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Augustine: Charcot's Bunny

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I would like to return once again to the question of hysteria. An increasing number of works dedicated to figures of famous hysterical women, reception of hysteria in art, and numerous medical revisions, as well as psychoanalytical theories written in the spirit of feminism prove that there is an unrelenting interest in the Great Malingerer of the 19th Century.¹ Interest displayed by

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- 1 Bibliography on the subject of hysteria understood as a cultural figure of madness is currently extremely rich. I list only the most important titles, omitting works by Freud and other early theoreticians, because I would like to point out as many secondary analyses as possible: Lisa Appignanesi and John Forrester *Kobiety Freuda*, trans. Elżbieta Ablamowicz, (Warszawa: Wydawnictwo Santorski & Co, 1998) (Eng. ed.: *Freud's Women*, 1992.); Tomasz Majewski, "Produkcja wizualna i kryzys przedstawienia: ikonografia histerii Charcota," *Przegląd Humanistyczny* [Humanities Review] 1 (2006): 86-99; Michał Paweł Markowski, "Krasiński: na scenie histerii" in *Życie na miarę literatury*, (Kraków: Wydawnictwo Hominini, 2009), 143-162; Elaine Showalter, "Przedstawiając Ofelię: kobiety, szaleństwo i zadania krytyki feministycznej," ["Representing Ophelia: Women, Madness and Tasks of Feminist Critique"], *Teksty Drugie*, 4 (1997), 188-205; Etienne Trillat, *Historia histerii* [History of Hysteria], trans. Zofia Podgórska-Klawe, Elżbieta Jamrozik, Ossolineum, (Wrocław: 1993) (French edition: 1986); Georges Didi-Huberman, *Invention de l'hysterie*, (Paris: Macula, 1982) (English edition: 2003); Sandra Gilbert and Susan Gubar, *The Madwoman in the Attic. The Woman Writer and*

anthropologists of literature and cultural studies scientists is only one of many signs of that phenomenon. What is more, the phenomenon itself is to a certain degree actually understandable. One could be surprised by sheer multiplication of representations of hysterical women in works of popular culture within just the last decade. We could mention, among others, two feature films about the famous female patient Augustine in the Parisian clinic at Salpêtrière. Jean Claude-Monode and Jean-Christophe Valtat directed the first feature film in 2003, and Alice Winocour directed the second in 2012. David Cronenberg's *A Dangerous Method* (2012) told a story of romance between Carl Gustav Jung and one of his patients, Sabina Spierlein, while Tanya Wexler's comedy *Hysteria* (2011) presents the phenomenon as a result of men's lack of skills in the bedroom. These examples thematize hysteria and the figure of the hysterical woman in accordance with the repertoire of historical facts. They refer to real people, places and events, and the biographies of particular individuals serve as inspiration.² The list of texts referencing fictional hysterical women would be much longer. How should we explain this unending presence of hysteria in texts of contemporary culture, or this unremitting interest in the different arts when it comes to spasms, or attacks which recall epilepsy? An answer to that question is, of course, extremely complex, and would require long and meticulous study. In this article I would like to present an answer provided by the surrealists who were fascinated by photographs from a particular collection. It was supposed to be an element of medical documentation, but became a document of the desiring gaze which, fearing the object of its desires, mustered its courage to look at it only through photographs. In other words, I would like to trace a connection between *Photographic Iconography of the Salpêtrière* produced under the auspices of Jean-Martin Charcot, the director of the clinic at that time, and a performative interpretation of the book produced by André Breton, who saw in the pictures of Augustine what Charcot was

the Nineteenth-Century Literary Imagination, (London: Yale University Press, 1984); Dianne Hunter, "Hysteria, Psychoanalysis, and Feminism: the Case of Anna O," *Feminist Studies*, 9 (3) (1983): 465-486; Jean-Marie Rabaté "Loving Freud Madly: Surrealism between Hysterical and Paranoid Modernism," *Journal of Modern Literature*, 25 (3/4) (2002): 58-74; Elaine Showalter, *The Female Malady. Women, Madness and English Culture, 1830-1980*, (London: Penguin Books, 1987); Elaine Showalter, *Hystories. Hysterical Epidemics and Modern Culture*, (London: Columbia University Press, 1998); Thomas S. Szasz, *The Myth of Mental Illness. Foundations of a theory of personal conduct*, (New York: 1974); Sander L. Gilman, et al., *Hysteria beyond Freud*, (Berkley: University of California Press, 1993); Justin Vicari, *Mad Muses and the Early Surrealists*, (Jefferson: McFarland & Co., 2012).

2 For obvious reasons of convenience, I omit here the question of interpretative, quasi-fictional character of historical, biographical, or autobiographical narrations.

afraid to see. What is more, it will be shown that the field of medicine and art theory have a lot more in common than one might assume.

