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Eroticism, Madness, and Medical Authority: Producing Feminine Hysteria in the *Iconographie photographique de la Salpêtrière*

In nineteenth-century France, hysteria became increasingly medicalized at a time when medicine served not merely to treat illness but to observe, classify, and control bodies, especially those of women, reflecting broader societal anxieties about gender and social order. Derived from the Greek word *hystera*, meaning uterus, hysteria was originally understood as a female disorder.¹ The increased medical attention given to hysteria exemplifies Michel Foucault's argument in *The History of Sexuality*: nineteenth-century medical institutions did not just observe sexuality, but sought to find "truths" about it through examination, staging, and documentation.² Medical authority and institutions, like the Salpêtrière Hospital in Paris, turned women diagnosed with hysteria into objects of medical inquiry and cultural curiosity, illustrating how medicine and societal norms were constructed to regulate female bodies.

La Iconographie photographique de la Salpêtrière (1876-1880), produced under the supervision of Jean-Martin Charcot, serves as a clear example of this process.³ This three-

¹ Sonya Rasminsky. "Hysteria," in *Encyclopedia of Disability*, vol. 2, ed. Gary L. Albrecht, 901 (Thousand Oaks, CA: SAGE Reference, 2006), *Gale eBooks*. The uterus was imagined as a mobile organ whose movement caused physical and emotional symptoms later described as hysteria.

² Michel Foucault, *The History of Sexuality, Vol. 1: An Introduction*, trans. Robert Hurley (New York: Vintage Books, 1990), 55.

³ Désiré Magloire Bourneville and Paul Regnard, *Iconographie photographique de la Salpêtrière*, vol. 1, plates (Paris: Progrès médical, 1876-1880), Medical Historical Library, Cushing/Whitney Medical Library (digital collection), <https://collections.library.yale.edu/catalog/15831314>; Désiré Magloire Bourneville and Paul Regnard, *Iconographie photographique de la Salpêtrière*, vol. 2, plates (Paris: Progrès médical, 1876-1880), Medical Historical Library, Cushing/Whitney Medical Library (digital collection), <https://collections.library.yale.edu/catalog/15831435>; Désiré Magloire Bourneville and Paul Regnard, *Iconographie*

volume medical archive includes hundreds of photographs, captions, and detailed case studies classifying various neurological and psychiatric conditions, most prominently hysteria. Many of the images depict women in carefully choreographed poses intended to illustrate the stages of a hysterical attack. The *Iconographie* circulated widely among the medical community, students, and the public for generations, shaping the common understanding of hysteria.⁴

At the Salpêtrière, female deviance, sexuality, and madness were treated as inseparable, a conflation produced and reinforced by the hospital's authority. It was initially formed in the seventeenth century during what Foucault refers to as the "Great Confinement": a period of mass internment of the poor and socially marginal under state authority.⁵ The Salpêtrière began as a poorhouse that helped "clean up" Paris by confining women who were deemed outcasts, such as beggars, prostitutes, criminals, and the ill.⁶ Jean-Martin Charcot (1825-1893), a renowned neurologist, arrived at the Salpêtrière in 1862 during a period of rising anti-clericalism and scientific secularization in France, looking to explain behavior through medical observation

photographique de la Salpêtrière, vol. 3, plates (Paris: Progrès médical, 1876-1880), Medical Historical Library, Cushing/Whitney Medical Library (digital collection), <https://collections.library.yale.edu/catalog/15831551>: The project is often associated with Charcot, but it was a collaborative project. Désiré Magloire Bourneville, along with another one of Charcot's students, Paul Régner played large roles in the work. For simplicity, I refer to the project as Charcot's throughout this paper, but it is important to recognize other contributors in producing, organizing, and annotating the work.

⁴ Throughout this paper, I shorten *Iconographie photographique de la Salpêtrière* to the *Iconographie*.

⁵ Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, trans. Richard Howard (New York: Vintage Books, 1988) 38-64.

