

КАК МАТЕРИАЛЬНАЯ КУЛЬТУРА НАЧАЛА XX ВЕКА ПОВЛИЯЛА НА ВОСПРИЯТИЕ НЕВРОЛОГИЧЕСКИХ ЗАБОЛЕВАНИЙ

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В начале XX века физиологический поворот занял центральное место в медицине и колониальной антропологии, не в последнюю очередь благодаря развитию фотографических технологий. Одной из самых известных коллекций фотографий в истории французской психиатрии является трехтомник *Iconographie Photographique de la Salpêtrière* (1850-1927), опубликованный учениками и коллегами Жан-Мартена Шарко, французского невролога, работавшего в больнице Сальпетриер, известного как изобретатель истерии и методов ее лечения. В данной статье рассматриваются некоторые из известных изображений, опубликованных в книге, а именно фотографии Мэри Виттман, сделанные Альбером Лонде, и исследования больных, проведенные Поль-Мари-Леоном Регнаром с целью критического прочтения фотографической иконографии психических заболеваний, подчеркивающей структурирующую роль ткани и материальной культуры. Цель данной работы – понять, как субъект социально формируется через объекты, габитус и архитектуру: от стен и грязных полов до изношенной и рваной одежды.

Ключевые слова: история психиатрии, визуальная культура, фотография, взгляд, субъект, материальная культура, габитус.

WARPING NEUROLOGICAL DISEASE IN EARLY 20TH CENTURY MATERIAL CULTURE

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In the early twentieth century, the physiological turn was central to medicine and colonial anthropology, not least due to the development of photographic technology. One of the most famous photographic collections in French psychiatric history is the three-volume book *Iconographie Photographique de la Salpêtrière* (1850-1927) published by students and colleagues of Jean-Martin Charcot, a French neurologist working at the Salpêtrière Hospital, famously known as the inventor of hysteria and its healing methods. This paper examines some of the notable images published in the book, namely, photographs of Mary Wittman made by Albert Londe and Paul-Marie-Léon Regnard's studies of the ill to provide a critical reading of the photographic iconography of mental disease emphasizing the structuring role of fabric and material culture. This paper aims to glean how the subject is socially shaped by and through objects, habitus, and architecture, from walls and soiled floors to worn and torn garments.

Keywords: history of psychiatry, visual culture, photography, gaze, subject, material culture, habitus.

I. Introduction

Film and serial photography were and remain scientific methods of neurological research leaving visual forms that underlie understandings of psychiatric phenomena in which the scientific and the aesthetic intertwine. In this paper, I explore some of the earliest photographic representations of mental disease, analyzing images published in the three-volume book *Iconographie Photographique de la Salpêtrière* (1850-1927) which introduced hysteria into scientific discourse, and popularized it for a larger audience. I ground my research in a feminist critique of hysteria¹. I discuss photography to consider the material things and structures within these spaces of the subjects' performance,

¹ See, for example, Gilman et al. (1993), Diamond (1990). Extensive dissertations have been written on this including: Daniel (2009), Klement (2011).

such as clothing, bedclothes, bed frames, along with the bodies they chronicle. This analysis draws on Pierre Bourdieu's concepts of *habitus*, *hexis*, and bodily comportment. Ways of moving and speaking or holding one's body are socially made and not natural attributes. *Hexis* is a component of Bourdieu's *habitus*, a pattern of holding oneself, both individually and systematically, as linked to a whole network of tools, instruments, and social values (Bourdieu, 1977, p. 87). Understood as the "way" one wears something, feels, moves, or talks, based on learning in social, cultural, and familial environments, Bourdieu's *hexis* explains ways of moving and speaking or holding one's body that are socially made and not natural attributes. Here I extend this concept further towards the context of photographs in institutions. When we see someone bent over in distress, with nothing to lean on but a radiator, the space, object, and subject constitute this despondency. It is not innate to the person. The institutions, the legal and medical systems, are accountable for a structuring role. By including tactile aspects of these artifacts and attending to textures within the scene and across the examples I survey, I consider how these details can inform us about the status and ideology of the institution beyond the evidence of the visual as an imprint of the mental alone. This focus allows me to elaborate on the concept of *fabric of care* to signal the double meaning of fabric as both the social fabric and the physical fabric that reinforce political mythologies and one's orientation in space both individually and socially. *Soft infrastructure* can be understood as a generated representation of practices, that might include fabric or fibers, and that guide the body in the environment and are produced by social differences and relations that are both symbolic and real.