Hysteria: Few Historical Remarks

The place of hysteria in the sphere of medical research is undeniable, although until the end of the 19th century, it was likened to other organic afflictions, than as one stemming from one's psyche. It was typically regarded as an exclusively female illness, while the term "hypochondria" remained reserved for men's equivalents, or – as it was also called in the 19th century – post-traumatic neurosis.³ Regardless, trouble with respiration, paralysis, sensory issues, and convulsions intrigued medical and scientific communities from the very beginning.

According to Hippocrates, and the entire ancient tradition following his line of reasoning, hysteria was an affliction tied to movements of a dried uterus around a woman's body in order to moisten itself, while attacking neighboring organs, or even the brain. That is where we have the term "uterus dyspnea." What is interesting is that uterus was perceived as an autonomous organ living in a woman's body, possessing a vital force and an ability to move around freely, as well as to influence her behavior. It did not remain without influence on the perception of women by men who possessed logos:

A woman differs from a man in that she breeds an animal within her, which does not possess a soul. Close proximity to animality is caused also by the fact that a woman is not a man's equal. In contrast to man, she is not God's creation; she is merely a result of metempsychosis, a transformation of the most vile kind of man into the female species.⁴

The uterus was thought to be the reason behind woman's maternal urge to produce progeny; an instinct which was independent from her free will. As a remedy for the above-mentioned dyspnea, regular and frequent intercourse was recommended, among other solutions. That is how the connection between the illness that affected mostly widows and women in puberty, and the sphere of erotic experiences was established early on in the course of interest in hysteria.

The uterus theory continued to describe, in one way or another, the phenomenon of hysteria until its final disappearance from the medical diagnostic

3 In this subchapter, I will be referring primarily to *Historia hysterii* [*History of Hysteria*], trans. Zofia Podgórska-Klawe and Elżbieta Jamrozik (Wrocław: Zakład Narodowy im. Ossolińskich, 1993).

4 Trillat, *Historia hysterii*, 14-15.

map in the second half of the 20th century. Even if hysteria were not to be connected directly to some form of illness of the reproductive organs (uterus contractions, ovarian tumors, fermentation of female sperm, animal spirit poisoning, vapors, etc.), it would remain perceived as a strictly female illness. Even though there were those who wanted to make hysteria gender-neutral, researchers who proclaimed such ideas were in the minority. It was more popular to label male patients as “hypochondriacs” while women suffered from hysteria. End of discussion.

At the end of the 17th century, after the era of bloody witch-hunts, when potential patients were taken care of not by a doctor, but by an inquisitor, hysterical women, along with their complex plethora of physical symptoms, again were placed under the protection of the medical community, which established new etiologies of hysterical symptoms. Among them, there would be theories of vapors (poisonous gases excreted by organs, like the uterus), which influence brain functions, and which were supposed to move around the body via arteries, or as it was thought later – nerve fibers. Alternatively, they could be trapped by the uterus and cause contractions. Correlating hysteria with brain dysfunctions did not automatically place it in the context of madness, but once again reduced establishing symptoms based on the patient’s sex. Trillat stated: “Hysteria is separated from sex to a point where it stops being assigned exclusively to women. Men could be hysterical too, and descriptions of cases of male hysteria began to appear slowly.”⁵ One should note, however, that those cases have been tied to men with homosexual tendencies, generally described as feminine, which in turn allowed them to be treated more as hysterical women than men.

Thomas Sydenham was the first one to turn everybody’s attention to analogies between hysteria and simulation. He observed that hysteria does not produce its own symptoms, but rather borrows them from a variety of different illnesses, often imitating them. He also questioned the influence of the uterus on the creation of the symptoms, ascribing them to vapors and the irregular distribution of animal ghosts in one’s body which was caused by blood. The discovery of the circulatory system negated those theories and helped transfer the vapor theory onto the sphere of morals:

Vapors attack especially those who are idle, who do not tire themselves with manual labor, but think a lot and dream [...]. Many people assume that this illness attacks the mind, rather than the body, and that the evil lies in imagination. Indeed, we have to admit that the primary reason is boredom and wild passion, which through the disturbance of mental

5 Ibid., 52.

powers, forces the body to participate: it could be the imagination, or reality, but the afflicted body suffers in a real manner.⁶

The 19th century, due to the socio-cultural evolution in the perception of women, as well as scientific progress, changed the perception of hysteria as well. On the one hand, medical descriptions found their inspiration in literature, which was increasingly interested in the nature of femininity, and fell into the trap of mythologizing it. On the other hand, however, hysteria underwent increasingly more scrupulous medical descriptions supported by empirical research. And so, propagators of the uterus theory (Villermay, Pinel) fell for the romantic image of a female, and copied her literary representation, while representatives of neurological theories were more inclined towards precise and concise formulations. What is more, ascribing hysterical symptoms to the female sex came to be questioned once again. The simulative character of hysteria returned in Paul Briquet's reflections. He assumed that the attacks were a reproduction of violent passions, which must have been experienced by the patient earlier, and under the influence of external stimulants. According to Briquet, it constituted a proof of the spiritual richness of women, and their extraordinary sensitivity which made them so vulnerable and susceptible to neurosis. He looked for sources in cases of neuroses in the cerebrum. Treating hysteria as a nervous illness allowed for including it into the family of mental illnesses: "By the capital distinction between sensibility and sensation, they enter into that domain of unreason which we have seen was characterized by the essential moment of error and dream, that is, of blindness. As long as vapors were convulsions or strange sympathetic communications through the body, even when they led to fainting and loss of consciousness, they were not madness. But once the mind becomes blind through the very excess of sensibility—then madness appears."⁷

