

“Effroyable réalisme”: Wax, Femininity, and the Madness of Realist Fantasies

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Article abstract

Cet article examine l'utilisation de pratiques formelles réalistes, de procédures et de médias par les professionnels de la médecine à Paris au dix-neuvième siècle ; il se concentre sur les modèles en cire commandés par le chirurgien Jules Émile Péan (1839–98). Ces modèles reproduisaient des parties génitales atteintes de maladies et ils étaient exposés à l'hôpital Saint-Louis, un hôpital dont la spécialité était le traitement des maladies vénériennes et des maladies de la peau. Cette étude sur la production et la réception des modèles en cire autant au sein du domaine scientifique que dans le domaine public, remet en question les revendications de vérité absolue et d'objectivité faites par les professionnels de la médecine et exprimées à l'aide de matériaux « mimétiques »—dont la cire et la photographie—dans le développement de la connaissance médicale. Il tient compte d'autres revendications à la vérité faites par différents médias, pratiques stylistiques et disciplines professionnelles dont l'art et la médecine. En établissant des liens entre les modèles en cire et la féminité dans les sources médicales, artistiques et littéraires du dix-neuvième siècle, cet article soutient que la façade rationnelle de la médecine moderne et des représentations réalistes dissimule un comportement démentiel. Bien que la surface réaliste des représentations du corps de la femme aient aidé à convaincre que leur création, leur exposition et leur description en tant qu'objets de collectionneur étaient raisonnables, le contact physique excessif que leur production exigeait, et leur rôle fantastique et théâtral dans l'oeil du public menaçaient constamment d'ébranler les prétentions à la raison faites par les domaines médical et artistique.

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Résumé

Cet article examine l'utilisation de pratiques formelles réalistes, de procédures et de médias par les professionnels de la médecine à Paris au dix-neuvième siècle ; il se concentre sur les modèles en cire commandés par le chirurgien Jules Émile Péan (1839–98). Ces modèles reproduisaient des parties génitales atteintes de maladies et ils étaient exposés à l'hôpital Saint-Louis, un hôpital dont la spécialité était le traitement des maladies vénériennes et des maladies de la peau. Cette étude sur la production et la réception des modèles en cire autant au sein du domaine scientifique que dans le domaine public, remet en question les revendications de vérité absolue et d'objectivité faites par les professionnels de la médecine et exprimées à l'aide de matériaux « mimétiques »—dont la cire et la photographie—dans le développement de la connaissance médicale. Il tient compte d'autres revendications à la vérité faites par différents médias, pratiques stylistiques et disciplines professionnelles dont l'art et la médecine. En établissant des liens entre les modèles en cire et la féminité dans les sources médicales, artistiques et littéraires du dix-neuvième siècle, cet article soutient que la façade rationnelle de la médecine moderne et des représentations réalistes dissimule un comportement démentiel. Bien que la surface réaliste des représentations du corps de la femme aient aidé à convaincre que leur création, leur exposition et leur description en tant qu'objets de collectionneur étaient raisonnables, le contact physique excessif que leur production exigeait, et leur rôle fantastique et théâtral dans l'œil du public menaçaient constamment d'ébranler les prétentions à la raison faites par les domaines médical et artistique.

Doctor Jules Émile Péan (1830–1898), a surgeon of celebrity and controversy, was a collector and creator of realistic representations of bodies and body parts. Like other medical men in late nineteenth-century France, such as the renowned Doctor Jean-Martin Charcot at the Salpêtrière hospital, Péan used representations of bodies as a means to advance medical knowledge, to promote France as a leading scientific nation, and to construct his own identity as a modern medical leader.¹ Péan commissioned numerous medical *moulages* of diseased body parts, which were displayed at Hôpital Saint-Louis, a hospital in Paris that specialized in the treatment of venereal and skin diseases.² The waxworks were exhibited in the large lecture theatre that was opened in 1889 to host the first international conference of dermatology and to celebrate the progress of French medicine during the Exposition Universelle of that year (fig. 1).³ Cast directly from the bodies of suffering patients, these wax models were understood by contemporary viewers as realistic objects that depicted the visible world accurately and with the utmost objectivity. An article in *Annales de dermatologie et de syphiligraphie* from 1889 claimed that the Saint-Louis waxes were “pure reproductions, nature captured as it is.”⁴

By exploring the competing claims to truth and reality made by different media, particularly wax, it becomes evident that realism was never a stable or monolithic category. Wax was associated with reality and rationality through its connections with the scientific world, but it was also linked to spectacle and fantasy, as is apparent by the emergence and popularity of wax museums. Although this malleable substance has often been overlooked in academic scholarship that focuses on the relationship between art and medicine (most studies examine photography's role in medical iconography), wax, like photography, was understood as an indexical medium *par excellence* and was regarded as thoroughly suitable for medical models despite its

association with popular waxwork displays.⁵ Furthermore, an examination of late nineteenth-century objects, images, and texts shows that the medium was often understood in gendered terms, as wax was frequently linked to femininity, fragility, and death. By examining the representation of women *in* wax and *as* wax, it is evident that the medium was considered a perfect material for the rendering of female bodies in medical contexts: bodies that fluctuated between the real and the ideal, sickness and health, education and entertainment, sentience and unconsciousness, beauty and horror.

This article will focus on Péan's collection of realistic representations of female bodies in wax and in paint. I will argue that the practices of producing medical images, in both artistic and medical contexts, often showed moments of pleasure that went beyond the requirements of professional duty, particularly when the object of study was the unclothed female body. Behind the rational façade of realist practice lies a subjective madness. Although Péan also exhibited models of male bodies, his professional identity was most publicly tied to his study of women, as he was best known for his operations on female reproductive organs.⁶ J. Hirschler's contemporary account of Péan in *Nos Docteurs* claims, “It is at the Saint-Louis Hospital that he became known for his admirable ovariectomies. These placed him among the top-ranked surgeons.... Doctor Péan is certainly, at this time, the most famous surgeon.”⁷ Péan was the first to perform a vaginal hysterectomy in France; he designed medical tools specifically for operations on women's bodies and he also publicized his charitable operations on female, not male, patients.⁸ Not surprisingly, *moulages* of diseased and distorted female genitalia comprise a large portion of Péan's collection. Row upon row of wax representations of diseased genitalia were, and still are, hung behind glass under a sign that lets the visitor know that these wax body parts belonged to the famous surgeon.

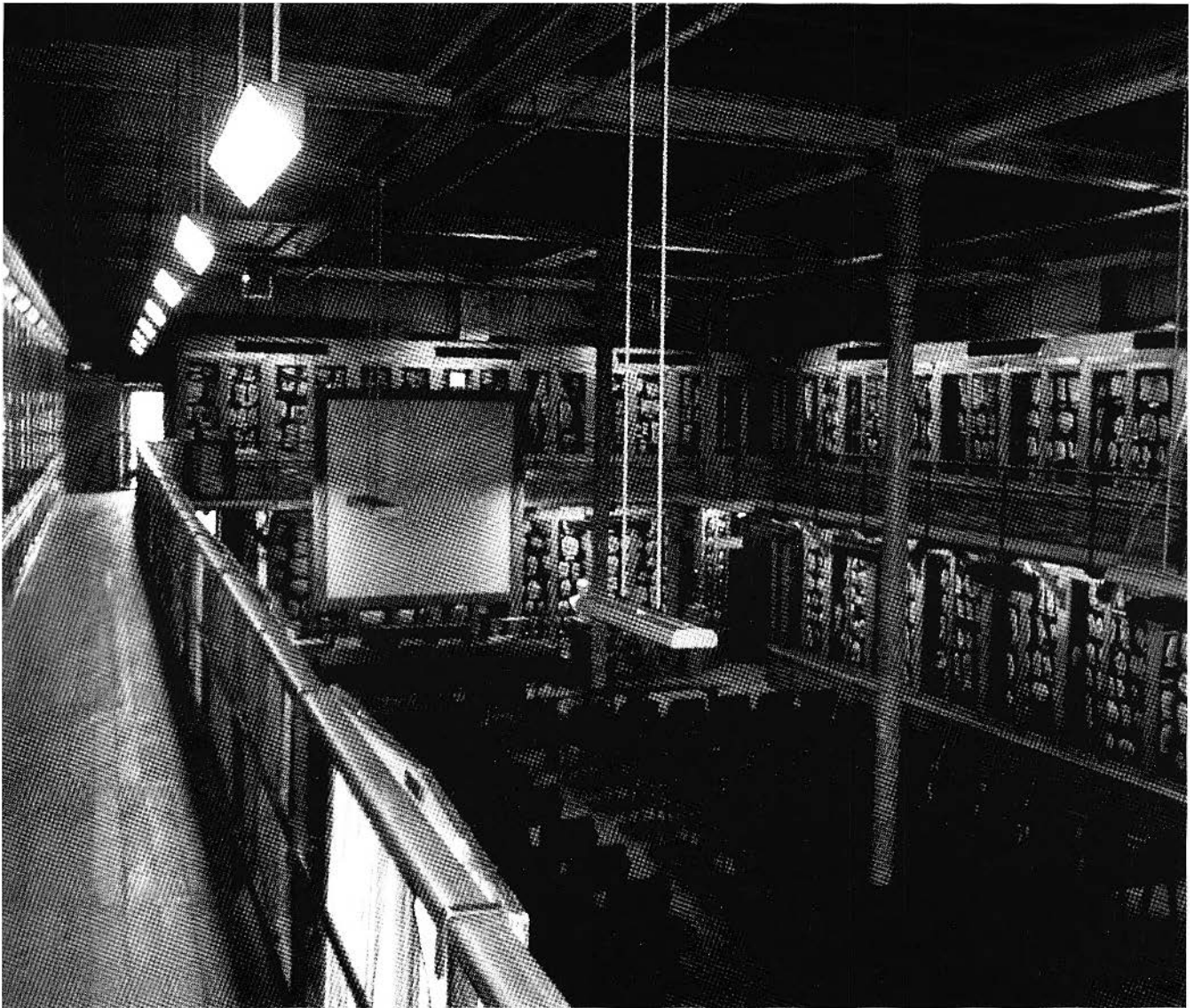


Figure 1. The interior of Hôpital Saint Louis (Photo: author, reproduction authorized by the Musée des moulages de l'Hôpital Saint-Louis).