I start by examining the ways in which the clinic's official photographer Albert Londe represented the famous Salpêtrière patient Marie Wittman, emphasizing their theatricality. Representations of hysteric illness maintain a particularly sexualized and gendered legacy. I address ways hysteric women were photographed for the sake of neurological science to illustrate how surfaces, such as walls and tables, and the presence or absence of materials, like jewelry and clothing, inform us about the medical gaze and the *habitus* and *hexis* of institutional culture. I aim to

demonstrate a methodology for addressing historical moments comparatively through photography in order to read the materials presented in themselves for their evidence of culture and ideology, both against each other and separately. These archives of films and photographs provide evidence of a materialist ethos that informed the movement toward institutional psychiatry, in parallel with the physiological turn of the early twentieth century that was central not only to medicine but also to colonial anthropology (Tobing Rony, 1992).

II. Charcot's hysteric subjects

Hysteria was one of many neurological and pathological situations recorded and analyzed on camera. The Salpêtrière was one of the first hospitals to use photography for neurological research. There is a vast literature on Salpêtrière's history, much of it addressing the role of drawing, film, and photography in institutional practice². For researchers, film and serial photography provided information on physiology, making motion a defining criterion for pathology. This has been a focus of much historical research linking works from the serial photography of Etienne Jules Marey and Edward Muybridge, the first to capture phases of movement photographically, to the serial studies of hysteria produced by Albert Londe³, one of the most prominent photographers who worked at the Salpêtrière under the direction of Jean-Martin Charcot (Cartwright, 1995). While Marey and Muybridge's works demonstrated objectively the phases of muscular movements via a series of static images, Londe's works were considered a representation of pathologies. I propose that reading distinctive images, one by one, more closely, can prove instructive for understanding how the visual appearance of illness was constructed.

² See, for example, Didi-Huberman (2003), Veith (1965), Marey (1878), Cixous (2004), Micale (1995), Showalter (1997), Gilman et al. (1993), Scull (2009).

³ See, for instance, the works of Jussi Parrika, Marta Braun, Rebecca Solnit, Phillip Prodger, Georges Didi-Huberman, François Dagognet. Etienne-Jules Marey produced photographic studies of animal motion, including humans, beginning in the 1880s. Muybridge is famous for "Animal locomotion", his production of the first scientific study of motion using photography.

Londe's photographs were included in the published *Iconographie photographique de la Salpêtrière* to articulate symptoms of named conditions as visually recognizable by patient comportment. Patients were described by doctors as suffering from a long list of symptoms described by Charcot including "sleep disorders, violent outbursts, hallucinations, vomiting, fluctuations in appetite, profuse sweating, agitation, listlessness, tremors and convulsions," (Hustvedt, 2011, p. 46). As photographs, they are readily identifiable as images meant to identify pathological states and captioned as such. Londe's images, in particular, were a crucial step in proving this concept and transforming it into scientific fact. The heroine of this photographic study, the woman in many of these photographs, Mary "Blanche" Wittman, was seen as a kind of celebrity in the era's contemporary field of neurology. She owed her popularity to the newly developed sphere of science, psychiatry, and to the mental illness of hysteria that was at the time predominantly diagnosed amongst women. She gave certain "medical demonstrations" for a wide audience and medical students as well as those interested in medicine including lay spectators. These demonstrations, for example, inspired Sigmund Freud's work.

A pictorial tradition was associated with Wittman. Among other things, she was the subject of André Brouillet's 1887 painting *A Clinical Lesson at the Salpêtrière*. Wittman became an "ideal specimen of hysteria, one to which other hysterics presented endless variations" (Hustvedt, 2011, p. 50). As Hustvedt describes she was made into the prototypical and medically ideal model student who perfectly performed Charcot's symptomology of hysteria. Londe's photographs provide a valuable resource to study the gaze that made her into such a figure.