Charcot and Salpêtrière

The development of clinical neurology and medical practices in hospitals in the context of research on hysteria reached its apex in the work of doctor Charcot, conducted on the patients at Salpêtrière Hospital. Jean-Martin Charcot, born in Paris in 1825, who was talented in the visual arts, but also a very diligent and inquisitive student, began studies at the medical school when he was 19 years old. Already in 1856, he became a hospital doctor, and four

6 "Vapeurs," *Encyclopédie de Diderot et d'Alembert* (1722-1761), 65.

7 Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, trans. Richard Howard, (New York: Vintage Books, 1988): 157-158.

years later he was a professor's assistant. He was also the private doctor of the French minister of finance, as well as many other prominent figures of Paris of that time. He specialized in treating many different illnesses, including multiple sclerosis, joint debilitation, rheumatism, and syphilis. He was also a founder of the neurology clinic for women at Salpêtrière. Charcot's encounter with hysterical women was a pure coincidence. One of the hospital's buildings – luck would have it to be a psychiatric and epileptic ward – desperately needed renovation due to its poor condition. As a result, patients had been moved to other buildings, and an opportunity arose to separate the epileptic patients from the rest as well. A new unit was formed – a Common Epilepsy Ward, with Charcot as its head. Etienne Trillat cites one of the accounts from that transition:

Many women, some of whom had arrived at Salpêtrière years before, were placed there. They experienced frequent attacks, because they felt such repulsion to bromine that they preferred to suffer from their illness than to accept any form of treatment. Next to them, directly in contact, in the same bedrooms and dining rooms, in the same backyards, a number of young girls suffering from hysteria were placed. Their families, tired of those attacks and their peculiarities, committed them to Salpêtrière. Results of that mutual existence could not be ignored. Of course, the attacks of the epileptic patients remained unchanged; however patients with hysteria exhibited a shift in their patterns. Young, hysterical women, living among epileptic patients, were forced to hold them whenever they collapsed, and take care of them when sickness-struck. The impact of those experiences was so strong that – taking into consideration the mimetic tendencies of their neurosis – their attacks began to faithfully imitate attacks of pure epilepsy.⁸

It should not come as a surprise that Charcot named the affliction “hysterio-epilepsy.” These two groups of patients did not have general injuries and convulsion attacks in common. Hysterical patients, however, had, what Charcot diagnosed as an ovarian hyperesthesia – a pain in the area of the ovaries, which disappeared under applied pressure. It is worth remembering that by the 1870s, the uterus hysteria theory had been compromised, and Charcot's return to those concepts was a noticeable feat. Even though it was never expressed directly, hysteria once again entered into the realm of female sexuality.

8 Pierre Marie, “Discours à l'occasion du centenaire de Charcot,” *Revue Neurologique*, 1 (6) (1925): 731-745, after: Trillat, *Historia hysterii* [*History of Hysteria*], 115.

During those years, Charcot began his work of classifying the symptoms, which would be put in order and systematized later as a part of the "Great Attacks;" these attacks, often artificially invoked by hypnosis, or stimulated by amyl nitrate,⁹ were presented in the hospital auditorium during the famous Tuesday presentations, which were often attended, apart from doctors, by Parisian elites, as well as random viewers:

A classic hysteria attack, devised in that manner, would develop through four stages in a clear, syntagmatic order: 1) during an epileptoid phase the body imitates, or "reproduces" a standard epileptic attack; 2) during the clown-like muscle contortions, other illogical movements occur; 3) during the "plastic pose" phase, also described as *attitudes passionelles* (passionate poses), the body assumes an expressive form, suggesting affection and physical desire, which concludes in 4) a painful phase of delirium, during which the hysterical patient "begins to speak again," which is when doctors attempt to stop the attack with all means available. This classification (more on this later), visualized in a series of photographs and synoptic, sketched tables, refers, as a figurative discourse, directly back to the artistic conventions of the 19th century: theater, narrative academic painting, and romantic themes.¹⁰

Exactly. And this was visualized in the form of photographs. When in 1875 Charcot became the director of the Salpêtrière hospital, he ordered for the arrangement of a photographic laboratory, as well as atelier, and a museum of plaster castings. Paul Regnard and Albert Londé became the photographers working with Charcot over the course of the following years. Their works have been published in albums entitled *Iconographie photographique de la Salpêtrière*, which were released in the following order: vol. I (1875), vol. II (1876-77), vol. III (1878), and vol. IV (1879-80).

