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Great) visited him in Delft.

Leeuwenhoek is also set apart, we are told, by his status as “an amateur” among intellectuals. Van Bronwijk writes, “Antoni, the amateur, probably had better microscopes” (p. 123) than Swammerdam, the medical man. Again, “Leeuwenhoek comes forward as one of the best among amateurs” (p. 125), and is referred to on the last page of the book (p. 209) as “a self-taught man and an amateur”. The use of the word amateur here makes a distinction that is valueless in terms of scientific achievement. It is, indeed, easily contradicted in the essays devoted to Leeuwenhoek’s discoveries: Baas on wood anatomy, Lindeboom on sexual reproduction, Palm on biological studies, and Smit on spontaneous generation. Presumably, John Dalton, Humphry Davy, Michael Faraday, and James Joule can equally usefully be described as self-educated amateurs. It is significant to note that Leeuwenhoek refused to accept the theory of spontaneous generation, when the majority of his university-trained and medically-qualified contemporaries supported it.

This recurring failure in historical perception mars a volume which otherwise contains much useful and some novel material. Leeuwenhoek was the world’s first microscopist, not to be equalled until the nineteenth century. The range and quality of his work is awe-inspiring. He was at the very beginning of a new technique that could be applied in many fields. He had to feel his way, and describe the undescribed. Very few could follow him, mainly because of the technical state of the instrument and sheer lack of understanding in others, because microscopy takes the human consciousness into an entirely new world, as with a newborn child.

G. L’E. Turner
Museum of the History of Science, Oxford

GEORGES DIDI-HUBERMAN, *Invention de l’hystérie. Charcot et l’iconographie photographique de la Salpêtrière*, Paris, Editions Macula, 1982, 8vo, pp. 303, illus., Fr. 110.00 (paperback).

At last, the extraordinary history of hysteria at the Salpêtrière – Charcot’s history – has found an author prepared to take up the challenge. Charcot’s hysteria was a spectacle – not only for the fashionable flocking to his *Leçons*, but through his making the spectacle a part of therapeutics, nosology, and epidemiology. The essence of Charcot’s hysteria was simulation, the patient as actor (actress), the doctor as producer, producer of images whose fascination was disciplined by the scepticism of the scientist blind to the implications of his own desire to see.

Charcot’s disciples produced several volumes entitled the *Iconographie photographique de la Salpêtrière*, between 1875 and 1880, and again from 1888 to 1918. The hysteric was the centre-piece, almost the centre-fold. These texts, along with the *Oeuvres complètes* of Charcot, form the primary object of Didi-Huberman’s historical meditation. Their photographic form prompts him to survey the history of the image of insanity, from the 1600s on, and the concatenation of aims and assumptions that facilitated the encounter of the hysteric with her photograph. Charcot viewed photography as a laboratory tool, a museum of diseases (an archive) and a method of teaching. But the “pencil of Nature” (Talbot) had a logic of its own – a social history and philosophy of its own – which Didi-Huberman unravels, with the essays of Barthes, Baudelaire, Benjamin, and Sontag as his guides. He tells how photography provoked a “fantasy of memory” (immediate, exact, and sincere), how, in the combination of police and medical work, it provoked the notion of an identity, so that criminals, patients, tubercular characters, etc., were each forced to recognize themselves in the accusing image (p. 59). But the police-image of identity (“resemblance guaranteed”) should be contrasted with the image of spectacle offered by hysteria, in which the doctor’s function became more and more the reproduction, repetition, and instigation of what can clearly be observed, while the resistance of the hysteric – her cry, her unpredictability – only incited the doctor’s desire to an even greater intrusive fascination. Doctors experienced an anxiety proper to medicine when confronted with the Protean *dissimulation* of hysteria (“How can medicine be honest if the body itself starts to lie?” (p. 77)). Their response was to simulate it as often, as exactly as possible – with hypnotism and with the photographic image. An attempt at mastery, to be sure, but one which required a connivance, a complicity on the part of the hysterical subject, although she was forever ready to undo the doctor’s achievement – with a new fit, a fit that did not quite obey the rules, through a

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new symptom, through hysterical sleep, and eventually through renouncing hysteria altogether, or through the definitive challenge to the doctor's gaze, absconding.