The medical world relied on multiple stylistic practices, procedures, and media—photography, paint, plaster, and wax—in order to fabricate images and objects as “true to life.” Visual and textual conventions (such as detailed brushwork, smooth finish, and descriptive prose), along with professional affiliations (especially modern medicine’s association with truth), produced “reality” through codes that signified veracity to nineteenth-century audiences. The manufacturing of this “reality effect” was often done covertly, as codes were naturalized and often invisible. As Peter Brooks has pointed out, realism is a “form of play that uses carefully wrought and detailed toys” in order to reproduce the “look and feel of the real thing.”⁹ Art provided science

with a visual language and conventions, while science gave art an authoritative empiricist model by which to claim mastery over the realm of the objective and truthful. In turn, the moral virtues attributed to science—honesty, sincerity, and authenticity—took visual form in realist formal strategies. Yet despite being propagated as a metaphor of objectivity, realist strategies were no more impartial than any other artistic practice. Linda Nochlin justly argues in her canonical text of 1971, *Realism*, that all styles are intricately bound to professional, institutional, cultural, political, and personal imperatives. By simply assuming that representations are true because of the mimetic capacities of art, the powerful influences of conventions and history,

as well as conscious and unconscious intentions and aspirations, are ignored. Furthermore, conceptions of realism in art, medicine, and literature were varied and dependant on numerous notions of what constituted reality.

The desire of medical professionals to categorize and make sense of the world through the creation and collecting of life-like representations of bodies helped generate the “truthfulness” of their discoveries and inventions. These images and objects served to strengthen claims to the reality of diseases and diagnoses. As Georges Didi-Huberman has discussed, the assembling and cataloguing of collections involves “preconceiving” and “fabricating” reality, as the knowledge constructed through collecting practices becomes aligned with truth.¹⁰ The medical establishment’s need to both produce and authenticate reality by creating and collecting realistic representations of bodies, as well as the subjective fantasies involved in amassing such objects for personal ownership, point to a desire for the real that undermines the claims to truth and objectivity assigned to the collected medical objects. As waxes served to portray personal and professional identities as rational and reasonable, they also fulfilled desires that surpassed the necessities of scientific responsibility.

Making, Cataloguing, and Collecting Wax Models in Nineteenth-Century France

During the last decades of the century, Péan privately commissioned approximately 615 *moulages* of diseased body parts. Each wax shows with great detail how specific diseases attack particular parts of the body: wax models of tongues, arms, faces, torsos, and genitalia are covered with signs of illness evident in the rendering of pus and multicoloured rashes that cover the objects’ surfaces (fig. 2). The life-like depiction of skin, minute hair follicles, and goose bumps convinced nineteenth-century viewers that wax was the medium that could best resemble human flesh. As stated in the popular scientific journal *La Nature* in 1894, “The only plastic matter capable of rendering the absolute effects of the skin’s surface, its smoothness and its transparency, is wax.”¹¹ Wax produced indexical moulds that were considered devoid of subjective interaction, thus aligning the mimetic medium with scientific medicine’s association with objectivity and truth.

A *moulage* was made by a plaster cast, moulded on the human body, which provided a negative into which wax could then be poured.¹² Following the moulding process, the *mouleur* and doctor would work together to create an object that was understood as an exact replica of the human body. The application of coloured pigments and the manual shaping of rough and smooth surfaces produced signs and symptoms of illness that were considered medically legible. Significantly, the prac-

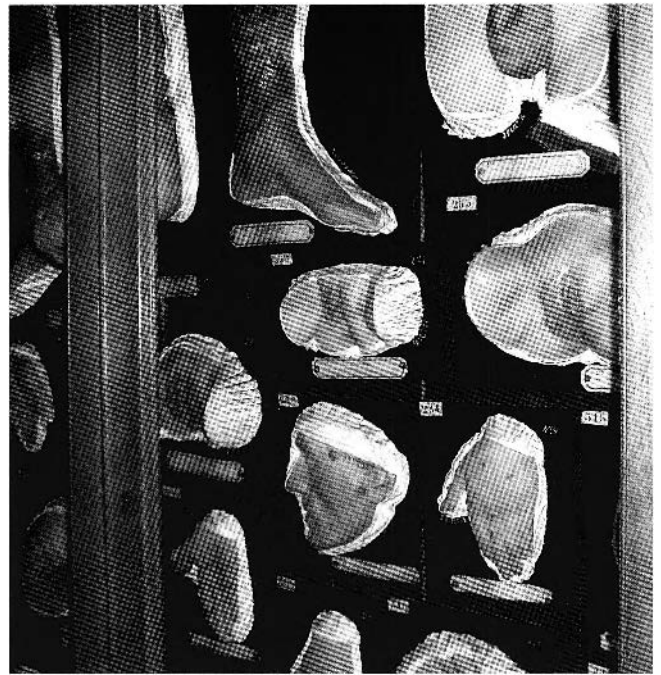


Figure 2. Doctor Péan’s collection of diseased body parts at Hôpital Saint-Louis (Photo: author; reproduction authorized by the Musée des moulages de l’Hôpital Saint-Louis).

tice of detailing the wax united the *mouleur* with the medical professional, as doctors, such as Péan, indicated where colour was needed, what further details were required, and how much hair should be inserted. At this moment, medical experts like Péan could occupy roles as both surgeon and sculptor. As learning tools and models of illness, the legibility of the waxes was of great importance. Waxes were examined by medical students and doctors as a way to practise diagnostic skills and examine rare diseases. The three-dimensionality, naturalistic colour, life-size scale, and excessive detailing of wax models made them appear more authentic and therefore closer to reality than representations created by other media used in medical instruction, such as photography, painting, drawing, and print. Henri Feulard, curator of the wax museum at Saint-Louis, described the superiority of waxes when he wrote that despite the “perfection” of the photographs and drawings at the hospital, “they were necessarily inferior to models, which, in addition to their accuracy of colour and form, possess the greatest advantage of relief.”¹³

Each wax model was mounted on black painted wood and framed by dried, white plaster-soaked cloth. It was accompanied by a printed paper label that showed the name of the doctor who commissioned the piece, the name of the disease, and the wax’s catalogue number. Significantly, each black board contain-

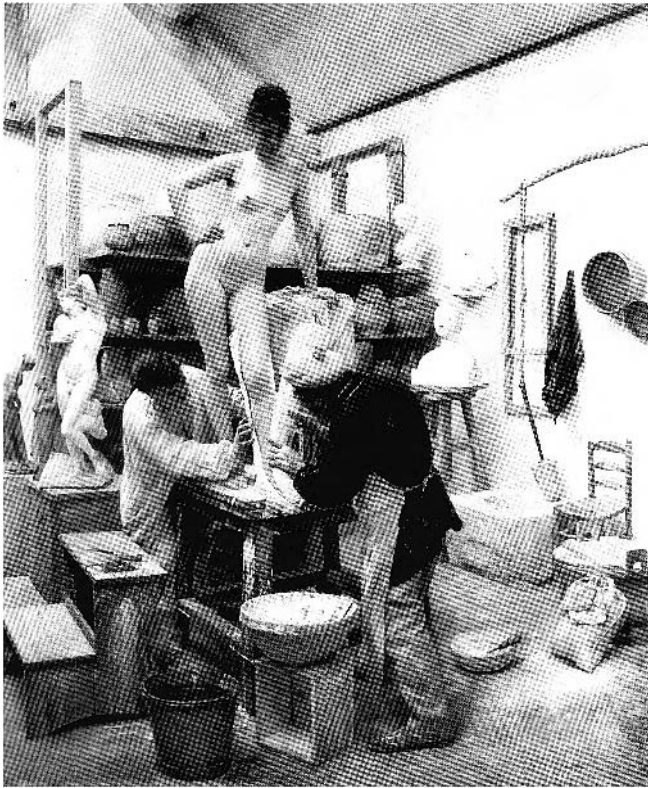


Figure 3. Edouard Dantan, *Une Moulage sur Nature*, 1887. Oil on canvas. 130.8 x 102.9 cm. Sweden, Göteborgs Konstmuseum (Photo: Lars Noord, 2006).

ing a wax body part was signed in white paint by the creator of the *moulage*, thus situating the *mouleur* as an artist and each model as an original. By drawing on such artistic conventions as the practice of signing an artwork, the *moules* were aligned with the seemingly more subjective and elitist world of art. The personally marked works and stylized presentations undermined the status of the waxes as purely objective models made for scientific study, and located them as part of a privileged and personal collection. Although collecting was considered integral to the production of medical knowledge, it also reflected the subjective fantasies of the collector. As Jonathan Crary has suggested in his discussion of the overlapping figure of collector, detective, consumer, and fetishist, there is a perversion at the core of the search for fact and truth.¹⁴ Furthermore, Jean Baudrillard has argued in relation to collecting practices that once an object is no longer tied to its function, its meaning becomes solely dependant upon the subject (collector). Péan determined the significance of the waxes and the reality that he wished them to represent. Like Péan, the *mouleur* at Saint-Louis also had an invested role in the production of the waxes, as is most evident by his signature, which sits in close contact to the doctor's name. Although this

united the model-maker with Péan, symbolically imbuing him with a medical professional's claim to accuracy and objectivity, it was ultimately the doctor's experience and orders that were needed to construct the so-called reality of a disease.