Photographs from these volumes constitute the main subject of this essay, or more specifically: photographs of a particular model – Augustine – which appear in them the most often. She was admitted to Charcot's clinic in October of 1875, at the age of 15.

In figurative and taxonomic productions of Salpêtrière Hospital, Augustine was a "masterpiece." Charcot referred to her as a "very regular, and

9 Today known as "poppers" and used as an intoxicant, or a stimulating agent during sexual intercourse.

10 Tomasz Majewski, "Produkcja wizualna i kryzys przedstawienia. Ikonoграфия hysterii Charcota," *Przegląd Humanistyczny*, 1 (2006): 86-87.

classic case,” while Richter would go a step farther, claiming that she is “the one among our patients, whose plastic poses and *attitudes passionnelles* have the most regularity and plastic expression.” It was mostly Augustine’s face and body, which illustrate and summarize the hysterical type in Richter’s great comparative table.¹¹

Soon after being admitted, Augustine, due to paralysis on the right side of her body, and after taking her first picture which portrayed her “normal state,” was diagnosed as a typical case of a hysteric; not because she displayed clear and unquestionable symptoms, but because “everything about her, in the end, pointed to future hysteria. The care with which she put on her make up [*sa toilette*]; the way she did her hair, the ribbons she loved putting in it. That desire to beautify oneself was so strong that during a hysterical attack, if there occurred a momentary break, she would spend the time pinning a ribbon to her dress; she was amused [*ceci la distrait*] by that, and it gave her pleasure [...]”¹² A forecast became a verdict for Augustine. Ulrich Baer recalls the above-quoted fragment to point to a dialectic aspect of that situation. On the one hand, Augustine is presented as a vain seducer, who hopes to earn men’s interest and protection through her attacks. On the other hand, however, Charcot himself is shown there as the one who wishes to be seduced by the hysterical performance. Although the care for details of her looks suggested strongly that the entire spectacle was meticulously directed and performed, Augustine was not officially recognized as a malingerer. The age of the patient made the entire affair even more exciting. It was duly noted that, even though she did not experience her first menstruation, physically she resembled a fully developed woman. *Iconographie photographique de la Salpêtrière* became an album, which recorded the physical maturation of Augustine, both in the physiological, as well as erotic sense. The regularity of her attacks was supposed to match the regularity of her cycle, which the careful doctors managed to attune perfectly.¹³ What is important, however, is that Charcot – respectful of scientific discourse – attempted to remove from the narrative any references to sexuality, which could have emerged from photographs, and create medical documentation that was supposed to legitimate his thesis and recognize hysteria as an illness guided by its own rules, with its clinical

11 Ibid., 92.

12 *Iconographie photographique de la Salpêtrière*, 2, 167–168; after Ulrich Baer, “Fotografia i histeria: ku poetyce flesza” [“Photography and Hysteria: Towards Poetics of the Flash”], trans. Katarzyna Bojarska, *Teksty Drugie* [Second Texts], 4 (2013): 167.

13 See George Didi-Huberman, *Invention of Hysteria. Charcot and the Photographic Iconographie of the Salpêtrière*, trans. Alisa Hartz (Cambridge: The MIT Press, 2003), 117.

image as well as symptoms. In the case of hysteria – a condition, or sickness of a mimetic character, posing in for almost every other known condition – it was impossible up to that point. Photography was supposed to constitute an unmediated proof, and confirm the truth about the sickness. However, as Lynda Nead observed,¹⁴ that confirmation of the scientific character of the work could be interpreted as a requirement of moral censorship. *Madame Bovary's* (1857) case could be recalled here – a work that got Gustav Flaubert accused of propagating demoralizing and obscene content. Even though, in the end, the accusations were revoked, and the novel was published due to its high artistic value, its example shows clearly how embarrassing and iconoclastic the theme of physical love, in particular outside of wedlock, was at that time. Even sociological publications, which referred to the problem of prostitution, brought about many controversies and backlash from parts of society:

And in this case as well, one had to persistently watch the boundary between the scientific and moral undertaking, and frivolous text, insinuation, or excitation. Requirements of objectivity and seriousness were supposed to be met by statistical charts and tables abundantly placed within the text, which also differentiated between a sociological study of immortality from immoral behavior itself. These texts, through an unending repetition of assurances of their social usefulness, as well as the calm stature of their authors, reminded readers of another, more frivolous reaction to presented materials.¹⁵

The postulate of the neutral scientific approach in speaking about matters concerning sex was a result of West European tendencies towards developing tools of discipline, including those concerned with sexuality. According to Michel Foucault,¹⁶ contrary to some societies which have developed *artem eroticam* (Indian Kamasutra, for example), the culture of the West was going in a direction which brought the development of *scientiae sexualis*. Sexual behaviors were placed in two registers of knowledge: the biology of reproduction or the medicine of sex. Subduing the discourse on sexuality to the primacy of knowledge – a purified, neutral and (seemingly) objective point of view – was in reality a tactic of power, which was

14 Lynda Nead, *Akt kobiecy: sztuka, obscena i seksualność* [*The Female Nude: Art, Obscenity and Sexuality*], trans. Ewa Franus (Poznań: Wydawnictwo Rebis, 1998).