In the first image of Londe's series, Marie Wittman is seated in a three-quarter view. Her clothes cover her except for her hands and face. They are form-fitting, and her left arm is bent posing on her waist. Her hair is pinned back in a braided up-do with a headband and bang ringlets framing her face, which bears a faint smirk, not yet breaking into a smile. Her gaze is focused on something or someone outside the frame. She wears a lace shawl tied over a gingham tailored collared shirt, which is ironed and has cuffs lined with lace, and teardrop earrings. Beneath her flipped-up ironed collar,

a pendant necklace dangles. If we may read the cut and quality of the clothing and the jewelry she wears as indicators of her status in the world outside the framework of the mental institution, we might well consider her middle-class, healthy, and self-possessed.

This photograph was taken (as follows from the title) to show her “normal state,” before Wittman was hypnotized and had fallen into a state of “somnambulism,” as shown in the proceeding image in the series. There, she is apparently in another state of consciousness, with her eyes shut, her chin heavy and her arms unnaturally twisted and pressed to her chest. Compared to other, more widely reproduced and therefore familiar clinical images of Wittman, this photograph is intriguing because there are no visible signs of illness. A reader unfamiliar with her clinical image would have no way of knowing, from this image alone, that she spent most of her life in an epileptic ward in the late 19th century.

Historical accounts have exposed that Wittman came from a poor family, was addicted to ether, had a “ravenous appetite,” and put vinegar on “just about all of her food” (Hustvedt, 2011, p. 46). Her biographical history is more complex and painful than either photograph reveals. The photo set does not indicate key parts of her early life as they were meant as scientific documents⁴. For example, it is reported that Wittman had convulsions as a baby beginning at 22 months and these episodes left her “partially paralyzed” and “temporarily deaf and dumb” (Hustvedt, 2011, p. 38) or in some cases mute.

Wittman experienced infections and other illnesses linked to living in poverty, and suffered emotionally from the loss of five of her siblings (Hustvedt, 2011, p. 38). At 13, it is reported she was subject to sexual advances and blackmail from a furrier, who raped her a year later. She ran away, finding employment as a “ward girl” at the Hôpital Temporaire (Hustvedt, 2011, p. 40), but suffered an “attack” at this job tearing the sheets and ultimately getting fired, and was subsequently hired as a ward girl at the Salpêtrière, where she would be admitted to the epileptic ward days later, at the age of 18 (Hustvedt, 2011, p. 42). There she lived for the rest of her life,

⁴ A more comprehensive biography of Wittman can be found in Hustvedt (2011), the books by Per Olov Enquist, and many articles.

serving as an assistant at the department of Albert Londe, one of the institution's resident photographers and radiologists. She died at age 56 in August of 1909 due to a hemorrhage of "undetermined origin" now understood to be related to radiation poisoning contracted from her work for the hospital with X-rays.

This historical account is largely taken from notes in her patient records. Today, hysteria is commonly understood as a response to social conditions, an explanation also then used by the Salpêtrière's medical staff. Mary Wittman's patient records include biographical details that render her trauma a workplace condition, and demonstrate ties between her mental state and her life history. However, her biographical details are used selectively with the consistency of Charcot's theory of hysteria prioritized: it is known, for example, that Charcot made his own concept of hysteria according to his own nosological concept, *hystero-epilepsy*, or *hysteria major*, so that hysteria remained isolated with its own laws, not to be fused with epilepsy (Didi-Huberman, 2003, pp. 76-77). Thus Wittman's life story was read selectively to best fit medical narratives. This was also the case with other patients who, as writer Leslie Camhi explains, were subjected to a very specific questionnaire targeted to single out the required behaviors and render them as symptoms. Patients and family members were engaged in a "dialogue of the deaf" in the institution in routine interviews such as when Charcot asked a 15 year-old patient if she had the urge to punch a pane of glass or wash her hands repeatedly and she answered "No, sir." Others said nothing (Camhi, 1991, pp. 160-161).

Her "street clothes," the outfit of a woman with family money or an income of her own, could be, for the educated audience of the time, considered a reflection of the institution's "humanizing" approach, in which everyday life of the normal citizen is granted to inmates, and patients able to do so are engaged in the "meaningful" labor of maintaining everyday institutional life. Her status as a victim – of rape, of illness – obscures how and to what degree Wittman had any agency in facilitating the research. Towards the end of her life, she was one of the first to undergo numerous amputations to manage cancer induced by radiation (like Marie Curie) that she was subjected to at work. As Giménez-Roldán points out, her status in the photograph as a woman of standing and accomplishment within

an institution in which she also was a servant, then a patient, was apparent. There is dark irony in the way that she died, her career as a technician and radiological assistant would decimate her body (Giménez-Roldán, 2016, pp. 124-125). Her role is paradoxical in her status as both a co-author and a victim of the study, she is often acknowledged as its object.