Jules Baretta, the *mouleur* who made the majority of the waxes at Saint-Louis during the nineteenth century, began his process by making a plaster cast of a naked diseased body part.¹⁵ Although the finished wax models appeared to be devoid of human contact, the production of *moules* required intimate touching and bodily exposure, thus revealing moments in which the creation of realistic representations of bodies threatened to exceed professional propriety, be it medical or artistic. The process of making a *moulage* involved contact with naked flesh, as is evident in Edouard Dantan's painting *Un Moulage sur Nature*, 1887, and Felicien Rops's *La naissance de Vénus*, 1878 (figs. 3, 4). In Dantan's work, men are peeling dried and heavy plaster off a woman's naked leg, while in Rops's painting a sculptor pours liquid plaster on a woman's bare stomach and genital region. As is suggested by the close contact between naked female bodies and clothed men in these works, the touching of stripped women elicits a sense of desire despite the veneer of professional obligation. This tension, and the wish to keep touch reigned in as a specialist's task, is evident in Paul Mantz's 1887 Salon review of Dantan's painting:

The two artists that execute this task bring a sort of sacerdotal gravity; they do not let themselves be distracted by the neighbouring spectacle. If we were to assign this work to lay men, we would perhaps see their hands aroused by the tender flesh. However, there is for moulders a professional distance, and they are solely interested in the success of their delicate operation.¹⁶

Despite Mantz's belief that the *mouleurs* were indifferent to bare female skin, the painting's narrative used the guise of professional casting as a socially justifiable means to display the contact between naked female flesh and rough male hands. Although Dantan created a modern nude by showing the female model in a contemporary setting, with a Parisian *coiffure*, brassy gold bracelet, and tanned face and hands, this image nonetheless adheres to many academic conventions of painting an idealized female nude: her body is white, her pubic mound hairless, and her nipples are pink and erect. By drawing on these tropes, Dantan constructed female sexuality as pure, accessible, and unthreatening for its display at the Salon. By surrounding the model with professional men in their specialized work place, Dantan represented the artists' practice (including his own) as professional and detached, while the act of looking at and touching naked bodies is shown as a valid requisite for the creation of female nudes.

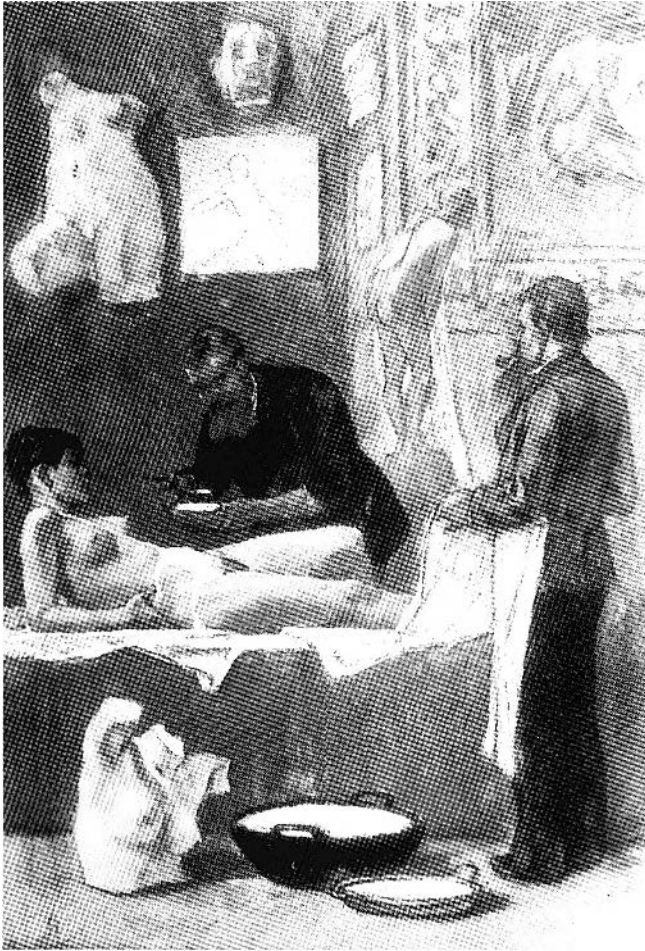


Figure 1. Félicien Rops. *La naissance de Vénus*. 1878. Tempera and gouache. Private collection (Photo: Galerie Patrick Derom).

The casting process in the medical sphere required the same lengthy and intimate contact with bodies as it did in the art world. M. Sully Prud'homme wrote in 1891 that the process of making a medical cast at Saint-Louis required patience and kindness:

Mr. Baretta is a valuable collaborator of science. Without brutality, with the softness of a mother and an enduring patience, he places his equipment and while the substance is taking, he converses with the patient. He is interested in her condition, becomes the narrator of developments, wins, without forcing, the trust of his patient, as he inspires empathy. Does the patient prefer to be silent, as it takes a certain amount of time to let the material set... then he [Baretta] goes to the piano and soothes his client with a few old melodies.¹⁷

Although Sully Prud'homme's account described Baretta and his procedures as compassionate and caring by recounting the *mouleur's* kindness towards patients, the wax tongues and genitalia displayed at Saint-Louis are evidence that casting was an invasive and uncomfortable process as it demanded that wet plaster be applied to open sores, rash-covered skin, and the body's most sensitive openings.¹⁸ The exhaustive touching of bodies is particularly evident in Péan's collection of *moulages* of diseased genitalia. In many of his waxes, fingers are shown prying open vaginal lips and pulling back foreskin in order to reveal interior illness (fig. 5). The thickness, length, and position of the fingers, cast from life along with the genitalia, beg the question: to whom do the fingers belong? Although they may allude to masturbatory pleasure, itself understood as a sign of sexual deviance and illness in nineteenth-century medical discourse, by being cut off from the body the fingers act as a medical tool, such as the speculum, holding open cavities for the eyes of male doctors. The function of the fingers and their fragmentation from an identifiable body helped rid the wax models of the salaciousness invoked by their close iconographic ties with pornographic images, which showed probing fingers as a means of representing pleasure and exposing further flesh. The wax casts stood as proof of medical touch itself, as they held in wax the intimate moment of bodily contact between doctor/*mouleur* and his patient/model. The scrutiny and handling of diseased genitalia also point to a pleasure that was not necessarily libidinally charged. The gratification of studying the intricate detailing of diseases, as well as the pleasure taken in cataloguing and compiling *moulages* of diseased body parts, are evidence of a curiosity and delight with representations of “reality” that exceed medical and taxonomic requirements. Yet, displayed in a medical setting and labelled *ad nauseam* with the names of doctors, diseases, and catalogue numbers, the fingering of genitalia was constructed as a legitimate professional pursuit.

Rational Relations? Doctors and Patients, Artists and Models

The visual and tactile examination of the undressed body was a key component to both medical and artistic study.¹⁹ Émile Zola drew upon the social respectability given to artists and doctors for studying the body and sexuality in order to justify his meticulous account of Parisian sex lives in his novel *Thérèse Raquin*, published in 1867. As a response to critics who saw his highly detailed story as pornographic, Zola wrote in the preface to the second edition of *Thérèse Raquin* in 1868 that he was simply applying “to two living bodies the analytical method that surgeons apply to corpses.”²⁰ He wrote:

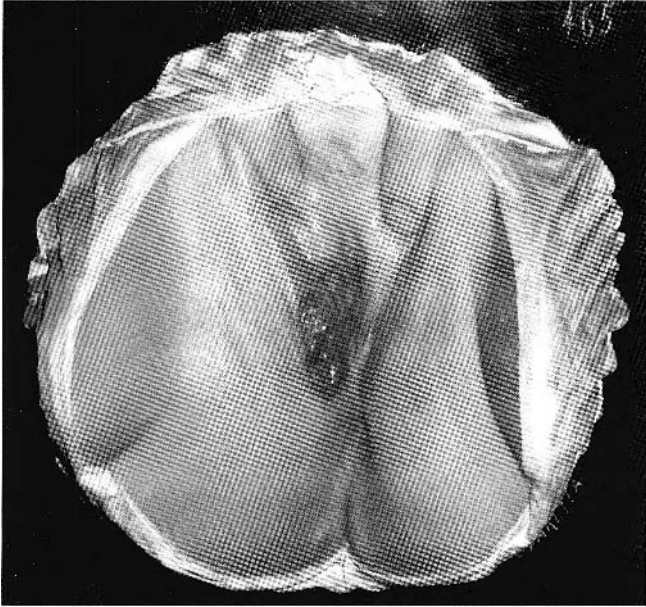


Figure 5. A wax model of female genitalia from Pean's collection at Hôpital Saint-Louis (Photo: author, reproduction authorized by the Musée des moulages de l'Hôpital Saint-Louis).

While I was busy writing *Thérèse Raquin* I forgot the world and devoted myself to copying life exactly and meticulously, giving myself up entirely to precise analysis of the mechanism of the human being, and I assure you that the ferocious sexual relationship of Thérèse and Laurent meant nothing immoral to me, nothing calculated to provoke indulgence in evil passions. The human side of the models ceased to exist, just as it ceases to exist for the eye of the artist who has a naked woman sprawled in front of him but who is solely concerned with getting on to his canvas a true representation of her shape and coloration....Amid the concert of voices bawling: "The author of *Thérèse Raquin* is a hysterical wretch who revels in displays of pornography," I waited in vain for one voice to reply: "No, the writer is simply an analyst who may have become engrossed in human corruption, but who has done so as a surgeon might in an operating theatre."²¹

By aligning himself with artists and surgeons, Zola's rebuttal attempted to socially justify his descriptive prose. He claimed that his desire to record every intimate detail of bodies and modern life was part of the shared practice of artists and doctors who investigated all aspects of humanity, including sexuality. The attacks against Zola's graphic writing, which was described as "realist" and "naturalist," reveal the ways in which realism, despite being associated with the language of science

and reason, was also considered the style of scandal, gratuitous detail, and pornography. Although Zola used the figures of surgeon and artist to rid his work of its pornographic categorization, neither artist nor doctor were fully free from public criticism regarding the access their professions gave them to naked female bodies.