15 Ibid., 157.

16 Michael Foucault, *Historia seksualności* [*The History of Sexuality*], trans. Bogdan Banasiak, Tadeusz Komendant and Krzysztof Matuszewski (Gdańsk: słowo/ obraz terytoria, 2010).

supposed to subordinate sexual behaviors to norms useful from the perspective of social economy.

At least until the times of Freud, discourse on the subject of sex – discourse of scientists and theoreticians – was supposed to hide its actual questions. In all kinds of statements, scrupulous provisions, and detailed analyses, one could spot an attempt to avoid the unbearable, too dangerous, truth about sex. The very fact that there was an attempt to talk about it from a purified, and neutral point of view of science is telling. And the science itself was created as a result of unspoken facts, and the unwillingness, or lack of ability to speak about sex as such; it reached, primarily, for aberration, perversion, peculiar exceptions, pathological lackings, and clinical exaggerations. It was also a science fundamentally subordinated to imperatives of morality, the divisions of which it repeated in the form of medical norms.¹⁷

It should not be surprising that in such a context Charcot scrupulously attempted to hide any direct references to the sexual life of his patients. The fact of sexual abuse that Augustine experienced from her stepfather, as a young girl, and the rape she was a victim of as a teenager, which she seemed to recreate in her attacks of hysteria, were barely mentioned in her medical documentation. It was treated like an unimportant detail, and outside of that one remark it never resurfaces again, nor is it connected to any of Augustine's syndromes.¹⁸ It does not escape Didi-Huberman, who calls her ironically a *p r i m a d o n n a* of Charcot's theater, that she holds the record for most attacks in a single day:

Augustine went through the ordeal of this theatrical distress on the day when, from among the spectators of the clinical lecture who had come to watch her reiteration and pantomime of an antiquated but always present rape, she recognized the rapist in person, who had come to eye something he might very well have considered, for a moment, to be his "own work." Augustine was utterly terrified, and had one hundred and fifty four attacks in a single day.¹⁹

That double game played between the desire for knowledge and fear of what it entails is partially reflected in the photographs themselves. On the one hand,

17 Ibid., 43.

18 Ibid., 45; See also Didi-Huberman, *Invention of Hysteria*.

19 Ibid., 256.

they constitute, according to Didi-Huberman, a testimony of desire for the "extreme visibility of this event of pain, the all too evident pain of hysteria,"²⁰ naked in its truth, which was supposed to reveal itself in a photograph. On the other hand, the very process of photographing is entangled in a relationship of power, which forbids the postulated truth, keeps hiding it, covers it up, because the truth hurts the accepted sense of morality.

Hysteria on Canvas and in Photographs

Both the doctor and the photographer try to aestheticize the entire hysterical spectacle according to the 19th-century conventions of representing the female body in the visual arts. Some of the photographs, if we did not know the context of their origin, would be most likely placed somewhere between artistic and pin-up photography, that is if we were to keep to the classifications of female nudes proposed by Lynda Nead. She stated that the "female nude, literally, is a matter contained in form, because it simultaneously surrounds the female body, enclosed in shapes, and by that virtue, also in frames of artistic convention."²¹ The most popular model for representations of female madness was, without a doubt, Shakespeare's Ophelia:

Tracing the iconography of Ophelia in English and French painting, photography, psychiatry, and literature, as well as in theatrical production, I will be showing first of all the representational bonds between female insanity and female sexuality. Secondly, I want to demonstrate the two-way transaction between psychiatric theory and cultural representation. As one medical historian has observed, we could provide a manual of female insanity by chronicling the illustrations of Ophelia; this is so because the illustrations of Ophelia have played a major role in the theoretical construction of female insanity.²²

Have hysterical female patients been inspired in their gestures by theatrical productions and representations found in paintings, or was the process reversed – artists were first fascinated by hysterical attacks, which they then included in their art? It is difficult to answer such a question. Most likely,

²⁰ Ibid., 3.

²¹ Nead, *Akt kobiecy*, 13.

²² Elaine Showalter, "Przedstawiające Ofelię: kobiety, szaleństwo i zadania krytyki feministycznej" ["Representing Ophelia: Women, Madness and Tasks of Feminist Critique"], *Teksty Drukie*, 4 (1997): 192.

the mechanism of “hysterical stories”²³ was at work, as understood by Elaine Showalter, or maybe it was a mechanism of Baudrillard’s simulacrum – when the original disappears from the view, becomes impossible to identify, and all other copies continue to copy each other.