Her pathological condition, her home life, and her employment were fully contained within the habitus of the institution. The mere fact that she was not only a patient but also an employee at the clinic, by today's standards, casts a shadow on the scientific authority of the project. By serving as a radiologist at the institution, Wittman bridged the boundary between patient and staff. Knowing this, we are inclined to interpret Londe's photographic series as forged by patient and doctor together. Again, to what degree we cannot be sure. We know she endured and suffered bouts, attacks, and tremendous pain that weren't faked. But, in a more critical perspective, we might also regard these images as posed portraits of a theatrical performer who might commemorate them to a public audience. Hence, we may assume that this was created with the direction of Londe, and the choice of posture and props was no accident. This allows us to treat these photographs in the aesthetic discourse of the time, rather than a medical discourse. In what follows, I analyze them based on pictorial tradition and material culture.

There is a vast feminist historiography of hysteria that begins in 1969, which I cannot cover fully here⁵. Scholarship on hysteria has focused on its construction as a joint project between doctors, staff, and patients. Many of the accounts of hysteria suggest the performative aspect of this disease proved the complicity of society in producing the hysteric subject. Women acted out their resistance to social conditions and assaults on their bodies. They and their acts of resistance, rather than their perpetrators and the actions they inflicted were classified as pathological. Subjects arrived at the hospital with their own symptoms and pasts. These narratives and their subjects were reformed to meet the classification categories

⁵ See, for example, Esther Fischer-Homberger (1969), Hunter (1998), Furse (1997), Foster (1998), Cixous & Clément (1988), Devereux (2014), Hunter (1983).

and standards of the institution. Feminist critics⁶ have insisted that women in the medical teaching rooms gave fraudulent performances of hysteria to appease Charcot when he was present and to follow the expectations of the doctors and students. Wittman was ordered to commit petty theft and even ordered to kill someone under hypnosis (Hustvedt, 2011, pp. 82-86). These instructions suggest the state of powerlessness produced in the female subjects in the Salpêtrière clinic, and the forced theatricality of the performances of hysteria in which, "by all accounts," Wittman was the "most gifted actress" (Hustvedt, 2011, p. 93).

Critics have also remarked with concern the extent to which experiments conducted to gather facts about hysteria and hypnotism performed on female subjects were erotically charged. These suggest that physician's fantasies and the perversity of nineteenth-century science had rendered women docile, compliant subjects, interpellated into performing artificial states not only through suggestion but also through hypnosis (a state that the plate titled "Somnambulism, muscular hyperexcitability" documents), during which patients would do just about anything asked of them, under the power of the doctor as magnetizer.

Wittman challenged the important but homogenizing and glorified terms "pleasure" and "desire" in terms of her participation as a medical example, as an actress, and as a woman eroticized in the very instructions accompanying her proofs of hysteria, and in depictions of her. Did she and Charcot form a sort of allyship within pathology, that allowed a different kind of sexualized body to come forward, an image with which they were both complicit in shaping? This alliance could be understood as a link that posed the question of changing social expectations of the woman that formed hysteria as an illness of both society and sexuality at the same time. Charcot campaigned for women to be admitted to medical school and contributed to advancing women's health (Goetz, 1999). Still, other accounts focus on the Salpêtrière women as victims of male handling, of institutional violence, focusing on the misogyny

⁶ Catherine Clement. (1975). "Enclave, esclave", *L'arc* 61. Trans. in M. Schuster in Marks and de Courtivron, eds., *New French Feminisms*, (New York: Schocken Books, 1981), p. 133; Mitchell (1974), Camhi (1991).

of male doctors⁷ or of hysteria as symbolic of universal female oppression and a dismissal of the women's experience⁸. Wittman and hundreds of other women were exploited and puppeted for over a century, with treatments including carving their names or the name of the hospital into their skin for the wounds to bleed at certain pronounced hours of the day.