⁶ Mary Bosworth, "Anatomy of a Massacre: Gender, Power, and Punishment in Revolutionary Paris," *Violence Against Women* 7, no. 10 (2001): 1101, 1104, <https://doi.org/10.1177/10778010122183766>; Mark S. Micale, "The Salpêtrière in the Age of Charcot: An Institutional Perspective on Medical History in the Late Nineteenth Century," *Journal of Contemporary History* 20, no. 4 (1985): 706, <http://www.jstor.org/stable/260404>: The Salpêtrière's location had a history of danger, confinement, and social expendability. It was originally constructed in the seventeenth century on the grounds of a former saltpeter arsenal—located on the outskirts of Paris due to the risk of explosion—it later housed women deemed undesirable under state authority. The history of the Salpêtrière included violence; it was the only all-female institution targeted during the September Massacres of 1792, resulting in the killing of approximately thirty-five women. The institution's past helps show that the Salpêtrière has long been a space for managing populations perceived as dangerous, marginal and disposable.

rather than prior religious frameworks.⁷ He began focusing on women with “episodic behavior,” like epileptics and hysterics during the 1870s and 1880s, who were grouped together in a ward by the hospital administration.⁸ Initially, hysteria was a general label given to women with unexplainable behaviors or symptoms. Through Charcot’s time at the Salpêtrière, hysteria was transformed into a hereditary neurological disorder with psychological and physical manifestations that could be provoked, giving the diagnosis more legitimacy.⁹ Although Charcot claimed hysteria was not inherently gendered and he diagnosed it in men, his studies, lectures, and photographs reinforce common assumptions about femininity and its association with heightened emotions and deviance.¹⁰

Charcot’s fame grew through his public clinical lectures at the Salpêtrière, which attracted diverse audiences, including students, doctors, artists, writers, and members of the general public.¹¹ Charcot classified hysteria into observable, reproducible stages, documented both in the lectures and the *Iconographie*.¹² His patients became pedagogical tools for Charcot to illustrate hysteria’s supposed natural progression. Within this historical, cultural, and institutional context, I argue that Charcot, through the *Iconographie photographique de la Salpêtrière*, actively constructed a specific idea of feminine hysteria defined by sexual excess, irrationality, and religious fervor. He did not merely document patients; he deliberately produced the *Iconographie* to demonstrate the doctor’s authority to guide, discipline, and control these

⁷ Michel B. White, “Jean-Martin Charcot’s Contributions to the Interface Between Neurology and Psychiatry” *Canadian Journal of Neurological Sciences* 24, no. 3 (1997): 254, <https://doi.org/10.1017/S0317167100021909>.

⁸ White, 255.

⁹ Martha Noel Evans, *Fits and Starts: A Genealogy of Hysteria in Modern France* (Ithaca, NY: Cornell University Press, 1991), <http://www.jstor.org/stable/10.7591/j.ctvv41779>.

¹⁰ White, 256.

¹¹ Evans, 21; Rasminsky, 902: Sigmund Freud was one of Charcot’s students who later developed his own theories of hysteria, heavily influenced by his time with Charcot.

¹² Georges Didi-Huberman, *Invention of Hysteria: Charcot and the Photographic Iconography of the Salpêtrière*, trans. Alisa Hartz (Cambridge, MA: MIT Press, 2003).

behaviors. Charcot thus produced a model of femininity where eroticism, madness, and institutional control were inseparably connected.

Much scholarship on hysteria has used *The Invention of Hysteria* to understand how Charcot's *Iconographie* created a reproducible version of hysteria at the Salpêtrière; this scholarship emphasizes how the Salpêtrière and its tools, such as the advanced technology, lectures, and patients' clothing, did not just document hysteria but shaped hysterical bodies and thus the understanding of the disorder.¹³ My research builds on these analyses by examining the photographs as visual arguments: images that communicate ideas about hysteria, gendered behavior, and social norms through pose choices and captions, rather than serving as objective scientific evidence.

Other scholarly works situate the *Iconographie* within broader cultural, political, and social contexts, emphasizing how hysterical women embodied anxieties about female excess, morality, and national decline following the Franco-Prussian War.¹⁴ Asylums reinforced gender norms by interpreting women's emotionality, instability, and sexuality as forms of pathology.¹⁵ The *Iconographie* positions patients as reflections of societal concerns, and the Salpêtrière itself as an institutional space that controlled the perception of female bodies. This paper connects the visual representations to the institutional and cultural contexts in which they were produced, showing how the *Iconographie* functioned as both a medical and a pedagogical instrument, circulating expectations about women's behavior under the authority of science.

¹³ Didi-Huberman, 44; Micale, 722; White, 256.