The relationship between artist and model, like that between doctor and patient, was understood as both professionally and sexually charged. Heather Dawkins, Marie Lathers, and Susan Waller, as well as numerous other scholars of the nineteenth century, have discussed the sexual relationship between artists and their models.²² As they have pointed out, women posing naked in front of men as a form of employment was not only frowned upon, but also many models were in need of more money than modelling could provide. Financial strife led many models into prostitution and therefore modelling was often equated with prostitution itself. Although the study of the female body was institutionally justified by the Académie des beaux-arts, the relationship between naked model and artist within the artist's private studio was unregulated, thus further emphasizing the questionability of modelling as a proper profession. Like the relationship between artist and model, that between doctor and patient was loaded with fear and fascination. The visual scrutiny and touching of naked female bodies required by the medical profession wove threads of desire, immorality, and distrust through public conceptions of modern medicine and its practitioners. Many cartoons parodied the doctor and patient relationship. As is evident in an illustration from *L'Assiette au Beurre*, ca. 1905, in which a husband is shown exclaiming, "I hope he won't make me pay for that operation!" while he watches a doctor embrace his wife, the seemingly socially acceptable access that medical men had to bourgeois wives, mothers, and daughters was fraught with anxiety because medicine was also understood as devoid of morals and any regard for faithful bourgeois relationships (fig. 6). Furthermore, female patients were often considered highly sexed beings with deviant sexualities, as is most obvious in the case of hysteria.²³ It was suggested that women seduced doctors in order to take pleasure in medical inspections, as some believed that the use of the speculum awoke women's sexual desire.²⁴ Henri de Toulouse-Lautrec drew on the well-known theme of a mutually consenting sexual relationship between a female patient and her doctor in his 1894 advertisement for the upscale interior decorating stores *L'Artisan Moderne*. In this poster, a well-pruned woman is propped up on pillows in her bed, awaiting the arrival of a fashionably dressed young decorator. The man's smock, tool kit, and predatory stance visually parodied and linked him to caricatures of lecherous medical men who, armed with professional apparatus, probed and penetrated the bodies of the bourgeoisie. The salacious nature of the implied



Figure 6. Culiale, “J’espère qu’il ne va pas me faire payer cette opération là!” from *L’Assiette au Beurre*, ca. 1905. Colour lithograph, 25.8 x 20.8 cm (Photo: Wellcome Library, London).

and impending “inspection” is symbolized by the woman’s well-coiffed blond hair, by the shocked expression on the maid’s face, and by the small fluffy dog on the woman’s lap, a well-known symbol of eroticism.

The belief that the relationship between doctors and female patients was sexually charged was further stressed by the greatly publicized connection between doctors and prostitutes that arose from discussions about the regulatory medical inspection of prostitutes.²⁵ The majority of the medical world, along with the French public, blamed prostitutes for spreading syphilis. As Doctor Alfred Fournier, a dermatologist who worked at Hôpital Saint-Louis with Péan, wrote:

Syphilis rebounds from the most abject hovel to the most honest home. The contamination of the virtuous spouse and the contamination of the child are often only the product of syphilis of the prostitute. Consequently, to pursue the syphilis of the prostitute is to protect *ipso facto* the virtuous woman and child.²⁶

Although the purpose of medical examinations of prostitutes was to protect France from disease, doctors’ access to prostitutes’ bodies was considered similar to that enjoyed by brothel clients, thus blurring the lines between professional and personal voyeurism and physical manipulation. The public feared that experts could combine the libidinal delights of looking and touching naked female bodies with the authoritative power and social legitimacy of medicine; under the guise of medical experimentation, doctors could satisfy their every need. Although the diseased state of female genitalia seen at Saint-Louis suggests that female patients were not a source of libidinal longing amongst medical men, the waxes nonetheless displayed the individual tastes of doctors, as is evident by Fournier’s waxes of diseased genitalia, which hung across the theatre from Péan’s. Unlike Péan’s *moulages*, which were relatively hairless and smooth, Fournier’s collection was covered in fluffs of pubic hair and coloured with bright tangerine-pink pigment (fig. 7). The inclusion or exclusion of pubic hair reflects the desires of the men who commissioned the works, as it had no representational purpose in determining a disease. The choice of *mouleur*, the rendering of details, the life-sized scale, and the decision to record the disease in wax, rather than photography, paint, or print, further point to the subjective stylistic preferences of doctors. The differences between Péan’s and Fournier’s waxes show the individual predilections of medical professionals, particularly how they wished to construct the reality of female sexuality. Despite the objects’ uses and display within the seemingly objective medical sphere, the personal tastes of collectors remained on show.

Wax Displays: Medicine, Republicanism, and Spectacle

Medical waxes also stood as trophies of medical conquests. Many physicians, surgeons, and scientists named newly “discovered” diseases and medical procedures after themselves, thus propagating their status as medical innovators. The naming of tools after specific doctors, such as Péan’s forceps and homeostatic clamps, also helped display professional rank. Péan’s name was written next to his waxes along with his diagnosis, and his name was printed in large letters above his collection. The expense of creating *moulages* exhibited the new economic position of medical men such as Péan, because *moulages* were expensive to commission, very time consuming to create, and only allowed small fragments of bodies to be represented. As recorded in the *Courrier des médecins de Saint-Louis au Directeur de l’Assistance Publique* in 1896: “Moulding, only reserved for the rarest cases, can only reproduce a small portion of the lesions....[T]he confection of the mouldings, due to their cost and the arduous work they necessitate, can only be produced in limited numbers.”²⁷



Figure 7. A wax model of female genitalia from Fournier's collection at Hôpital Saint-Louis (Photo: author, reproduction authorized by the Musée des moulages de l'Hôpital Saint-Louis).

For this reason, photography was increasingly integrated into the hospital system as the primary means of recording diseases. Although photography was first used at Saint-Louis by Doctors Albert Montméja and Alfred Hardy during the late 1860s, the production of photographs overtook that of waxes during the 1890s, when a photography studio was built at the hospital.²⁸ Although photography did not yet provide colour reproductions, colours were added to black-and-white photographs in order to produce images that appeared more life-like. Similarly to the creation of *moulages*, the colours and details of diseases were applied to photographs in the presence of a doctor. Montméja and Hardy wanted to emphasize the connection between the photograph and the patient's living body in order to attest to the claims that photography represented truth. This is evident in Hardy's preface, where he wrote, "[W]e can say that these plates represent nature captured as it is," and in the text on the bottom of each photograph that states that the photograph and colouring were created directly from nature.²⁹ Significantly, photographs were taken not only of patients but also of the wax models at Saint-Louis, as is evident in the atlas of skin diseases produced by the Saint-Louis doctors, which contains coloured photo-lithographs of wax models along with

black-and-white photographs of living patients. These photographs show how wax models of bodies, photographs of patients, and actual human beings were used interchangeably in the teaching of medicine. *Moulages* were understood to provide as realistic a recording of diseases as tangible living bodies. At times, they were considered more desirable. Through the intervention of artists and the input of doctors, the colours and shapes of diseases could be made more obvious in the media of photography and wax. Although photographs could fray at the edges and wax models could crumble, neither decomposed and rotted as did the human body. The signs and symptoms of diseases could be frozen in time in both print and wax, unlike the human body and its illnesses, which were organic, ever-changing, and could be contagious. Such instances expose moments in which real bodies failed to fulfil the realist demands of modern medicine. The uncontrollable human body could not always provide a stable, consistent, or realistic enough model for medical study.

By the mid-century, French doctors were encouraged to start their own collections of medical objects, tools, sculptures, and paintings in Parisian hospitals. They helped provide the funding for the opening of medical museums, photographic studios, and the creation of new medical chairs and specialities. The emergence of medical museums in France was brought about as a means to compete against other nations, particularly Prussia and England, whose medical collections were well known. It was believed that medical museums not only strengthened medical knowledge but also exhibited the superiority of a country's medical progress internationally, thus serving to attract foreign doctors and students.³⁰ Feulard addressed the prestigious national status of the Saint-Louis wax objects when he wrote that "several hospitals and universities have been anxious to possess some of the models in our Museum, and in fact, M. Baratta has sent copies of his models to various parts of the world; but the privilege of acquiring these models is not within the reach of everyone."³¹ Many prominent doctors during the early Third Republic were ardent republicans and nationalists.³² Their collections helped make Republican political policies, particularly those relating to the eradication of the Church from French hospitals, medical education, and public service, seem more modern, curative, and humanitarian than religious and aristocratic rule. The use of *moulages* in teaching appeared to fulfil Republican aims of making education and health care more available and visible to the masses. The doctors at Saint-Louis contributed to the construction of France as a significant medical force by hosting the first International Congress of Dermatology at Saint-Louis, held in the large lecture theatre that was filled with wax models. Through the exhibition of these works in a newly completed building, French medicine was presented as modern, rich, and progressive to an international crowd.

Significantly, Péan’s collection was fully visible to visitors who stood in the main lecture theatre, while some other doctors’ collections, such as Fournier’s, were displayed behind walls. Péan’s collection was the largest belonging to any one doctor at Saint-Louis. This not only indicates Péan’s key role in the creation of medical *moulages* but also shows how the exhibition of these objects appeared to offer evidence of the successes of France’s discovery and treatment of diseases.