Hysteria is complexly woven and must be cautiously interpreted, revolving in the social issue where it mutates in different historical moments. Lacanian feminist critics who saw it as questioning sexuality and its representation took up its construction as a woman's disorder linking biology with femininity. An abundance of literature emerged on male hysteria and gender theory challenging the lineage of hysteria as explicitly "female" disorder and shedding light on the male experience⁹. Yet more often it is the women figures like Wittman, Dora, or Augustine that elicit fascination, who have lasting effects on medical and art historical discourse.

Aside from gender, there is also a distinct social context to her story. From adolescence on, her medical narrative is tightly interwoven with the story of her work history.

Working-class women as material for medical student training and the advancement of the science of neurology depended on skilled labor in performing proofs of hysteria, which existed as raw material evidence bound to the habitus of a woman's world, in which she performed as both worker and patient. Many examples exist of the complicity of photography and medical science together, and their exploitation of working class subjects. Take, for example, Guillaume Duchenne de Boulogne's *Mécanismes de la physionomie humaine* (1862) which conveyed a lexicon of facial expressions indicating human emotion made by electrically stimulating facial muscles across the faces of working class subjects. Among the models for this study was a shoemaker whose "inoffensive character" and "limited intelligence" made him a perfect candidate for the job. The face of the working class is used as a canvas for

⁷ See, for example, Micale (1989), Showalter (1985).

⁸ See Hustvedt (2011), Showalter (1993), Cixous & Clément (1988, p. 47).

⁹ See, for example, Batault (1885), Micale (1990), Keller (1985), Kavka (1995), Link-Heer & Daniel (1990).

mechanisms of control of medical science, its fixing gaze and fingers (Duchenne de Boulogne, 1862, as cited in Marbot & Rouille, 1986, p. 54). This was developed similarly for the Parisian police by Albert Bertillon whose classifying methods of police identification used photography to create a visual lexicon for criminals that depended on sampling from and dividing an entire French social body.

Wittman's ability to resume composure and to work at a relatively high level within the hospital was yet another indication of successful management – of her disease and of her behavior, of interpellating her into self-management, a success of biopower. This "success" heightened her status amongst the other female subjects who were not made to figure into the iconography and records as important enough to capture in such a "normal" state. At the same time, the record shows that despite the appearance of self-possession, Wittman's image was a product of mastery and teaching exerted over every one of her "states," including "normal." Was any element of the hexis or habitus left up to her? Her gaze outside the frame and her stiff placement of a hand on her hip suggest a "candid" pose that is constructed. Her placement while having hysterical episodes in a photographic studio suggests she must have willingly reperformed "attacks" for the camera, at least some of the time. "Put your hand on your hip" might have been a directive internalized in the performance of normalcy cued by the presence of the camera and the instruction to dress for this particular shoot in street clothing, not a work smock or patient gown. The outfit serves as a means of controlling comportment through the codes inscribed in its structure: the corset beneath the dress, the high collar, and the tight bodice contrast with the capacious body-covering smock and the revealing hang of the patient gown, which in more clinical photographs reveal shoulders and legs, and cling suggestively to the torso, with the bed and bedclothes as props suggesting sex as much as illness.

I now turn to a more direct apparatus of sartorial control over comportment that would not be visible in the photograph but could reasonably be assumed to be present under garments in some of the photographs of Wittman: an ovary compressor. Although this device would not be visible in the photograph, there is evidence that Wittman wore it for over 24 hours at a time (Jarrell & Stahnisch,

2021), ostensibly to prevent attacks. The ovary compressor was a contraption made of leather straps fastened around the back with metal screws padded with leather and placed over the abdomen, as a mechanism for tightening and squeezing. Charcot invented this device to slowly apply pressure over the abdomen, squeezing in and applying pressure to the woman's uterus. This invention followed Charcot's designation of "hysterogenic zones" (Veith, 1965, p. 232) on the female body, touching points that could influence the women's states and prevent hysteric attacks. He would commonly press on points near women's ovaries or use a baton to apply force there, and once the compressor was invented, he would sometimes make women keep it on for up to three consecutive days (Showalter, 1997, p. 33). Charcot's belief in the relationship of the ovaries to hysteria followed from a long stream of physicians' reports, beginning with a study by Charles Négrier in 1858, and including Pierre Briquet's 1859 studies of 430 women diagnosed with hysteria, as well as work by Bourneville (1879) and Théophile Gallard (1886) (Jarrell & Stahnisch, 2021). William Cullen had made this association much earlier, in Scotland (1796) (Jarrell & Stahnisch, 2021, p. 317). During the second half of the nineteenth century "normal ovaries" were frequently removed as a treatment for a diagnosis of hysteria, hystero-epilepsy, or mental illness (Jarrell & Stahnisch, 2021, p. 316). Although the surgical removal of ovaries was something Charcot rejected (Jarrell & Stahnisch, 2021, p. 324), he saw the ovary compressor as a short-term or temporary solution, if not a cure. Yet he was unable to describe the pathological mechanism linking the ovary to pain women experienced in their skin and muscles (Charcot, 1886, p. 106; Jarrell & Stahnisch, 2021, p. 324).