¹⁴ Evans, 10-11; Jessie Hewitt, *Institutionalizing Gender: Madness, the Family, and Psychiatric Power in Nineteenth-Century France*, (New York: Cornell University Press, 2020), 16, <http://www.jstor.org/stable/10.7591/j.ctv136c5pw>; Natasha Ruiz-Gómez, "Remarkable Things: Visual Evidence and Excess at Charcot's Salpêtrière," *Journal of the History of the Neurosciences* 34, no. 2 (2025): 382, <https://doi.org/10.1080/0964704X.2024.2370745>.

¹⁵ Hewitt, 2.

Foucault's work, particularly from *The History of Sexuality*, provides a central framework for understanding how medical institutions actively produced knowledge about sexuality, social norms, the body, and deviance.¹⁶ By integrating existing scholarship with my visual analysis, this paper contributes to the historiography by showing that the *Iconographie* did not merely document hysteria but also actively responded to societal contexts and reinforced gender norms and medical categories, shaping understandings of women's madness as a form of cultural pedagogy.

Charcot famously described the Salpêtrière as a "large asylum, including a large number of incurables ... in other words ... a kind of living pathological museum of considerable resources," a statement revealing how the patients in the *Iconographie* were not seen as autonomous individuals but as clinical materials to be observed, classified, and displayed.¹⁷ The women in the *Iconographie* could be studied and classified because social, institutional, and cultural forces had already stripped them of their autonomy. Many were admitted against their will, and most were young, working-class women from marginalized backgrounds, often with unstable family support, precarious livelihoods, or histories of trauma and abuse.¹⁸ These circumstances reinforced perceptions of patients' bodies as objects to be supervised, classified, and staged, deliberately positioned to showcase symptoms, with photographs serving as a means of producing and sharing knowledge about hysteria. Moreover, their dependence on the institution — due to their living conditions on the outside — made them especially vulnerable to the demands of authority. The *Iconographie* depended on bodies that would be controlled

¹⁶ Foucault, *History of Sexuality*, 1-30.

¹⁷ Charcot, quoted and translated in White, 255.

¹⁸ Evans, 21; Oliver Walusinski. "The Girls of La Salpêtrière," in *Hysteria: The Rise of an Enigma*, ed. J. Bogousslavsky, *Frontiers of Neurology and Neuroscience* vol. 35, (Basel: Karger, 2014), 65-77, <https://doi.org/10.1159/000359993>.

without resistance, and this submissiveness granted Charcot complete control over the narrative. In this way, the *Iconographie* can be seen as the crystallization of the shift away from moral treatment and toward care that emphasized surveillance and bodily control.¹⁹ This narrative change can be understood as a response to the anxieties of bourgeois masculine authority in late nineteenth-century France, as men wanted to stabilize and legitimize their power by transforming social disorder into scientific evidence.²⁰ The *Iconographie* is not a neutral record of hysteria; it is a convergence of institutional power, social marginalization, and gendered assumptions, making female bodies legible and fully controlled for scientific, cultural, societal, and pedagogical purposes.

One of the most photographed patients, Augustine, serves as a prime example of how the *Iconographie* functioned as an institution of medical authority.²¹ She was 15 years old when admitted.²² Images of her, like many others, portray adolescent female bodies as inherently fragile, impressionable, and in need of supervision. Numerous photographs lack any clear medical context and resemble a model's photoshoot. In one image, Augustine sits in a chair during a contracture, with her arm raised in a symptomatic way associated with hysteria and her right leg fully extended, toe pointed (Figure 1).²³ The rigidity of the pose renders her body sculptural, presenting her as a visual spectacle rather than a living, suffering patient.²⁴ The lighting and backdrop emphasize her pale skin and the white drape over her body, contrasting

¹⁹ Hewitt, 92-116.

²⁰ Hewitt, 168.

²¹ Didi-Huberman, 85.

²² Didi-Huberman, 117, 215. Augustine, like many patients at the Salpêtrière, was given drugs including ether and chloroform as treatment. This often led to dependence and addiction, furthering the power dynamics already occurring with gender and age.

²³ Bourneville and Regnard, *Iconographie*, vol. 2, pl. 29; Ruiz-Gómez, 379: Figures referenced in this paper can be found in the appendix.

