the latest photographic techniques. She has fascinating sections on the growing artistic status of photography, in which photographers mimicked the posing conventions of painting and strove to present their subjects in ways that revealed their inner characters, a possible effect of the contemporary interest in seventeenth-century Flemish art. Pasteur used photomicrography in his laboratory work, and Charcot maintained an elaborate photography studio for the celebrated studies of hysterics in his volumes of *Iconographie photographique*.

Péan’s interest in reproductive medicine and skin diseases led him to commission a substantial collection of wax models of diseased skin, wounds, and female genitalia molded from life to be used in medical pedagogy. Each model was painted and shaped with great care by artisans who signed their work, a perfect illustration of the reciprocal overlap of artistic and scientific realism in this era. Both Péan and Charcot also commissioned lifelike female wax models that could be used for medical instruction or to represent physical postures. Many could be disassembled to reveal inner organs. Hunter finds in the graphic realism of many of these wax models examples of realism’s betrayal of faithfulness to nature in its submission to the pornographic imagination of mold-makers and medical experts, in which the female body is treated as a “site of realism’s irrationality and subjectivity” (p. 137). If one should object that pornography is in the eye of the beholder, Hunter would remind us that the artists, doctors, and students who made and used these devices were all men. She also points out that the contemporary Parisian fascination with lifelike wax representations in the Musée Grévin did much to expand the realistic imaginary into the realm of popular culture.

Hunter’s chapter on Jean-Marie Charcot and his studies of hysterical patients discusses the multiple modes used for recording the hysterical symptoms of patients by Charcot and his assistants: descriptions in written texts, impressionistic drawings, many by Charcot himself, expanded and elaborated by his associate Paul Richer, and, of course, the myriad photographs of patients in various stages of hysterical presentation. The drawings were regarded as important supplements to photographs because the artist could portray movements and successive poses that would be blurred in still photography.
Despite the multiple modes of recording hysterical symptoms, Hunter concludes that, quite apart from our modern doubts about its very existence, the hysteria diagnosis ultimately violated, by its own epistemic standards, the nineteenth-century medical and artistic quest for objectivity. There were incongruities between textual descriptions of patients and the eroticized poses caught by the camera; the reductive “classic” poses presented on film and in drawings could not possibly have captured the infinite range of symptoms and emotions exhibited by patients. Finally, as has long been known, patients were coached and posed in ways both subtle and direct to evoke the images of démoniaques and religious visionaries through the long history of Christian iconography.

This is an important contribution to our understanding of the provenance and operation of realist modes of representation in medical iconography in France at the beginning of the Third Republic. Realism was shot through with a male perspective and social expressions of masculine solidarities and competitions that thrust sick women into pathological stereotypes, when they were not otherwise serving as models of ideal beauty or as inspirations for male creators.

However, Hunter provides us with only a partial image of a class of hysterics that figured importantly among the hysterical patients who paraded through Charcot’s theater: men. She reproduces some of the athletic photographs of male hysterics, but otherwise overlooks the substantial clinical records of male hysteria and Charcot’s own interest in them.[1] Moreover, it could be said that the links between the theatricality of Charcot’s demonstrations and Parisian theater deserved more exploration as a form of realism akin to the tableaux of the wax museum.[2] While these omissions do not put into doubt the gender dynamics that surely governed the relations of elite artists and doctors and their subjects and patients, they do suggest that a broader focus would have revealed a substantial body of male victims whose geographic or humble social origins made them objects of pathology in a way that was analogous to women’s sex.

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