It is the material contraption, a sartorial mechanism of soft and not-so-soft infrastructure, pressed upon the woman's ovaries, that conformed her body along with a continuum of other more familiar feminine garments and hospital items that bound and applied pressure to the body, such as corsets and straitjackets. The literature has emphasized how, in the mapping of hysterogenic zones onto a female body, the ovary compressor, of which no similar device was made for males, demonstrated the relationship of hysteria to sexuality and the female body as an entity in need of material mechanisms of sexualized control. It was a device that pressed and

therefore regulated or controlled women's ovaries, what was seen as an uncontrollable and devious female sex¹⁰. In line with this literature, I understand hysteria as the illness of being a woman in a social world and institutions that denied this (Camhi, 1991, p. 3).

The power of soft infrastructure

Here, I want to emphasize the deployment of fabric, within this history, and suggest that the habitus of bedding and beds constitutes one genre of mise-en-scène in images of hysteric women. The hexis of a woman's clothing and the fabric, objects, and images that contributed as signifiers and constructors of hysteria, brought it into legitimation as a science through its careful and complex material staging with things, props – the soft infrastructure of the system that was hysteria in all its phases.

To discuss this hidden aspect of hexis, I turn to the clinical images from the Salpêtrière archive made by Paul-Marie-Léon Regnard in 1878. Though there are other variants, many of the photos of hysteric women were taken either in medical rooms, in photography studios where the subjects were seated in chairs, or, more commonly, in their beds. It is in the latter category of photographic mise-en-scène that I will focus on, in order to discuss further the surrounding material infrastructure of nightgowns, pillows, sheets, and other draping fabric – the material conditions that we can also understand in terms of the mechanisms, such as the ovary compressor, used to bind and constrain, softly, invisibly, and painfully, the female subject.

In Paul-Marie-Léon Regnard's photogravures, such as *Début d'une Attaque Cri, Épilepsie Partielle Début de l'Attaque, Attitudes Passionnelles Erotisme*, as well as others, the woman is shown in bed, in medium close up. Her torso in the frame is not covered by the sheet, which is folded below her waist. We see her in her nightgown, sleeves pulled back to reveal her forearms in a gesture. She seems to have been photographed in the act of performing. Her nightgown, pillows and sheets fill most of the frame. The pillows surround and wrap her.

¹⁰ See, for example, Josef Breuer's and Sigmund Freud's "Studies on hysteria" that was first published in 1895.

These photographs participated in a broader set of systems that amassed examples to organize and demonstrate a classificatory system and pathology in photographic collections of hysteric women. The hysteric body was treated as an art object, visual manifestations of hysteria adhered to conventions of the female body borrowed from art that viewed the woman in terms of “masculine gaze and speech” (Pollock, 1988, pp. 189-190). She is at times represented in a sexualized manner, with her neck and upper chest bare, and her hair somewhat unkempt, at times – in a “regressed” mental state. This jives with eighteenth and nineteenth-century sciences (such as anthropometry, craniometry, phrenology) that sought to “encode the anatomy and physical appearance of primarily non-Europeans, and later, European women, as indicators of a lower developmental or evolutionary state.” (Cartwright, 1995, p. 51)

One might expect that a hysterical state would be more likely to come on randomly, not when a subject is propped up so high, with multiple pillows – as if for some sort of social engagement with someone else. The absence of a background and the use of a black backdrop are suggestive of a photographic studio rather than the hospital room itself. The presence of bed and pillows in this setting suggests that the studio was a fixture in the institution’s architectural infrastructure, the milieu of a hard, semi-permanent installation used to pose different patients. The likelihood of spontaneous episodes is therefore low. It is probably not a coincidence that she is propped to such an extreme, almost vertically posed and secured in place. The positioning makes her the perfect subject for a portrait-oriented photograph, rather than the horizontal landscape orientation a reclining performance of this stage of hysterical-episode-in-bed would have required.