²⁴ Photographs required patients to hold their poses long enough for a clear image, undermining the supposed spontaneity and objectivity of these depictions of "organic" hysteria.

sharply with the darker chair, floor, and walls. The drape is arranged to expose the side of her body affected by the contracture. Her entire right arm, shoulder, and extended leg, from her hip to her toes, are visible, leaving her pelvic region barely covered. The slight tilt of the chair emphasizes the intensity of the spasm and her vulnerability, reinforcing a sense of precariousness and instability that Charcot sought to associate with adolescent female sexuality.

The composition of the photograph further guides the viewer's gaze in a way that accentuates its sexual qualities. Augustine's twisted body is centered in the frame, with her exposed limbs highlighting areas impacted by the contracture, compelling the viewer to look at her exposed skin to see the symptom of the stage depicted. By situating Augustine's pose and exposed body within a medical context, features that would have otherwise been seen as transgressive or erotic are framed as legitimate scientific evidence. The arrangement of the pose, drape, and lighting depicts adolescent female bodies as unstable, potentially dangerous, and sexually charged, yet fully controlled by medical authority, making the eroticized qualities permissible under institutional observation.

Female sexual excess was powerfully conveyed in the narrative and text accompanying photographs in the *Iconographie*, and personal histories like Augustine's were used to show that this sexual excess often emerged from religious and familial repression, becoming evidence of hysteria. Augustine attended a convent school — an experience characterized by strict discipline and punishment surrounding behavior.²⁵ Nuns interpreted Augustine's rebelliousness as signs of demonic possession, leading to exorcisms and being splashed in the face by holy water.²⁶ Sexual behavior was closely monitored, and Augustine was tied up when caught

²⁵ Lisa Appignanesi, *Sad, Mad and Bad: Women and the Mind-Doctors from 1800* (Toronto: McArthur & Co., 2007), 133.

²⁶ Appignanesi, 133.

touching herself.²⁷ This environment simultaneously controlled and disciplined sexuality while also mystifying it, portraying adolescent desire as dangerous and in need of regulation—a logic that Charcot later adopted in his medicalization of female sexuality at the Salpêtrière and in the *Iconographie*.

More of Augustine's history signals how sexual trauma and repression were at the core of the construction of her hysteria. Before being admitted to the Salpêtrière, she experienced sexual coercion and assault by her employer, who was also her mother's lover.²⁸ Although Augustine resisted, he threatened and manipulated her, ultimately forcing her to drink and assaulting her; family members and physicians misinterpreted the resulting pain and distress of the rape as menstruation or illness.²⁹ Experiences in her upbringing, compounded by the strict environment of the convent, came together to create intense emotional and physical responses that were considered hysteria. Reactions to her past, such as her hysterical attacks, erotic dreams, bodily reactions intensified by ether, and other sexualized manifestations, were carefully observed and documented, transforming trauma and repression into clinical evidence.³⁰ Augustine's experiences were not just responses to violence or coercion, but were reframed through the *Iconographie* as medical discourse about the symptoms of pathological female sexuality.

The Salpêtrière hyper-visualized Augustines's sexuality through constant surveillance, much of which was recorded in hospital notes. Records show her expressing sexual excess through speech, shouting phrases throughout the halls of the Salpêtrière, including "Get rid of the snake you have in your pants... It's a sin."³¹ Expressions like this reveal both internalized

²⁷ Appignanesi, 133.

²⁸ Didi-Huberman, 157.

²⁹ Didi-Huberman, 157.

³⁰ Didi-Huberman, 271, 296.

³¹ Désiré-Magloire Bourneville and Paul Régnaud, *Iconographie photographique de la Salpêtrière* (Paris: Bureaux du Progrès médical/Delachaye and Lecrosnier, 1878), quoted and translated in Didi-Huberman, 161.

religious guilt through sin and also the visibility of sexual thoughts under observation. Another recorded episode depicts Augustine abruptly leaning toward an assistant and addressing him, saying, “Kiss me! . . . Give me . . . Here, here’s my.”³² Although it’s reported that a male hesitated to take notes of this incident, it was nonetheless preserved and taken as evidence of hysteria.³³ This reflects a broader pattern in the *Iconographie*: female sexuality was constantly documented, staged, and made hyper-visible, with individuals compelled to conform to the mandates of the institution, regardless of their supposed reluctance. Historians have described Augustine’s actions as a “generalized assault on modesty,” meaning her sexualized behavior was interpreted as a violation of social norms for women and thus evidence of pathological femininity.³⁴ The *Iconographie* converted Augustine’s private experiences, often shaped by trauma, guilt, and desire, into visual and textual evidence of sexual excess and instability, showing how Charcot constructed hysteria as inseparable from eroticism and institutional control.