Although waxes were signifiers of the progress, wealth, and republicanism of French medicine and its practitioners, waxes in France were historically linked to aristocratic collecting practices. During the eighteenth century, Gaetano Zumbo created many wax models for the cabinets of curiosities of wealthy people in France, as did Honoré Fragonard, a surgeon, anatomist, and cousin of the painter Jean Honoré Fragonard, and André Pierre Pinson, a surgeon, personal doctor to Louis XVI, and conservator of the Duc d’Orléans’s *cabinet des cires* at the Palais Royal.³³ Philippe Curtius, who had trained as an anatomist, also made a collection of wax figures of famous people, such as Voltaire, Jean-Jacques Rousseau, and Franz Anton Mesmer, which were displayed in France until the beginning of the French Revolution. The wax models in these collections were on display to the privileged few who approached the objects with a desire for both knowledge and pleasure; the waxes were understood simultaneously as educational tools, aesthetic specimens, and bizarre curiosities. After the French Revolution, they were removed from private collections and given to the State, thus altering their status as elite objects of delight and inquisitiveness for the aristocracy to democratic, nationally owned models that could educate the public. Significantly, many figures from Curtius’s collection, such as the waxes of Jacques Necker and the Duc d’Orléans, were taken on 12 July 1789 by revolutionaries, and were carried around Paris covered in black crepe as a form of revolutionary propaganda.

Although the majority of medical wax models were exhibited in the medical realm during the nineteenth century, the status of waxes as curiosities remained, as is evident by the commercial success of the Spitzner wax museum, which displayed medical models, along with celebrity figures, to the public. Mixing the spectacular with the moral and educational, the Spitzner museum had a special section dedicated to wax models of body parts ravaged by syphilis in order to exhibit the ills of alcohol-

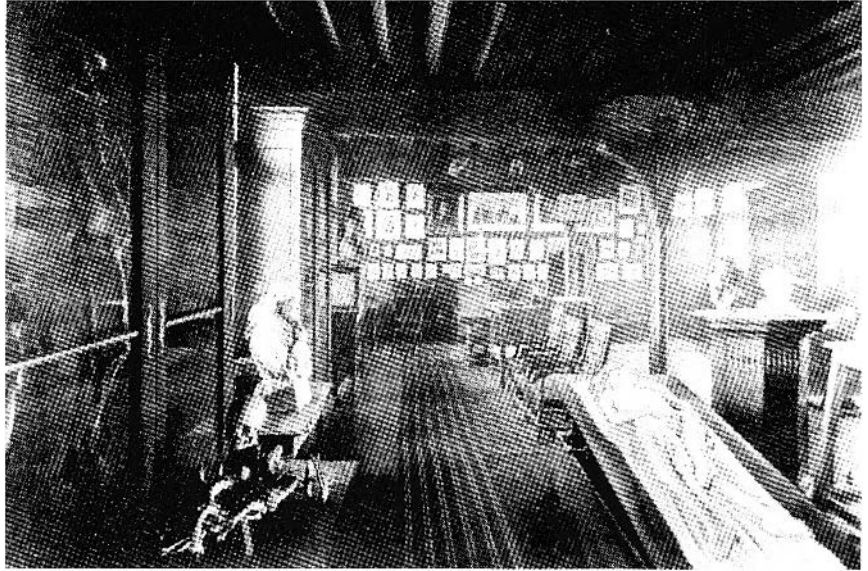


Figure 8. Photograph of Musée Charcot, ca. 1887 (Photo: Archives de l’Assistance Publique).

ism and promiscuity. The Spitzner waxes are an example of how *moulages* of diseased body parts, particularly those that represented genitalia and sexually transmitted diseases, straddled the border between amusement and learning.

In order to secure medical models’ status as educational tools, they were displayed as scientifically as possible. In 1883, Doctor Doyon wrote an article that claimed that without a proper “scientific” museum for the exhibition of anatomical models, medical waxes would be objects of curiosity rather than instruction.³⁴ In comparison to the lavish velvets and decorative details of the cabinets of curiosities of the eighteenth century, the simple wood cabinets with black backdrops at Saint-Louis presented the waxes as reasonable objects of medical study rather than spectacular objects displayed to satisfy peculiar fetishes. Shown in a room designed specifically for the exhibition of medical models, *moulages* at Saint-Louis were grouped by disease and collector and were displayed behind glass in an attempt to rid them of voyeuristic delight. The spectacular side of wax models needed to be moderated for their use within the medical realm. Wax had to be understood as a medium of reason and objectivity rather than frivolity and enchantment in order to maintain its constructed status as a privileged material of professional learning. Medical waxes had to appear distanced from venues that were made to entice and entertain anyone who could pay the entry fee, such as the Spitzner and the Musée Grévin, a wax museum which opened on Boulevard Montmartre in 1882 and displayed an assortment of wax replicas of celebrities, criminals, and historical events.

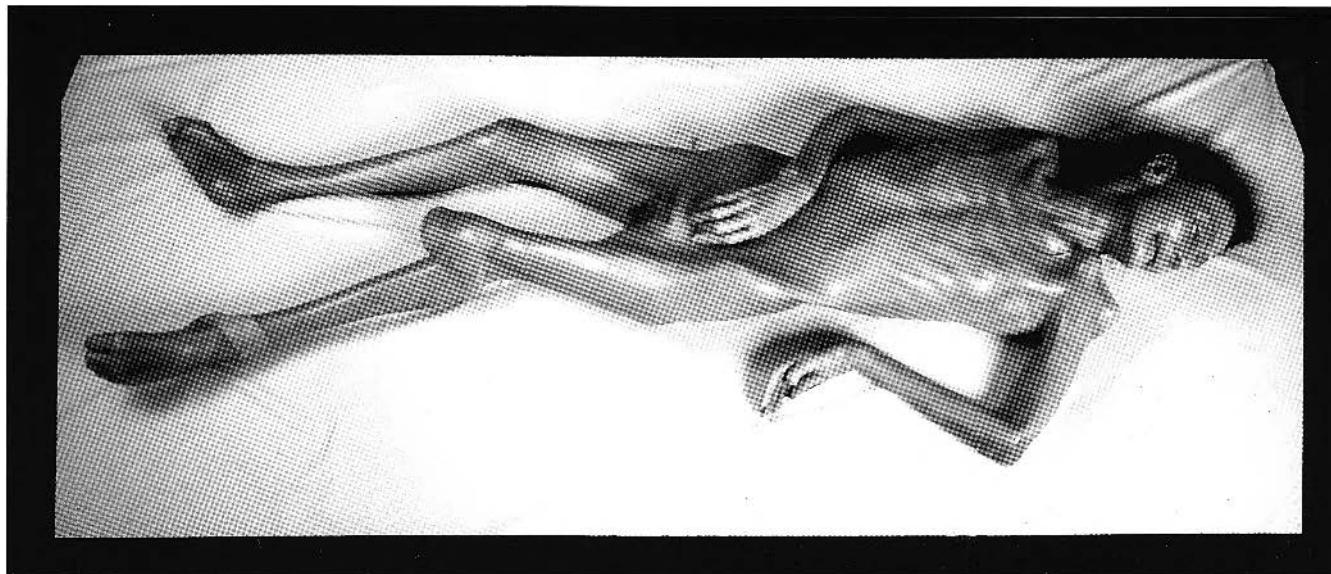


Figure 9. Nineteenth-century wax model of a hysteric from the Salpêtrière (Photo: Archives de l'Assistance Publique).

Realism Beyond Reason: Femininity and Wax

Vanessa R. Schwartz has claimed that the public's fascination with waxes was linked to the nineteenth-century obsession with representations of reality, as is evident by the popularity of wax museums, morgues, and panoramas. Schwartz argues that the pleasure and thrill provided by the viewing of wax figures arose from their striking verisimilitude to human bodies. As reported in the *Moniteur Universel* in 1882: "[A]t the Musée Grévin resemblance is perfect, striking, extraordinary. You begin to ask yourself whether you are in the presence of a real person."³⁵ Yet the inability to distinguish reality from fiction provided entertainment as much as it produced anxiety. Henri Blaze de Bury described the insanity produced by viewing wax bodies in his 1863 story *Les Bonhommes de Cire*:

You know that strange and mysterious feeling that seizes you when you are in the presence of these bizarre figures, of a reality that is so life-like that a certain fear forbids you from speaking, for you are unsure as to whether or not their lips will answer you....You step back and then reapproach; it is like a sick curiosity, hysterical, a sort of repulsive attraction.³⁶

For de Bury, the realism associated with wax models was connected to madness, fear, and repulsion rather than reason or enjoyment. The fright provoked by wax models in entertainment venues was also induced by wax bodies in the medical

realm. Léon Roger-Milès's 1890 book, *La Cité de Misère*, describes the waxes at Saint-Louis as "a whole army of dermatoses, in their precise representation, in their exceptional crudeness, in their frightening realism; the ugly, the monstrous, the painful.... [T]hese human remains, figures which are collected at the hospital, are like souvenirs where treacherous infections are revived."³⁷ As Roger-Milès's quotation attests, wax models were considered frightening and horrifying. Despite the pretext of scientific rationality invoked by displaying the waxes in a medical setting, the presence of the life-like objects provoked feelings that undermined the medical desire for wax to be linked to reason.