The photographic images of this beautifully produced book, written in elegant and almost conversational prose, repeat the fascination of its object, hysteria. Didi-Huberman has his favourite hysteric, whose image haunts his pages, whose story continually astounds us – Augustine. The intimate tone of the book seems at times to stem from this personal relation of author and her image (is it hers?). Her image remains, as her monument, still enigmatically challenging. Didi-Huberman succeeds in writing the history of hysteria by addressing each of the hysteric's challenges – as aesthetic object, as ethical question, and as psychoanalytic problem *par excellence*. Freud and Lacan supply him with a framework within which to consider the dialectic of desire between doctor and patient – its transferences, both those refused and those acted out. At the heart of his history is the account of *looking*, of the image and the space constructed by producer and actress. Off-stage, of course, the doctor watches, sustained by the hysteric's challenge to each and every spectator, while she believes her own gaze capable of creating a “master-gaze in its own image”, “dreaming of herself as the feminine idol of which all men dream” (p. 167). The seduction and complicity of master and hysteric (the terms and the world of discourse belong to both Charcot and Lacan), however charming, eventually leads to a turning-point, when the hysteric finds a hatred for the Master: when *similitudo* (resemblance) turned to *simultas* (mutual hatred) (p. 267).

Didi-Huberman incorporates not only the extraordinary texts and images of Charcot, Richer, and the other neurologists, not only the philosophy of photography such as we have it today, but also the ruminations of Heidegger, Foucault, and Blanchot, and the uncannily apt poems and prose of Artaud, Baudelaire, Mallarmé, and Rimbaud. It is only with such a broad conception of his topic and of the analytic materials that will reveal it that he has succeeded in doing justice to the logic of seeing and knowing what the doctor and hysteric participated in. The logic of seeing – the photograph, the scrupulous cutting-up of the hysterical body in its description, the repeated ocular demonstration of what this body could perform – this logic stood in for the knowing the doctor advertised, so that seeing masqueraded (dissimulated) as knowing. The fascination of seeing – the scientific desire – overflowed into the creation of beauty, with mimesis as the hysterical symptom *par excellence*. The repudiation of this fascination made “repetition necessary, an obsession even; and its random use constrained ethics to become aesthetics, so as not to lose the ‘doing-of-science’” (p. 178). The doctor's fascinated gaze is repeated and distorted in the wounding of the space of the hysterical body – and in particular in the wounding of her gaze (hysterical blindness, restriction of field, etc.). This seeing, modelled photographically, never quite captures the temporality of hysteria – the suspense of waiting, the rhythm of the attack, its predication on a future answer to the unconscious demand placed beyond those present. And it becomes clear that the fascination of seeing, with its necessary complicity of Master and hysteric, precluded the pre-eminence of words that Freud was to make possible when he shut the camera and the gaze out of his consulting-room – “I cannot put up with being stared at by other people . . .”, he explained in 1913. The doctor's complicity in looking at a hysteric clasp her medical lover to her breast in a sexual embrace – such theatre only enticed him into looking, into describing more exactly, more “closely”.

Didi-Huberman does not give an account of the decline of the *belle époque* of hysteria, nor of its permutation into psychoanalysis. Instead, he has offered us a remarkable and profound analytic description of the seductive, complicitous tortures suffered by Charcot's hysterics. There are photos of Freud's couch. But they “say” nothing, tempting writers into imagining what the *patient* would see, once on it. The photographs of the hysterics of the Salpêtrière never let us even ask what the patient saw – they capture our gaze too well, they “say” too much, leaving us mystified and breathless. Didi-Huberman has written a book that confesses its fascination for these images and is thus able to write, for the first time, a history of this fascination, which underpinned (and may still so do) the hegemony of the ocular in clinical medicine.

John Forrester
King's College, Cambridge