Pathologizing female desire as if it were a disorder allowed male physicians to study, classify, and discipline women’s bodies, demonstrating a clear strategy of control. Much of the *Iconographie* was carefully staged—from patients’ positioning on beds to their clothes and gestures, along with captions and narratives—demonstrating how female bodies were constructed as sites of eroticized pathology. In one photograph, Augustine lies on her side on her bed, arms delicately crossed over her chest, with her eyes closed and faintly pleasantly smiling (Figure 2).³⁵ Her hands both cover and emphasize her chest, while her gown drapes to subtly expose her skin,

³² Désiré-Magloire Bourneville and Paul Régnaud, *Iconographie photographique de la Salpêtrière* (Paris: Bureaux du Progrès médical/Delahaye and Lecrosnier, 1876–1877), quoted and translated in Didi-Huberman, 161.

³³ Didi-Huberman, 161.

³⁴ Didi-Huberman, 161.

³⁵ Bourneville and Regnaud, *Iconographie*, vol. 2, pl. 21.

drawing attention to intimate areas within a clinical context. In this image, Augustine is depicted during the *attitudes passionnelles* phase of a hysterical attack, specifically the sub-stage *erotisme*, which explicitly frames her gestures and posture as sexually expressive.³⁶ The soft tilt of her head, closed eyes, a slight, pleasant smile, and a relaxed facial expression suggest sexual contentment, reinforced by the caption, *erotisme*.³⁷ Even if the sexual nature of poses could be debated visually, the labels and captions throughout the *Iconographie* explicitly instruct viewers to interpret the photos as connected to female sexuality and hysteria. The photo not only documents a clinical symptom; it actively shapes understandings of adolescent female desire, demonstrating how scientific authority used multiple parts of the *Iconographie* to define and control the interpretation of female sexuality.

The *Iconographie* also constructed and reinforced the idea of female madness that merged clinical observation with cultural assumptions about gender. Captions categorizing patients into states depicting feelings such as delirium, hallucination, or passionate attitudes act as instructions to interpret these images as clinical proof of long-standing assumptions about women in France.³⁸ By linking madness to emotional and bodily excess, the *Iconographie* depicted certain stages of hysteria as inherently feminine, reinforcing an idea of hysteria where irrationality, emotion, and gender were inseparable.

Charcot sought to circulate a particular image of hysterical women's supposed madness in the *Iconographie*, and used Blanche Wittmann, a patient dubbed the "Queen of Hysterics," as a prime example (Figure 3).³⁹ In this photograph, certain parts of her body are in focus, while

³⁶ Bourneville and Regnard, *Iconographie*, vol. 2, pl. 21.

³⁷ Bourneville and Regnard, *Iconographie*, vol. 2, pl. 21.

³⁸ Bourneville and Regnard, *Iconographie*, vol. 1; Bourneville and Regnard, *Iconographie*, vol. 2; Bourneville and Regnard, *Iconographie*, vol. 3.

³⁹ Bourneville and Regnard, *Iconographie*, vol. 3, pl. 4; Mary de Young, *Encyclopedia of Asylum Therapeutics, 1750-1950s* (Jefferson, NC: McFarland & Company, 2015), 400.

others are blurred, a technique that reinforced the image of madness he sought to produce. The clarity of her hand draws the viewer's attention to one of the codified gestures associated with hysteria, signaling this is not a random or idiosyncratic movement but a distinct symptom. Her arm is clearly frozen in midair, visually communicating that she is not entirely in control of her body and, by extension, suggesting a cognitive lack of control and separation from reality. In contrast, her face is somewhat blurry, and she looks off to the side with slightly parted lips, creating the impression of confusion and disturbance. The whites of her eyes are lighter than the rest of the image, further directing attention to her averted gaze, which situates Blanche as detached from both her surroundings and the viewer, reinforcing her disorientation. Even her disheveled hair contributes to the narrative, signaling a lack of control and composure. As the “Queen of Hysterics,” Blanche’s body was an ideal site for Charcot to convey images of feminine stereotypes.