Like the exhibition room at Saint-Louis, Charcot's museum at the Salpêtrière was a site for the production and display of realistic representations of pathological bodies, including those in wax.³⁸ In his novel *Les amours d'un interne* from 1881, Jules Clarétie described the museum as:

...a strange atelier, similar to the amphitheatre and the medical museum, where human remains lay next to the heads of criminals, moulded from life. [There was] an uncommon main floor, where copies of the Venus of Milo and Michelangelo's slaves presented a striking and comforting contrast to the atrocious deformities that moulders preserved or modelled for the display windows of the Hospital.³⁹

Photographs of the museum were published in the popular press, showing the variety of objects that were produced and

on view at the hospital. As is evident from Clarétie's novel, as well as Maurice Guillemot's 1887 article about the museum in *Paris illustré* and the photograph published alongside Fernand Levillain's 1891 article "Charcot et l'école de la Salpêtrière" in *Revue Encyclopédique*, medical *moulages* and casts were shown alongside human skeletons, artistic models, and portrait busts (fig. 8). Representations of hysterical bodies at the Salpêtrière were confirmed as diseased and deformed not only by their display in a medical museum but also by their difference from such idealized bodies as the *Venus de Milo*. The ideal bodies created within the world of art acted as foils against which medical pathologies could be made obvious. Although the majority of casts were of fragmented bodies, a full wax model of a naked woman described as suffering from hysteria was also exhibited (fig. 9). Maurice Guillemot described this wax as the object that demanded the most attention in the room:

A display window that fills the entire center of the room captures the most attention; it contains, stretched out on her back, a cast, taken from life, of the entire body of a hysterical woman who died at the Salpêtrière. She is of hideous realism, misery, with her gauntness, her twisted legs, her deformed shoulders, her ravaged breasts, her bones piercing through her flesh.⁴⁰

For Guillemot, realism was associated with anguish. It was the style of death, deformity, and illness. Unlike the idealized bodies of marble and plaster Venuses that lured viewers by their beauty, this wax woman enticed them by her disfigured hips and bony skeleton.

The medical desire to realistically represent this hysterical body is not only evident through the hyperrealism of the wax figure, a realism that provided so many details that it was considered hideous, but also by its photographic representation (fig. 10). In the photograph, the same patient is shown alive, her face is in a crooked grin, her hands are at her side, and a bonnet is on her head. In contrast, the wax model shows a sleeping or dead body, eyes closed and head turned to the side. This pose is similar to funerary sculptures, where hands rest on stomachs and chests to indicate eternal repose. Fixed into wax, the unconscious hysteric's body seems like a dead body, drawing connections not only to the cadavers on public display at the Paris morgue as a form of popular spectacle but also to the importance of autopsies in the diagnosis of "invisible" diseases such as hysteria.⁴¹ Since studies on hysteria became popular during the 1970s through 1990s, many scholars, such as Elaine Showalter, Sander Gilman, Elisabeth Bronfen, Hélène Cixous, Mark Micale, and Georges Didi-Huberman, have approached hysteria as a socially constructed category invented out of sexual, professional, and institutional desire. Michel Foucault, amongst oth-



Figure 10. Photograph of a hysterical woman from one of Charcot's clinical dossiers (Photo: reproduced from Georges Didi-Huberman, *Invention of Hysteria: Charcot and the Photographic Iconography of the Salpêtrière*, trans. Alisa Hartz, Cambridge, Mass., 2003).

ers, has explored the social, historical, and political forces that contributed to the understanding of the disease. Didi-Huberman, in his in-depth study of the iconography of hysteria at the Salpêtrière, conceptualizes the extraordinary quantity and character of hysterical symptoms as a "paradox of spectacular evidence," pointing out that despite the multiplicity of symptoms, hysteria arose out of nothing as nineteenth-century physicians were unable to securely locate hysteria's organic existence.⁴² It has been argued that through visual and textual representations, nineteenth-century doctors were able to create, and ostensibly confirm, the reality of the disease.

Charcot diagnosed hysteria through the visual symptoms exerted by the living patient, yet he also turned to the dead body in order to prove the reality of its organic existence. Autopsies were performed in order to dig deep into the brains and bodies of hysterical women to find biological and visible causes of the disease. Realistic representations, such as those in wax and photography, provided the means with which the living hysterical body could be contained, rendering it still and immobile for easy study. But such representations could never replace the body, which was filled with organs, blood, neurological matter, and bones. Wax could not be cut open to reveal the source of illness. As indexical media that provided mimetic representations of the body's exterior, both wax and photography prioritized surfaces. Yet despite claims to reality, they could never be a substitute for the human body because they did not have "insides." Norman Bryson has argued that the displeasure of looking at wax figures arises from wax's inability, as a medium, to maintain the desired stability of idealization and bodily wholeness despite

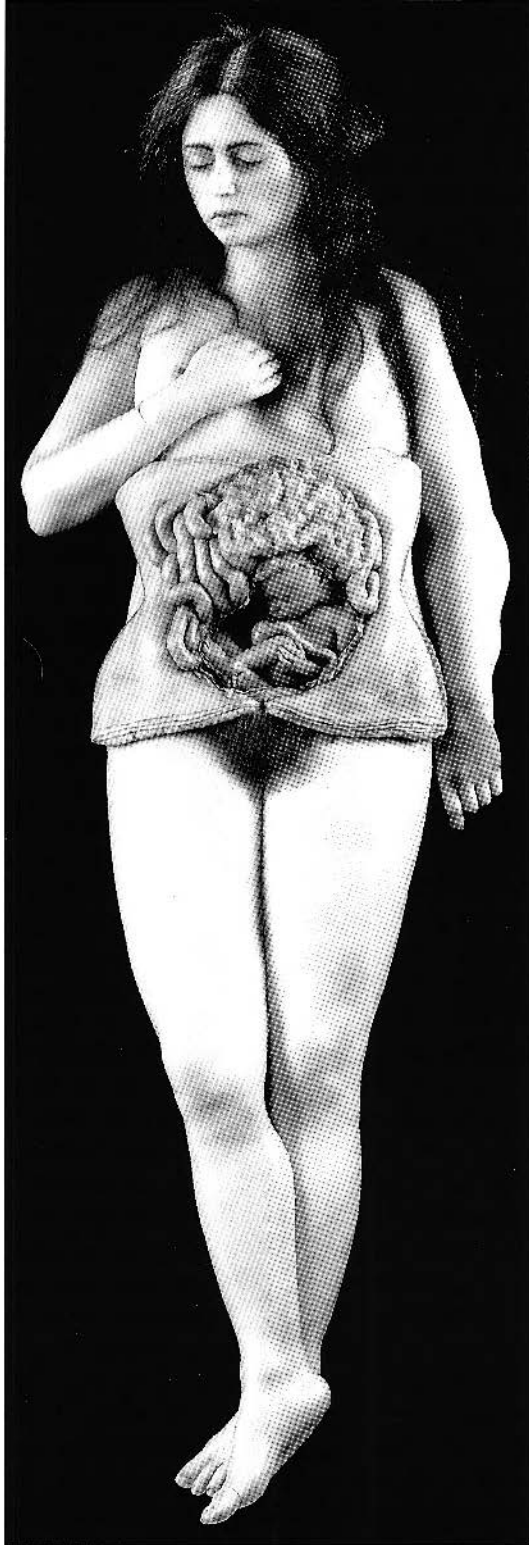


Figure 11. Late nineteenth-century life-sized wax Venus showing an ovarian pregnancy from the William Bonardo Collection of Anatomical Wax Models (Photo: Christie's Images Limited, 2001).

its ability to provide a life-like surface: wax always threatens to break and crumble, thus presaging a body in pain and potential death.⁴³ During the nineteenth century, wax, like photography, was often understood as a medium of death as it was used to make commemorative portraits of the dead.⁴⁴ Like the wax death masks and casts of beloved pets, lovers, and family members, the wax woman at the Salpêtrière also invokes the absence of a real, living body by its presence. Through the symbolic death of the patient by realistic representation, the hysterical body became real enough to help prove the existence of hysteria. Similarly, hysteria could only be biologically confirmed through actual death, as opening the body to find the organic source of hysteria would have ultimately killed the patient. The “reality” of hysteria was “proven” in death and by realistic portrayal, as autopsies, photographs, and waxes were required in order to fully confirm a diagnosis of hysteria.

Although the Salpêtrière wax-woman's nakedness, uncovered hair, and deformed body intimates that this model is as true-to-life as possible, the woman's wax hand is placed near her genitals, as if to suggest that this inanimate body also retains the modesty of a young Venus, who simultaneously hides and draws attention to her own sex by the placement of her hand. By depicting the woman in wax, undressed, with her closed eyes and body outstretched, the Salpêtrière Venus is similar to the famous wax Venuses created by Clemente Susini and Gaetano Giulio Zumbo for the Specola in Florence during the eighteenth century. These wax Venuses were life-sized models of naked female bodies. Despite their smooth and complete pale surfaces, which were decorated with pearl necklaces, closing glass eyes, and long flowing hair (often human or animal), the models could be taken apart like jigsaw puzzles, allowing the viewer access to inner organs, including the uterus, which was often accessorized with a fetus. Similar wax models of unconscious and unclothed female figures remained prevalent in France during the late nineteenth century (fig. 11). Unlike wax models of male bodies, which were customarily shown standing in active poses, displaying exterior musculature and bones, medical Venuses were made to lie horizontally with half-shut eyes, suggesting sleep. As is symbolized by the figures' pale skin, loose cascading hair, and states of rest, these waxes provided a palatable femininity that passively opened itself up to medical examination.