In the case of two paintings, however, there are no doubts. I am thinking about paintings painted slightly before the *Iconographie photographique de la Salpêtrière*. The first one, by André Brouilleta entitled *A Clinical Lesson with Doctor Charcot at the Salpêtrière*, shows a lecture hall, doctor Charcot, and a fainting Blanche Wittman – an English patient of the clinic, also known as the “Queen of Hysterical Patients.” The scene shows one of the Tuesday lectures, open to the public, which Charcot organized at the clinic. Blanche assumes a well-known pose, which can be found in photographs of monsieur Regnard. Her shoulders are naked, her shirt slips from under an undone corset, and the upper part of her dress is lowered. Looks of gathered men express scientific interest, some of them hastily sketch the scene. While few gazes reveal astonishment, there are ironic smirks, and doubtful smiles present as well. Few faces reveal traces of fascination, but it seems however, it has very little to do with the art of medicine. Brouillet captured the essence of Charcot’s lectures, as well as Regnard’s photography – of exposing a female body and its hysterical spasms to the judging and controlling gaze of men. The only difference being that in *Iconographie photographique de la Salpêtrière* that gaze is outside of the frame.

The second painting, entitled *Pinel at the Salpêtrière*, was authored by Tony Robert Fleury. The work refers to the famous undoing of the clinic’s chains, which had bound patients of the clinic up to that point. One can see a woman wearing a white, torn underskirt in the foreground; her corset is also loose, as if it constituted a symbol of madness, of “loose” morality. Her, seemingly random, body composition is supposed to reflect a pathological asymmetry of her posture. However, if one were to look closely at the placement of her feet, her bent knee, or the extended index finger of her left hand, and her bowed head – it would turn out that nothing about that composition is random. Venus could be presented in such a pose as well, or any other Greek goddess for that matter. Especially her slightly bent knees, and gently swaying body seem characteristic of representing female gestures in painting. Little farther in the background, there is another woman who seems to blend into the background at first sight. I am thinking about that figure on the ground, right behind the man undoing the chains which bound the figure in the foreground. From underneath her open shirt one can spot a naked breast, her body twisted, hands clutched, and her face reflecting erotic ecstasy. It is nothing else but a hysterical patient having an attack. Similar representations can be found outside of

23 Elaine Showalter, *Hystories. Hysterical Epidemics and Modern Culture* (London: Picador, 1997).

Iconographie photographique de la Salpêtrière, as well as in 19th-century paintings. As examples, we can list *Ophelia* (1883) by Alexander Cabanel, *La jeune martyre* (1855) by Paul Delaroche, and *The Nightmare* (1781) and *Lady Macbeth* (1781-84) by Heinrich Füssli.

Connections between the clinic at Salpêtrière and history of art and literature are much broader still. As Tomasz Majewski aptly notices, "Knowledge of *Iconographie photographique de la Salpêtrière*, soon after its publication, moved beyond the world of medicine and spread normative ideas about physical symptoms of hysteria among the general public, and was often compared, during casual conversations, to *tableau vivants*, which were fashionable at that time, and seen as similar in its gesticulations to the conventions of historical painting"²⁴. During the Tuesday lectures not only doctors, but people from the press and literary circles, as well as artists, attended these events. Emil Zola, Guy de Maupassant, Stéphane Mallarmé, August Rodin, Joris-Karl Huysmans, or Marcel Proust were mentioned to be among those present. Camille Lemonnier wrote a play in 1885, and gave it quite a telling title: *L'Hystérique*.²⁵

One could search for other reasons for such "non-accidental similarities" in the artistic education system of the times, as well as in the common practices of academic painting. Lynda Nead recalls the following theory:

Marcia Pointon pointed out a connection between 19th-century medical examinations of the female body with artistic education. "Lecture halls," she writes, "were constructed in a similar fashion to the studio found in academies of fine arts, where models worked, and lectures on anatomy in front of art students were conducted just like it was practiced with students of medicine." Examining the female body from within and without, through medicine and art... took women into full custody. Defined by norms of health and sickness, the female body was subordinated to the rules and templates of what was considered appropriate.²⁶

It should not come as a surprise that the "chief photographer" of Charcot's clinic, Paul Richer, was also a talented sculptor, as well as a professor of artistic anatomy at Paris' *École nationale supérieure des Beaux-Arts*. That would

24 Majewski, "Produkcja wizualna i kryzys przedstawienia," 89-90.

25 Olivier Walusinski, "Hysteria in fin de siècle French novels," in *Literary Medicine: Brain Disease and Doctors in Novels, Theater and Film*, ed. Julien Bogousslavsky, Sebastian Dieguez, (Karger, Basel: 2013), 35-43.