In Charcot’s descriptions of women’s pain, he found that ovarian compression could start and end the hysterical reaction, but could not eliminate the contracture, paralysis, or hemianesthesia (Charcot, Bourneville, Babinski, 1886, p. 334). This phenomenon is one that Willis had identified in the seventeenth century: “It is certain that the convulsive attacks that stem from the abdomen are stopped, and that their rise to the neck and head is prevented through compression of the abdomen, by using the arms to loosen up the body or by applying tightly wrapped blankets” (Willis

1668, 285). We might wonder how the bedding that wrapped and surrounded the subject in these photographs was involved with this restricting movement and compressing of the limbs of the subject, to prevent convulsive attacks perhaps, or in this sense, as a preventative measure, to make the patients more comfortable. Or was this excess of blankets functioning psychoanalytically to materially overcompensate for her presumed lack, to keep her tucked away not only in the sense of her internment but at a distance, too, from the photographer? If we keep in mind the internalization of power that constitutes biopower, then we may see the woman's compression of pillows and bedclothes as a co-constituting force of her esconcement in the institutional infrastructure.

Here, I would like to remind the reader of the function of sheets, within the psychiatric space, as one of the few readily available materials given to female subjects (staff and patients) to handle and manage on their own. By default, sheets were one of the few material forms on, with, or through which a patient or a domestic worker might express themselves, act out, or refuse to use in a mandated manner. Covering, folding, flattening, binding, and containing patients or oneself: these normative actions with sheets could be defied to perform resistance to the institution's habitus, its social structures, and norms of activity. Also at stake here is the iconographic tradition of unveiling, so that Truth or Nature appears naked, in a mix of eroticized fantasy and scientific knowledge that was a key paradigm of Enlightenment thinking¹¹. Compliance, on the other hand, giving in under pressure but also exerting one's own pressure to bind oneself into the stuff of the institution, which presents itself as comfort, and safety, the stuff of care, reveals itself as a key process in the mechanics of soft infrastructure.

I am inclined to suggest the excess of fabric in many of these photographs is a way of visually naming and projecting the construction of hysteria itself as akin to a moldable but cohesive fabric, as a mechanism in the soft infrastructure of power and control. Hysteria was an illness that was so carefully woven and made, such that we could read into this disease all of the transcending qualities of the fabric itself – as *the* skin that is there from birth to death, that

¹¹ I am thankful to Daria Panaiotti who contributed this observation.

wastes nothing, and from which a thread weaves through its entire being, just as the cloth of the sheets is the same as that of the gown. Both Freud and Breuer had described the relationship between needlework, or collecting rare laces, and women's hysterical trauma. Camhi comments on this when she quotes Breuer describing Anna O's memory work as a "'tissue of data with such a degree of internal consistence' that it could only have been woven by the unconscious" (Camhi, 1991, p. 65). The metaphor for hysteria as a kind of weft, threaded through the mind and body of the subject are supported in photographs which turn inside out the subject's image into proof of a natural, disheveled and yet mathematically knit and consistent disease. To show such subjects not under excessive layers but fully naked would be an assault to the then patriarchal construct of medicine that could grow so long as women remained shrouded and ashamed. The same hard bed, on the other hand, is here again, suggesting a masculine gaze that appropriates this setting because it is the same, consistent, controlled, the foil of the "uncontrollable" woman and her involuntary limbs.

French psychiatrist Gatan Gaëtan de Clérambault expresses a compulsive obsession with fabrics in his *Passion érotique des étoffes chez la femme*, or *La passion des étoffes*, his lectures on drapery and an ethnographic project that involved studies between 1912 and 1919 of veiled North African men and women. Clérambault is known for fetishizing the fold in his technical photographic studies that obscured the body, which is interpreted as having been a prop in service of the drapery. These bandaged poses chosen by Clérambault sealed, ritualized and froze the subject, rendering them as not only veiled but also, to their western viewers, mummified corpses.