Wax Venuses were displayed in both popular and privileged professional settings. The Paris Medical School collection contained several models, such as the anesthetized wax woman on show at the Musée Orfila, whose inanimate body simulated the act of breathing. Madame Tussaud's wax museum in London also exhibited a mechanical wax woman: its Sleeping Beauty had a heart that was shown pumping.⁴⁵ Young, beautiful, and unconscious, these wax sculptures represented idealized and passive female bodies whose electrically charged organs



Figure 12. Henri Gervex, *Avant l'opération*, 1887. Oil on canvas, 212 x 188 cm. Paris, Musée d'Orsay (Photo: Réunions des Musées Nationaux/Art Resource, NY).

appeared to bring them to life, imbuing them with the blood of modernity without threatening their pure and contained exteriors. The association between wax and a socially acceptable modern femininity was also formed by the bourgeois women's pastime of creating wax models of flowers and fruit—both symbols of femininity through their association with nature, fertility, fragility, and the decorative. The pliability of wax and the desired malleability of women became united in the fantasy of a medical Venus. Although its suggested comatose state and compliant surface symbolized a femininity that allowed for the total empowerment of the medical male gaze and touch, the medical Venus remained a pathological body. It was an object that improved medical knowledge and whose purpose was the advancement of medical learning. Wax Venuses embodied the pluralistic and often contradictory constructions of femininity and female sexuality in medical discourse because they were conceived as sick bodies in need of fixing as well as innocent and pure fertile vessels. They did not resist surgical experimentation, nor did their symptoms of illness repel.

The connection between wax and a passive, pathological femininity was also made by Rachilde in her scandalous novel, *Monsieur Venus*, published in 1884. In this text, Raoule de Vénérande, an aristocratic woman, cunningly seduces a beautiful, young working-class painter, Jacques Silvert, through a series of actions that reverse conventional nineteenth-century gender roles. Raoule is an active seductress: she dresses as a man, financially supports Jacques, and controls his actions. Throughout the novel, Jacques becomes increasingly “feminized” by Raoule: he obeys her commands, he wears the delicate and luxurious clothing that she gives him, and in the bedroom he takes on the traditional female role of passive and coy receiver.⁴⁶ The ultimate objectification and “feminization” of Jacques occurs at the end of the novel, when Raoule creates a wax model out of Jacques's dead body. By adding Jacques's blond eyelashes, white teeth, and fingernails to the model, thus making the wax appear as life-like as possible, Raoule assembles her own *monsieur Venus*. Wax, like women, was considered soft and supple, and therefore the transformation of Jacques from a living man into a pliable model served to rid him of the active and domineering characteristics understood to belong to the male sex. Furthermore, Jacques's transformation into wax transgressed gender stereotypes because medical Venuses were predominantly representations of female bodies made for male viewers. Raoule's *monsieur Venus* not only acts as an effigy through which she can remember her lover, but it also becomes an instrument of sexual pleasure. Once again subverting gender roles, the novel ends with Raoule, here conceived as both a young woman in mourning and a young man in evening dress, visiting the wax Jacques: “They come to kneel beside the bed, and after contemplating at length the marvellous lines of the wax statue, they embrace it, kiss it on the lips. A spring hidden inside the flanks connects with the mouth and animates it at the same time that it spreads apart the thighs.”⁴⁷ Jacques is not only “feminized” by the new material of his being but also his sexual actions are mechanically made to simulate a female body as his legs are made to separate upon arousal. As this text suggests, death, sex, and femininity are intricately bound in the figure of the wax Venus, who remains sexually available despite her (or in this case, his) lifeless, lifelike body.

One of the most popular paintings at the 1887 Salon in Paris showed a young, unclothed female body on the brink between life and death, lying on an operating table surrounded by medical men (fig. 12). Represented as smooth and pale, the patient looks like an anatomical wax Venus, ready to be dismantled by the skilled hands of the surgeon, which loom above her naked body. Significantly, this painting belonged to Péan. The surgeon commissioned Henri Gervex, a young painter equally renowned for his paintings of scandalous nudes and public republican murals, to paint his portrait. Titled *Avant l'opération*:

Docteur Péan enseignant à l'hôpital Saint-Louis sa découverte du pincement des vaisseaux, Gervex's work shows Péan at the helm of an operating table, surrounded by colleagues and nurses, as he prepares to cut into the naked body of a young anesthetized woman.⁴⁸ Salon critics described this work as "realist" as they believed it was a truthful recording of the visible world. Georges Lafenestre praised Gervex for not altering the surgical scene in any way and for remaining "a pure and simple reproducer of reality," and M. Hamel commended Gervex for painting a work without "tragic or saddening intention" that kept "the eloquence of truth."⁴⁹ He further wrote that the painting contained "[n]o mystery, nothing that aims at emotion: everything is said simply, with the certitude of scientific affirmation."⁵⁰ For these critics, realism, like the scientific method, was equated with impartiality and neutrality, and therefore Gervex's apparent lack of involvement in the painting was one of its greatest achievements.

Yet it was the female patient that received the most attention in contemporary criticism. Paul Mantz focused on Gervex's representation of naked female flesh when he wrote in his review that the Salon crowd was drawn to the canvas "as much by the subject matter as by certain details in the execution, notably the woman's skin, luminous and delicate on the white sheets."⁵¹ Hippolyte Devillers described Gervex's use of white in the painting of female nudes as sexed and mischievous: "Nobody plays with whites like Mr. Gervex, but how he mixes, I wouldn't know which aphrodisiac substance he uses.... Mr. Gervex has some mischievousness on his palette, let him use it."⁵² The pallor of the patient's body, like that of a medical Venus, symbolized an idealized femininity that was chaste and clean. Yet this pale, wax-like flesh was also the site of sexual reverie and pleasure, be it for the critic, the artist, the Salon viewer, or the man who commissioned the work. Although Salon critics praised Gervex's portrait for its acute objectivity and sincere depiction, his rendering of a sick female body exposes the role of fantasy and imagination in the production of reality. The woman in *Avant l'opération* fluctuates between the real and the ideal. Her ivory torso, cascading hair, and bare chest construct an immaculate and healthy femininity that has no place in a modern operating theatre—the Salon critic G. Ollendorf even commented on this point.⁵³ Yet her tanned hands, furrowed brow, and distinctive nose are evidence of Gervex's desire to represent the world realistically and truthfully.

Realistic details needed to be used with caution in order to achieve the desired effect of reproducing reality without provoking the sense of fear often evoked from representations, such as those in wax, that were considered too life-like. As Ernst Jentsch wrote in 1906, art "avoids the absolute and complete imitation of nature and living things," so that it does not "provoke slight feelings of unease."⁵⁴ By painting Péan's female patient as in-

tact and devoid of cuts, scars, or visible disease—all features which contrast to the deformed and dismembered models of female bodies in Péan's wax collection—Gervex made a pathological body pleasurable for Salon viewers. Significantly, Jentsch claimed waxworks were objects that produced the greatest sense of unease and the "uncanny" in the viewer. Sigmund Freud referred to Jentsch's conception when he described the "uncanny" as the feeling that arose from "doubt as to whether an apparently animate object really is alive and, conversely, whether a lifeless object might not be animate."⁵⁵ The anesthetized woman in *Avant l'opération*, like the wax Sleeping Beauty with pumping heart at Madame Tussaud's and the breathing Venus at the Orfila, was a life-like body suspended between the animate and the inanimate. Wax was the perfect medium to represent female bodies that fluctuated between life and death, the real and the ideal, pleasure and horror.

Conclusion

Realistic representations of female bodies formed a ground for the intersection between art and medicine, as their study held a prominent role in both medical and artistic training and specialization. Similarly, realism linked art and medicine: because of its association with objectivity and reason, it was considered equally suitable for medical iconography and paintings with medical themes. Although realism was propagated as a metaphor of truth, it was intricately bound to professional, institutional, and personal desire, as both artists and doctors used realism to stand in for the rational characteristics with which they wished to be associated.⁵⁶ Yet neither Péan's representations of female bodies in wax or in paint could guarantee a purely objective, accurate, and stable recording of reality or femininity—such a desire itself surely reveals a madness because of its ultimate impossibility. Péan's collection of sick female figures in paint and in wax shows the vulnerability, instability, and impossibility of the claims to truth and reality made by realistic representations. Péan and his *mouleur* sought to produce reality by relying on wax's mimetic properties, and by adding colour, minute details, and even hair to their models. Yet the objectivity invoked by the life-like waxes was constantly threatened by the pleasure connected to the intimate touching and looking required for their creation. It was also undermined by viewers who recorded feeling horror, fear, madness, and delight before waxworks. The creating and collecting of representations of female bodies always threatened to erode the rational façade of modern scientific medicine and professional duty, as fantasy and pleasure were never far from the surface.