One image in the *Iconographie* especially stands out as this sketch departs from the photographic medium defining the *Iconographie* (Figure 4).⁴⁰ This drawing appears to draw on visuals from religious art and spiritual and emotional states. While the other images in the *Iconographie* were staged to document Charcot’s version of hysteria, this drawing is more dramatic, prioritizing symbolic representation over objective observation. The term *démoniaque* in the caption explicitly links hysterical women in the *Iconographie* with demonic possession.⁴¹ The fact that the drawing is surrounded by photographs of real, living patients makes a connection between past ideas of possession and modern women diagnosed with hysteria. Religious imagery did not disappear in the shift from religious to scientific authority; it was instead appropriated, reinterpreted, and weaponized in ways that reinforced medical authority.

⁴⁰ Bourneville and Regnard, *Iconographie*, vol. 1, pl. 40.

⁴¹ Bourneville and Regnard, *Iconographie*, vol. 1, pl. 40.

Charcot's collaboration with Paul Richer on *Les Démoniaques dans l'Art* (1887) explicitly interprets women in religious art as hysterics, identifying hysterical symptoms in figures from religious art, and reframing experiences such as religious ecstasy and crucifixion as manifestations of hysteria.⁴² Although *Les Démoniaques dans l'Art* analyzes historical and artistic representations and is published after the *Iconographie*, it provides a framework for understanding some of the choices within the *Iconographie*. The religious gestures captured in photographs of the patients in the *Iconographie* were not by chance but deliberately culturally legible, drawing on familiar images of female devotion, suffering, and submission. Reframing these gestures as clinical systems helped transform forms of expression that the Church had previously interpreted religiously into ones having medical roots. This construction of madness reinforced medical authority while advancing the anti-clerical agenda of Charcot and his colleagues, demonstrating how scientific knowledge replaced religious interpretation and providing a framework that helps explain why the religious gestures in the *Iconographie* were deliberately used to categorize and pathologize female madness.

Using the interpretive framework provided by *Les Démoniaques dans l'Art*, the *Iconographie* staged patients in a range of religious poses to convey hysteria. Charcot used gestures such as ecstasy, supplication, crucifixion, and beatitude to link female religiousness with emotional and sexual excess.⁴³ Religious ecstasy often had a sexualized dimension, reflecting assumptions that women's devotion was inseparable from eroticized emotions; many of the religious poses, like ecstasy, were already part of *attitudes passionnelles* and thus already had erotic undertones.⁴⁴ By using familiar religious iconography, the *Iconographie* transformed

⁴² Evans, 35.

⁴³ Bourneville and Regnard, *Iconographie*, vol. 1; Bourneville and Regnard, *Iconographie*, vol. 2.

⁴⁴ Bourneville and Regnard, *Iconographie*, vol. 1; Bourneville and Regnard, *Iconographie*, vol. 2.

women in ordinary religious gestures into evidence of hysteria, reinforcing assumptions about women's irrationality and emotional vulnerability. The religious imagery also served a secularizing purpose. By framing religious behavior as symptomatic of hysteria, Charcot asserted medical authority over what had previously been understood as a spiritual experience.

The stage of *supplication amoureuse* further illustrates how Charcot's *Iconographie* used religious gestures emphasizing emotional and sexual intensity in the construction of female madness (Figure 5).⁴⁵ In this photo, the patient is shown in bed with her hands together and lifted, eyes looking upward, and lips slightly parted. The image simultaneously evokes images of prayer and erotic longing, transforming a common devotional act into a display of emotional and sexual vulnerability. By framing the religious gesture of prayer as symptomatic of hysteria, Charcot transforms an ordinary act of devotion into evidence of mental instability. Emotional excess, especially when connected to past religious practices, becomes further proof of women's susceptibility to madness. The *Iconographie* delegitimizes spirituality in women, depicting it as evidence of pathology instead of faith.

The *Iconographie* not only dramatizes female emotions but also presents them as scary, dangerous, and in need of physical control, which is vividly illustrated in a photograph depicting a restrained patient (Figure 6).⁴⁶ In this photograph, a woman lies down with her torso fastened by straps and her arms extended downward at her sides, while her upper body and head press down onto a pillow. Her mouth is wide open, likely screaming or involuntarily exhaling, and her body seems rigid and tense. Unlike other photographs that expose skin or use captions to highlight the erotics of hysteria, this patient is fully clothed, emphasizing madness and control instead of sexuality. The contrast between her light-colored gown and the dark restraints

⁴⁵ Bourneville and Regnard, *Iconographie*, vol. 2, pl. 20.