The photographs became endless, timeless, through the religiosity of cloth and the ordering implied for the vanishing of their round form, as if a bit of flesh threatened the photograph in its power. This wrapping and hiding of flesh makes the women's bodies frozen, stiff, obsessively ritualized and arranged by the photographer. This can be in the appearance of a bit of hand from beneath the thick cloth, a gaze that pierces through. So Clérambault builds up a wall, a house, a cloth building to make them disappear, as did Delacroix when he painted Algerian women in their apartments as if their veil was a house from which he can protect himself, and from

which they could only dare to break through. This tension prevents their disappearance. These Orientalist approaches do not exile the Arab woman for writer Leïla Sebbar. Instead, it is when they are truly exiled on the Western shore that “their bodies are the more invisible, graceless, for being seen unveiled” (Sebbar, 1992, p. 77).

Clérambault renders the body a humble servant to fetishized cloth. Design capsizes the ranking between support and prop, though one cannot function without the other. Which holds up the other? Le Corbusier had inverted the value between carpets and walls – walls were needed to hold up houses and architectures made of carpets, and served as support for fabric that came first. Le Corbusier let the walls recede so that they could be stages enabling the power of surroundings and sociality. The fabric structuring the subjects in photographs of hysteric women is metonymic for their shrouding and admission within the social fabric.

But let us return to the stuff of fabric as a soft infrastructure. Within the history of psychiatry and patient records, “tearing clothes” is a common notation in patient case files¹². I have found this act to be jotted down, along with other descriptors of agitation in patients, in the records of the Montperrin hospital in the early 1900s, held at the Archives Départementales des Bouches du Rhône. While tearing sheets and linens might have been common, it would seem to be hardly significant or worthy of record to the same extent as, say, harm to oneself or others, or refusing to eat, hallucinating, or not sleeping, for example, and yet tearing one’s clothes was understood as a disorderly behavior as such in other psychiatric case files I have consulted¹³. We can consider tearing sheets as an act of resistance functioning in ways similar to breaking windows even if sheets are not sharp and jagged. Sometimes these came together. In Wittman’s case, “breaking windows” accompanied the tearing of sheets (Harrison, 2011). Here again, tearing linens made the institution a site of active negotiation of power through its soft infrastructures. And this action invariably had as an

¹² In conversation with Claire Edington in 2019 and in Edington (2019).

¹³ This was the case for instance with tearing one’s own clothing which was seen as aggressive and problematic behavior in the Archives Nationales des Bouches du Rhône for patients in the first half of the 20th century.

outcome a classification of the subject as pathological. If we further meditate on the metaphor of folded fabric as the soft skin of the building, turned inside out, the act of tearing sheets is rebellious, seen as an attempt to demolish the social structure that oppresses the body. Put in this perspective, the photograph analyzed in the paper would become not suggestive of moral queasiness in the spectator, but, rather, as scenes of challenging the fundamentals of moral and scientific rigidity. Here we have considered the way the subject, such as Wittman moved, or held a pose in the photograph was conditioned by the institutional habitus. Photography within the context of medical institutions, and ideology as its institution more broadly structures the subject through clothing, and setting, practices that produce social difference and forge ways of unpacking the image. Here the clothing within photographs has served to analyze the materialism implicit in medicine that is also woven in the sitter and viewer's mind. The effect of her workplace on her illness and its manifestation, as well as her clothes, are important conditioners for indexing the aftershocks of psychological science. The normal image was presented, though her work as a servant, model, and radiological assistant seems exceptional, although this is not apparent visually. In other cases, the depth of pain and illness is masked by the staging of illness as a spectacle for teaching. By emphasizing her identity as a worker, the ability for the candid to emerge is cast off in favor of the staging that happens at the level not just of aesthetics, but of social discourse and materiality.

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Figure 1. "Normal state" Photograph of Blanche Wittman by Paul Regnard from Desire-Magloire Bourneville and Paul Regnard, *Iconographie photographique de la Salpêtrière Vol 3*, Paris: Aux Bureaux du Progres Medical, Delahaye and Lecosnier, 18790188, Plate 1. Yale University, Harvey Cushing/John Hay Whitney Medical Library. "Marie «Blanche» Wittman taken around 1880"