26 Nead, *Akt kobiecy*, 87.

explain, at least partially, the characteristic aestheticization of some of the representations of hysterical patients. It is worthwhile to notice that young, and potentially attractive, models underwent these aestheticizing processes. Photographs of older female patients, whose beauty had “degenerated” similarly to their morality, due to, for example, alcoholism, were not aestheticized, as if their ugliness were to be a lesson for everyone to follow the principles of morality. What is more, in albums spanning years from 1875 to 1880 there was not a single male portrait included in the publication. Until June of 1881, which was when an ambulatory clinic opened at Salpêtrière, men were not admitted to the hospital at all. First photographs of the hysterical male patients would appear in its 1888 edition.²⁷

Surrealism

The surrealist movement also received the phenomenon of hysteria with interest. Surrealists were fascinated by photographic representations of patients at Salpêtrière, most famous of which turned out to be the already mentioned Augustine. Agnieszka Taborska notes:

Charcot’s hysterical female patients combined everything that the male *ego* of *fin de siècle* dreamt about: untamed sensuality sacrificed at the altar of science, which was embodied by learned men wearing doctor’s smocks... That same appeal was found in those who were “mad” by surrealists fifty years later, proving once more how much they were bound to their Victorian predecessors.²⁸

Surrealists would turn hysteria into a phenomenon received positively, the best example of which was the article by Louis Aragon and André Breton entitled “Le cinquantenaire de l’hystérie” (1878–1928) and published in *La Révolution surréaliste*, in which the authors observe similarities between madness and the surrealist method, recognizing hysteria as a poetic form of expression.

We, the surrealists, want to celebrate the fiftieth birthday of hysteria, the greatest poetic discovery of the end of the 19th century. We celebrate it at the moment when the dismemberment of the notion of hysteria seems to be irreversible. We love nothing as much as we do young hysterical women. Their perfect type is embodied by the lovely X.L. (Augustine),

27 Didi-Huberman, *Invention of Hysteria*, 80.

28 Agnieszka Taborska, *Spiskowcy wyobraźni. Surrealizm* (Gdańsk: słowo/obraz terytoria, 2007), 220–249.

who was admitted to Salpêtrière, under the care of doctor Charcot on 21st of October 1875, aged fifteen and a half. [...] Does Freud, who owes so much to doctor Charcot, recall the time when, according to the testimony of witnesses still alive today, the interns at Salpêtrière confused their professional duties with love preferences, when patients met them outside the hospital walls after dark, or welcomed them in their beds?²⁹

Postulates recalled with the help of the quote above fit into a broader artistic concepts of Breton, both in terms of affirming madness and mentally disturbed imagination, which is compelled to question norms of social participation mentioned in surrealism's first manifesto from 1924, as well as in the concept of *convulsive beauty*, formulated in 1937. Madness (including hysteria) was an important point of reference in the surrealist program, mainly because of the contesting character of madness. Breton wrote about the mentally ill: "I am willing to admit that they are, to some degree, victims of their imagination, in that it induces them not to pay attention to certain rules – outside of which the species feels threatened – which we are all supposed to know and respect. But their profound indifference to the way in which we judge them, and even to the various punishments meted out to them, allows us to suppose that they derive a great deal of comfort and consolation from their imagination, that they enjoy their madness sufficiently to endure the thought that its validity does not extend beyond themselves."³⁰

Breton's interest in psychiatric conditions is a direct result of his medical education. He began his medical education in the fall of 1913. Three years later he was practicing at the neuro-psychiatric ward, where he worked with front line war victims. One of his supervisors was Charcot's assistant. It was then that Breton took serious interest in psychiatry, and the psycho-analytical method. He was rumored to have tried it on the soldiers coming back from the front lines, although without too many positive results it would seem. A year later he became an assistant of yet another of the great theoreticians of hysteria – Józef Babiński.³¹ It is not surprising then that questions of the psychiatric reality of madmen, dreams, free associations (psychic automatism), and the Unconscious occupy such a prominent place

29 Louis Aragon, and André Breton, "Pięćdziesięciolecie hysterii (1878-1928)" ["Hysteria's Fiftieth Anniversary (1878 – 1928)"], *Surrealizm. Teoria i praktyka literacka* [Surrealism. Theory and Literary Practice], trans. Adam Ważyk (Warszawa: Czytelnik, 1973), 117.

30 André Breton, "Manifest surrealizmu" ["Surrealist Manifesto"], *Surrealizm*, 57. Source: http://wikilivres.ca/wiki/Surrealist_Manifesto

31 Jean Michel Rabaté, "Loving Freud Madly: Surrealism Between Hysterical and Paranoid Modernism," *Journal of Modern Literature*, 25 (2002): 59.

in the surrealist concept of art. Breton always openly admitted that to be true as well.