⁴⁶ Bourneville and Regnard, *Iconographie*, vol. 2, pl. 15.

emphasizes the Salpêtrière's complete power over the patient. Through this deliberate staging, the photo communicates both the patient's submission and the hospital's authority. In the broader social context of anxieties about female behavior, images like this existed as reassurance that even the most unruly or "mad" female bodies could be subdued through medical and scientific authority.

With Charcot's aim of demonstrating the authority of staff at the Salpêtrière in guiding and disciplining patients, one of his most famous methods was through hypnosis, which was frequently performed in front of an audience at lectures.⁴⁷ A colleague and student of Charcot's stated about a patient, "From the moment she is hypnotized...she belongs to us," illustrating the complete power staff sought to exercise over patients.⁴⁸ This total domination made the patients even more vulnerable as objects of study and props in lectures, photographs, and experiments. Charcot manipulated symptoms, transferring symptoms from one part of the body to another through methods like applying metals, using magnets, turning forks, and electrical currents, prioritizing a compelling narrative of hysteria over scientific accuracy.⁴⁹ These symptoms were provoked and controlled, rather than "organic" hysteria.

Another way Charcot and his colleagues asserted medical control over patients was by finding the "location" of the hysteria in the female body and then targeting these areas in the body through physical manipulation. Central to this was his theory of "hysterogenic zones," specific areas on the body—such as the hips, under the rib cage, above and below the breasts, and

⁴⁷ Micale, 721: Hypnosis was not a cure, but a performative element of the Salpêtrière, where patients were made into a visual spectacle for much of Paris. In addition to Charcot's lectures, the hospital functioned as a tourist attraction, drawing visitors, including members of Parisian elite, to events such as its annual "Bal des Folles" (Madwomen's Ball).

⁴⁸ Georges Gilles de la Tourette, *Hypnotisme et les états analogues au point de vue médico-légal* (Paris: Plon, 1887), quoted and translated in Evans, 37.

⁴⁹ de Young, 361; Didi-Huberman, 295: Ether was another tool used by staff to shape patients' behavior. It did not relieve symptoms; instead, it often intensified emotional, bodily, or sexualized responses, making patients more expressive for observation, photography, and lectures.

over the ovaries— where pressure or rubbing could trigger a hysterical attack.⁵⁰ This concept put hysteria onto gendered regions of the female body, expanding physicians' authority over women's bodies. While hysteria had previously been treated targeting other areas, the theory of hysterogenic zones —alongside the mid-nineteenth century shift to the idea that the ovaries were women's control centers, and in humans, “the essence of femininity itself”—made it so that women's reproductive areas continued to be focused on in hysteria.⁵¹ This materialized through devices such as the ovary compressor, which allowed physicians to induce or suppress hysterical symptoms by applying pressure to the ovaries, further showing their power to control symptoms.⁵² While Charcot outwardly believed hysteria could appear in men, these theories overwhelmingly framed the condition as feminine.

Images of patients hypnotized in the *léthargie* stage reveal multiple layers of institutional control in the *Iconographie*. In some instances, lethargy was induced through sudden sensory manipulation, such as abruptly removing a light (Figure 7).⁵³ The light source in the photo is positioned in front of the patient but is not emitting light, highlighting how staging draws attention to the environmental trigger that doctors introduced. The patient's body appears limp, her face tilted upward, eyes seemingly closed, and expression vacant, signaling complete passivity. A nurse supports the patient's body to ensure the patient remains stable, thereby emphasizing the patient's dependence on institutional authority. Both the visible presence of the light and the nurse together highlight how the environment was staged to provoke and manage the patient's physical and emotional responses. In addition to its supposed clinical function, the

⁵⁰ de Young, 399-400.

⁵¹ Thomas Laqueur, “Orgasm, Generation, and the Politics of Reproductive Biology,” *Representations*, no. 14 (1986): 27, <https://doi.org/10.2307/2928434>.

⁵² de Young, 400.

⁵³ Bourneville and Regnard, *Iconographie*, vol. 3, pl. 23.

photo reflects broader cultural and political concerns in late nineteenth-century France: it asserts medical and scientific authority while reinforcing ideas of female passivity and dependence, demonstrating how the *Iconographie* functioned not only as a study of pathology but also as a tool for exhibiting institutional power.