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Notes

- 1 For a discussion of medical collections and representations of republican masculinity, see Mary Hunter, “Collecting Bodies: Art, Medicine and Sexuality in late Nineteenth-Century France,” PhD diss., University of London, 2007.
- 2 The English translation of *moulage* is a mould, an impression or a cast. *Moulages* are also the objects created by moulds and casts.
- 3 For a general discussion of the Saint-Louis waxes, see Gérard Tilles and Daniel Wallach, *Le Musée des moulages de l'hôpital Saint-Louis* (Paris, 1996). For an in-depth account of the medical collections at Saint-Louis and other Parisian hospitals, see Gérard Tilles, “Histoire des bibliothèques médicales et des musées des hôpitaux de l'Assistance Publique à Paris. L'exemple de l'hôpital Saint-Louis,” PhD diss., Université de Paris XII, 1995.
- 4 P.G. Unna, “Lettres de Paris par P.G. Unna,” *Annales de dermatologie et de syphiligraphie* IX (Paris, 1889), 59. All translations from French are my own unless otherwise noted.
- 5 For a discussion of medical waxes, see Ludmilla Jordanova, *Sexual Visions: Images of Gender in Science and Medicine between the Eighteenth and Twentieth Centuries* (New York, 1989); and Barbara Maria Stafford, *Body Criticism: Imaging the Unseen in Enlightenment Art and Medicine* (Cambridge, 1991).
- 6 Ovariectomies became a common surgical procedure during the late nineteenth century. It was even suggested that the removal of ovaries, like the removal of appendices, was a means in which surgeons could make money, as it was not always a necessary medical procedure.
- 7 J. Hirschler, *Nos Docteurs* (Paris, 1896), 126.
- 8 Dr. Delaunay, “Péan jugé par ses élèves,” and Dr. Aubreau, “La Psychologie de Péan,” *La Chronique Médicale*, 15 February 1898, 104, 106.
- 9 Peter Brooks, *Realist Vision* (New Haven, 2005), 3.
- 10 Georges Didi-Huberman, *Confronting Images: Questioning the Ends of a Certain History of Art* (Pennsylvania, 2005), 71–72.
- 11 Alber, “Les Personnages en Cire,” *La Nature* 21, 1 (1894): 325.
- 12 Thomas Schnalke, *Diseases in Wax: The History of the Medical Moulage*, trans. Kathy Spatschek (Germany, 1995), 9.
- 13 Henri Feulard, “The Museum of the Saint Louis Hospital,” *A Pictorial Atlas of Skin Diseases and Syphilitic Affections in Photolithochromes from Models in the Museum of the Saint Louis Hospital Paris. With explanatory woodcuts and text by E. Besnier, A. Fournier, Tenneson, Hallopeau, Du Castel. With the co-operation of H. Feulard. Secretary: L. Jacquet. Edited and annotated by J.J. Pringle* (London, 1895), 1.
- 14 See Jonathan Crary’s discussion of Max Klinger’s glove cycle in *Suspensions of Perception: Attention, Spectacle and Modern Culture* (Cambridge, 1999), 90–134.
- 15 The wax collection at Saint-Louis is also referred to as the Musée Baretta today.
- 16 Paul Mantz, “Le Salon,” *Le Temps*, 8 May 1887, n.p.
- 17 M. Sully Prud’homme, “Preface,” in L. Roger-Milès, *La Cité de Misère* (Paris, 1891), 160–65.
- 18 For a brief account of the discomfort in having a cast made during the nineteenth century, see Edouard Papet, “Historical Life Casting,” *Second Skin: Historical Life Casting and Contemporary Sculpture*, exh. cat., Henry Moore Institute (Leeds, 2003).
- 19 For a discussion of how nineteenth-century medical and artistic training both focused on the examination of the naked body, see Anthea Callen, “Doubles and Desire: Anatomies of masculinity in the later nineteenth century,” *Art History* 26, 5 (2003): 669–99; and Callen, “The Body and Difference: Anatomy training at the École des Beaux-Arts in the later nineteenth century,” *Art History* 20, 1 (1997): 23–60.
- 20 Émile Zola, “Introduction,” *Thérèse Raquin*, trans. Leonard Tancock (London, 1962), 23.
- 21 Zola, 23.
- 22 Heather Dawkins, *The Nude in French Art and Culture, 1870–1919* (Cambridge, 2002); Marie Lathers, *Bodies of Art: French Literary Realism and the Artist’s Model* (Lincoln, Nebraska, 2001); and Susan Waller, *Invention of the Model: Artists and Models in Paris, 1830–1870* (Burlington, 2006).
- 23 For discussions of how hysteria was constructed as a highly sexed female illness, see Janet Beizer, *Ventriloquized Bodies: Narratives of Hysteria in Nineteenth-Century France* (Ithaca, 1994); Georges Didi-Huberman, *Invention of Hysteria: Charcot and the Photographic Iconography of the Salpêtrière*, trans. Alisa Hartz (Cambridge, Mass., 2003); Elaine Showalter, *Hystories: Hysterical Epidemics and Modern Culture* (London, 1997); and Mark Micale, *Approaching Hysteria: Disease and Its Interpretation* (Princeton, 1995).
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- 26 Founier, "Prophylaxie Publique de la Syphilis" (Paris, 1887), as translated in Harsin, *Policing Prostitution*, 60.
- 27 *Courrier des médecins de Saint-Louis au Directeur de l'Assistance Publique* (Paris, 1896), as referred to in Tilles, "Histoire des bibliothèques médicales," 140.
- 28 For a discussion of photography at Saint-Louis, see Alfred Louis Philippe Hardy and A. de Montméja, *Clinique photographique de l'hôpital Saint-Louis* (Paris, 1868); J.J. Pringle, *A Pictorial Atlas of Skin Diseases and Syphilitic Affections*; and Tilles, "Histoire des Bibliothèques médicales."
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- 32 For discussions of the secularization of medicine and medical culture in France, see Jack D. Ellis, *The Physician-Legislators of France: Medicine and Politics in the Early Third Republic* (Cambridge, 1990); Jan Goldstein, *Console and Classify: The French Psychiatric Profession in the Nineteenth Century* (1987); Ruth Harris, *Murder and Madness: Medicine, Law, and Society in the Fin de Siècle* (Oxford, 1989); and Ann La Berge and Mordecai Feingold, eds., *French Medical Cultures in the Nineteenth Century* (Amsterdam, 1994).
- 33 For accounts of the history of waxworks in France, see Vanessa R. Schwartz, *Spectacular Realities: Early Mass Culture in Fin-de-Siècle Paris* (Berkeley, 1998), and "Museums and Mass Spectacle: The Musée Grévin as Monument to Modern Life," *French Historical Studies* 19, 1 (1995): 7–26; and Pamela Pilbeam, *Madame Tussaud and the History of Waxworks* (London, 2002).
- 34 A. Doyon, "Du mode d'enseignement de la dermato-vénérologie contemporaine. Vienne, Paris, Lyon," *Annales de dermatologie et de syphiligraphie* (Paris, 1883), 189–96, 249–56, 309–14. As referenced by Tilles, "Histoire des bibliothèques médicales," 106.
- 35 *Moniteur Universel*, 6 June 1882, as cited in Schwartz, *Spectacular Realities*, 119. Schwartz also points out that the sense of reality was further created by the representation of scenes from recent history and realist novels, as this drew connections between the claims to truth of journalism and realist formal practices in wax. See pages 89–148 for discussion of waxes.
- 36 Henri Blaze de Bury, *Les Bonhommes de Cire* (Paris, 1863), 38.
- 37 L. Roger-Milès, *La Cité de Misère* (Paris, 1891), 156–57.
- 38 Charcot asked the Assistance Publique for funding for a museum on 15 September 1878. For further information, see Nadine Simon-Dhouailly, *La Leçon de Charcot: Voyage dans une toile* (Paris, 1986), 63–66.
- 39 Jules Claretie, *Les amours d'un interne* (Paris, 1881), 112.
- 40 Maurice Gillemot, "À la Salpêtrière II," *Paris illustré*, 1 October 1887, 371.
- 41 For a discussion of the public display of dead bodies in Paris, see Schwartz, *Spectacular Realities*, 45–88.
- 42 Didi-Huberman, *Invention of Hysteria*, 74–75.
- 43 Norman Bryson, "Everything we look at is a kind of Troy," *Sugimoto Portraits*, ed. Tracey R. Bashkoff, Nancy Spector, and Hiroshi Sugimoto (London, 2000), 61.
- 44 For an account of the relationship between photography and death, see Roland Barthes, *Camera Lucida: Reflections on Photography*, trans. Richard Howard (London, 1984). For discussions regarding the relationship between casting and death, see *Le Dernier Portrait*, exh. cat., Musée d'Orsay (Paris, 2002).
- 45 For a nineteenth-century discussion of waxes, see Gaston Le Breton, "l'essai Historique sur la Sculpture en Cire," *Précis Analytique des Travaux de l'Académie des Sciences, Belles-Lettres et Arts de Rouen, pendant l'année 1891–1892* (Paris, 1893), 250–303.
- 46 Diana Holmes has argued that by having Raoule subject Jacques to the objectification, violence, and humiliation usually inflicted upon women, Rachilde was able to reverse and parody conventional nineteenth-century conceptions of gender, and therefore reconfigure gender identity as fluid. Diana Holmes, *Rachilde: Decadence, Gender and the Woman Writer* (Oxford, 2001), 120.
- 47 Rachilde, *Monsieur Vénus*, trans. Melanie Hawthorne (New York, 2004), 210.
- 48 For a focused account of Gervex's portrait, see Mary Hunter, "The Sleep of Reason: Art, Medicine and Sexuality in Henri Gervex's *Avant l'opération*," *Object 7*: 43–61.
- 49 G. Lafcainestre, *Revue des Deux Mondes* (Paris, 1887), from Henri Gervex dossier, Musée d'Orsay Centre du Documentation.
- 50 M. Hamel, "Le Salon de 1887," *Gazette des Beaux-Arts*, 1887, 479.
- 51 Mantz, "Le Salon," supplement to *Le Temps*, 8 May 1887, n.p.
- 52 Hippolyte Devillers, "Salon de Paris," *La Jeune Belgique* VI, 7 (1887): 236.
- 53 G. Ollendorf, *Salon de 1887* (Paris, 1887), 51–52.
- 54 My discussion and translation of Jentsch are informed by Naomi Schor's chapter, "Duane Hanson: Truth in Sculpture," in her book *Reading in Detail: Aesthetics and the Feminine* (London, 1987), 131–140. Jentsch discussed waxworks and the uncanny in his article "Zur Psychologie des Unheimlichen," *Psychiatrisch-Neurologische Wochenschrift* 22, 198 (1906).
- 55 Sigmund Freud, "The Uncanny," *The Uncanny*, trans. David McLintock (London, 2003), 135.
- 56 For a nineteenth-century account of the claims to truth made by both art and science, see Paul Lenoire, *Histoire du Réalisme et du Naturalisme dans la poésie et dans l'art depuis l'antiquité jusqu'à nos jours* (Paris, 1889).