So what exactly was surrealism supposed to be? Let us take a look at the definition:

SURREALISM, noun, Psychic automatism in its pure state, by which one proposes to express -- verbally, by means of the written word, or in any other manner -- the actual functioning of thought. Dictated by the thought, in the absence of any control exercised by reason, exempt from any aesthetic or moral concern.³²

As we can see, it is not so much the artist's imagination that should be freed from aesthetic canons of representation, but rather his morality. It is the morality, which according to Breton, limits artistic expression. In "ruthless non-conformism" Breton looks for a possibility for rebellion against the prudery, against bourgeois and academic art, which is limited by morality -- and a fake one for that matter. Hysteria in that context is presented more as a means to an end, rather than a goal, or effect as such. What for surrealists seems to be the most appealing in the figure of a hysterical woman, or more precisely in the photographic representations of Augustine from *Icographie photographique de la Salpêtrière*, is how the falseness of the discourse is revealed, which is made possible thanks to those photographs; a discourse, which initially was supposed to be a scientific one. Breton fetishizes photographs attached to the article, but does so openly. Charcot, and his collaborators fetishized them in the same way, but remained adamant in officially rejecting any erotic components of hysteria and its representations; not to mention the unquestionable pleasure they have derived from observing women exposed to their assessing gaze. The hysterical patient during an attack gives expression to tamed forces of sexual drive, which makes some of the stages of the attack turn into pure expressions of free sexuality. However, let us return to *Hysteria's Fiftieth Anniversary*:

In the year of 1928, we propose a new definition of hysteria. Hysteria is a state of mind more or less removable, characterized by the abolishment of relations between the subject and the moral world, from which an individual has freed him or herself practically, according to his or her belief, but outside of any illness system. That state of mind is based on the need for a double-sided enchantment which explains the wonders of hastily accepted medical suggestions (or counter-suggestions). Hysteria is not

32 Breton, "Manifest surrealizmu," 77.

a pathological phenomenon and can be treated as the highest means of expression.³³

"The highest means of expression" mentioned by Breton is not connected to the liberation of imagination, but of morality. The postulated "abolishment of relations between the subject and the moral world" is a condition of possibility for creating a new kind of art, free from the rules of mimetic reproduction. However, without that initial condition, art will always remain merely a catalogue registering artifacts of reality, which compose a long, fairly accurate, but boring list. In order to reach the underbelly of reality, the artist's imagination is forced to explore the deepest layers of the Unconscious, without fear, anxiety or censorship. Only then the poetics of the Uncanny à la Freud will be able to emerge.

The hysterical patient disregards rigors of moral censorship, and that is why she is so appealing. From a patient she is turned into a quite peculiar muse. It is not enough for the artist to simply be intoxicated with the hysterical aura, which shrouds the "madwoman" and places her on the pedestal. He needs direct, physical contact, and it has to be a sexual act: "The living poetry invented by the sick women and the doctors when sleeping together culminates in these "passionate attitudes" photographed by Charcot, in which one sees stunning half-undressed women in curious poses that express a convulsive but otherworldly ecstasy."³⁴ Only by liberating the repressed sexuality is hysteria capable of exploding in its entire glory, which hides behind the *grande attaque* and wealth of plastic poses, and what is more – it can become a form of expression.

The rejection of the primacy of reason and rationality for the sake of slipping into the sphere of dream, madness and free imagination expressed fascination with the "internal" life of hysterical patients. However, their external appearance was equally appealing to the surrealists. A proof of that seduction of artistic imagination can be found in a performance of Hélène Vanel, a dancer, during an International Surrealist Exhibition in Paris on the 17th January 1938. Taborska described the event as follows:

Her make-up and behavior were derived from *Iconographie photographique de la Salpêtrière*: a ragged night shirt, uncoordinated movements, mad laughter resounding in the darkness disrupted only by flashlights from the audience. Her midnight performance was composed of a witchcraft

33 Aragon and Breton, "Pięćdziesięciolecie histerii," 119.

34 Rabaté, *Loving Freud*, 64.

ceremony by a furnace, which symbolized the brotherhood of surrealists, and a dance entitled *Mistaken Action*. [...] [The] performance ended with prances around an arranged pond, and a rage attack reenacted on a hysterical bed – the symbol of love. The artist kept going to sleep, and suddenly jumping out, and then jumping back in again, while whirling a live cock in the air and twisting her face in a terrifying grimace. A painting entitled *Ophelia's Death* by André Masson, which was hanging on the neighboring wall, constituted a grim allusion to the pond and an empty bed. References to the great madness, beloved by the 19th century painters, seemed to close the enchanted circle.³⁵

Stylizing the dancer in accordance with *Iconographie photographique de la Salpêtrière*, and an association with Ophelia are not accidental, and constitute the result of dialectical relationship between hysteria and theater, which is often recalled in contemporary interpretations of that phenomenon. However, it was Joseph Bauer who, while working with Anna O., already described her symptoms as “personal theater.” Actresses playing Ophelia searched for inspiration in hospital patients, as well as in photographs, which were in turn stylized and staged after the theater and paintings. One should remember that in the case of daguerreotype and first cameras, the time of exposition had to be long, which required a model to remain still in any given position for a long time. That is how the future patients of Freud came into possession of rich sources for inspiration on the forms of constructing their own afflictions.

Translation: Jan Pytalski

35 Taborska, *Spiskowcy wyobraźni*, 226.