Through the *Iconographie photographique de la Salpêtrière*, Charcot suggests that feminine hysteria was not simply a medical condition but a reflection of broader social and cultural anxieties in nineteenth-century France. By pathologizing sexual excess, emotional intensity, and religious fervor, the *Iconographie* exposes how medical authority sought to stabilize a society unsettled by shifting gender norms, secularization, and fears of disorder. The patients become less an individual subject and instead a symbolic figure through which the Salpêtrière defines deviance and asserts control. Though these women held no social or political authority, their bodies were forced to carry the weight of cultural instability, serving as both unwilling upholders of institutional misogyny and mirrors of societal fears. The *Iconographie* thus operates not only as a medical archive but as a cultural critique, revealing how femininity, madness, and sexuality were mobilized to strengthen authority in a moment of social change.

Patients' experiences reveal the scale of Charcot's authority over them. Some patients' symptoms reportedly disappeared after Charcot's death, showing how hysteria was largely produced by the environment he created.⁵⁴ Augustine's escape from the Salpêtrière, reportedly disguised as a man, illustrates the potential for agency and resistance even under extreme surveillance and control.⁵⁵ Charcot's work proved influential beyond the hospital, and the *Iconographie* circulated widely, shaping cultural understandings of female sexuality, emotion,

⁵⁴ Iona Gilbert, "The Phototextual Emergence of Hysteria: From the *Iconographie Photographique de La Salpêtrière* to J. M. Coetzee's *Slow Man*," *Kronos*, no. 46 (2020): 132, <https://www.jstor.org/stable/27011697>.

⁵⁵ Gilbert, 134.

and madness. These examples reinforce the central argument of this paper: Charcot actively constructed femininity through hysteria, using medical, visual, and institutional authority to define, display, and control women's bodies in ways that reflected and reinforced broader societal anxieties. The *Iconographie* exists as a reminder that medical knowledge and institutions like the Salpêtrière did not merely reflect social norms, but actively created them, linking femininity, eroticism, and madness to institutional authority.

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Appendix



Figure 1. *Hystéro-Épilepsie: Contracture*. Photograph of Augustine by Désiré-Magloire Bourneville and Paul Regnard, *Iconographie photographique de la Salpêtrière* (Paris: Progrès médical, 1876–1880), vol. 2, plate 29, Medical Historical Library, Cushing/Whitney Medical Library.



Figure 2. *Attitudes Passionnelles: Erotisme*. Photograph of Augustine by Désiré-Magloire Bourneville and Paul Regnard, *Iconographie photographique de la Salpêtrière* (Paris: Progrès médical, 1876–1880), vol. 2, plate 21, Medical Historical Library, Cushing/Whitney Medical Library.



Figure 3. *Attaque Hystéro-Épileptique: Délire*. Photograph of Blanche by Désiré-Magloire Bourneville and Paul Regnard, *Iconographie photographique de la Salpêtrière* (Paris: Progrès médical, 1876–1880), vol. 3, plate 4, Medical Historical Library, Cushing/Whitney Medical Library.



Figure 4. *Esquisse de Rubens: Démoniaque*. Drawing, *Iconographie photographique de la Salpêtrière* (Paris: Progrès médical, 1876–1880), vol. 1, plate 40, Medical Historical Library, Cushing/Whitney Medical Library.



Figure 5. *Attitudes Passionnelles: Supplication Amoureuse*. Photograph of Augustine by Désiré-Magloire Bourneville and Paul Regnard, *Iconographie photographique de la Salpêtrière* (Paris: Progrès médical, 1876–1880), vol. 2, plate 20, Medical Historical Library, Cushing/Whitney Medical Library.



Figure 6. *Début de l'Attaque: Cri*. Photograph of patient by Désiré-Magloire Bourneville and Paul Regnard, *Iconographie photographique de la Salpêtrière* (Paris: Progrès médical, 1876–1880), vol. 2, plate 15, Medical Historical Library, Cushing/Whitney Medical Library.



Figure 7. *Léthargie: Résultant de la Suppression Brusque de la Lumière*. Photograph of patient by Désiré-Magloire Bourneville and Paul Regnard, *Iconographie photographique de la Salpêtrière* (Paris: Progrès médical, 1876–1880), vol. 3, plate 23, Medical Historical Library, Cushing/Whitney Medical Library.