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### In art and wax

The morphine addict in France at the turn of the twentieth century

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## **In Art and Wax: The Morphine Addict in France at the Turn of the Twentieth Century**

Wax models showing scarred skin caused by repeated use of hypodermic syringes were formed from the bodies of hospital patients with morphine addictions in France at the turn of the twentieth century. Needle-scarred skin was deemed a key factor in identifying *morphinomanie* (morphine-mania). Wax modelers attempted to recreate morphine users' bodies as accurately as possible because these objects functioned diagnostically. Artists repudiated the skin's appearance and depicted the morphine addict as female, even though men made up the majority of users. In art, the female body is typically enclosed by an idealized, unscarred skin. As such, in line with broader concerns about containing femininity in art and in actuality, artists avoided showing the broken boundary of the morphine addict's skin, pierced by hypodermic needle. Although medical and artistic visual culture of the morphine addict differ visually, both are subjective and function to contain and control concurrent narratives on addiction.

Visual culture is typically created with an audience in mind. This intended audience determines two key things: the work's appearance and how it functions within its broader context. While art responds to the society in which it exists, its appearance can be an active avoidance of actuality. This is no more the case than in the artistic representation of the morphine addict – or *morphinomane* – at the turn of the twentieth century. Depicted overwhelmingly by artists living and working in Paris, deemed by many as the art capital of the world at the time, artworks of the *morphinomane* told a false story of morphine addiction in France. Although similarly imbued with subjectivity, medical visual culture functioned for a specific audience. Doctors relied on the implied accuracy of certain mediums to visualize illnesses for pedagogical and diagnostic purposes, from the modern technology of photography to the historic techniques of wax model making. Art historians Mechthild Fend and Mary Hunter have done important research into French medical visual culture of the nineteenth and early twentieth century, with a particular focus on skin and bodies.<sup>1</sup> The morphine addict appeared in more traditional art forms, such as oil paintings

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<sup>1</sup> See Mary Hunter, *The Face of Medicine: Visualising Medical Masculinities in Late Nineteenth-Century Paris* (Manchester: Manchester University Press, 2017); Mechthild Fend, *Fleshing out Surfaces: Skin in French Art and Medicine, 1650–1850* (Manchester: Manchester University Press, 2017); Mechthild Fend, “Images Made by Contagion: On Dermatological Wax Moulages,” *Body & Society* 28, no. 1–2 (January 2022): 24–59. Natasha Ruiz-Gómez's research into the pathology sculptures by Dr. Paul Richer is also worth mentioning. Comparable to Ruiz-Gómez, this article breaks down the binary

and prints, but it also appeared as medical wax models in Saint-Louis Hospital, Paris, the same collection explored by Fend and Hunter. Departing from their foundational research, this article examines these wax models alongside traditional art forms as objects that played a formative role in the narrative of addiction history.

### **Morphine Addiction Narratives**

*Morphinomanie* (morphine-mania) emerged as a medical, social, and cultural phenomenon in France in the early 1880s. Following the invention and development of the hypodermic syringe in the 1850s and the Franco-Prussian War of 1870–1, morphine usage in Parisian hospitals and beyond increased drastically in the final decades of the nineteenth century.<sup>2</sup> Morphine was primarily obtained through doctors' prescriptions and was given for many reasons, from palliative care and cancer, to menstrual pain, headaches, and neuralgia. Stereotypes about femininity and women's inherent weaknesses meant that women were considered to be most likely to use morphine and become addicted to the

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between medical objectivity and artistic subjectivity. Natasha Ruiz-Gómez, "The 'Scientific Artworks' of Doctor Paul Richer," *Medical Humanities* 49, no. 1 (April 2013): 4–10.

<sup>2</sup> Sara Black, "Doctors on Drugs: Medical Professionals and the Proliferation of Morphine Addiction in Nineteenth-Century France," *Social History of Medicine* 30, no. 1 (February 2017): 114–36, at 119.

drug.<sup>3</sup> Numerous statistical studies conducted at the turn of the twentieth century proved otherwise and pointed to male medical professionals as the demographic with the highest proportion of dependent users.<sup>4</sup>

Artists disregarded the truth and perpetuated a narrative centering on morphine addiction as afflicting women almost exclusively. Whilst it is not my intention to disregard the existence of real women's morphine addictions, this article is principally concerned with how the morphine user was portrayed and gendered in visual culture and thus outside the realms of actuality. Examining how the morphine addict's skin is visualized in

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<sup>3</sup> Susan Zieger analyses the representation of women and morphine use in Britain in her foundational text on gender and addiction in Susan Zieger, “‘How Far Am I Responsible?’: Women and Morphinomania in Late-Nineteenth-Century Britain,” *Victorian Studies* 48, no. 1 (Autumn 2005): 59–81. Julia Skelly also examines the gendering of addiction, particularly alcohol addiction, in her book on British visual culture. See Chapter 1, “Wasted Mothers: Reading William Hogarth’s *Gin Lane*,” and Chapter 3, “Addictive Architecture: The Crystal Palace, Gin Palaces and Women’s Consumption,” in Julia Skelly, *Addiction and British Visual Culture, 1751–1919: Wasted Looks* (London: Routledge, 2016), 19–42, 73–98.

<sup>4</sup> For example, in 1897 Paul Rodet conducted a statistical study on 1,000 habitual morphine users. His results showed that 650 of those were men and, of that group, 340 worked in the medical profession. Paul Rodet, *Morphinomanie et morphinisme* (Paris: Félix Alcan, 1897), 35–47.

medicine and art provides a greater understanding on turn-of-the-century narratives on addiction and the body. Artists often portrayed (female) morphine addiction as something that was hedonistic and morally deviant, in accordance with the concurrent revival of the *femme fatale*, the fin-de-siècle cultural fascination with degeneration, and the Decadent movement, in which social and moral norms are transgressed and often eroticized in art and literature.<sup>5</sup> Artistic visual culture of the *morphinomane* functioned as a fantasy outlet for a predominantly male audience created almost exclusively by male artists, likely because such erotic or explicit subject matter was deemed unsuitable to be depicted by women artists.<sup>6</sup> Although the creation of all visual culture is subjective, artworks in the

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<sup>5</sup> See Rebecca Stott, *The Fabrication of the Late-Victorian Femme Fatale: The Kiss of Death* (Basingstoke: Macmillan, 1992); Michelle Facos, *Symbolist Art in Context* (Berkeley: University of California Press, 2009), 65–90.

<sup>6</sup> An exception to this is a painting by Émilie Charmy (*La Morphinomane*, c.1908, oil on canvas, 130 x 89.5 cm, private collection). The painting was created early on in her career when her oeuvre comprised mostly of subjects deemed more appropriate for a woman artist, such as still lifes. Charmy's *La Morphinomane* perhaps set a precedent for her later more daring works of the 1920s and 1930s, which portrayed female nudes with uninhibited sexuality. Gill Perry analyses the gendering of 'masculine' and 'feminine' categories in art, exploring the ways in which Charmy was an exception to most women artists in terms of her subject matter and artistic techniques. Gill Perry, *Women Artists and the Parisian*

traditional sense generally disregard the corporeal effects of drug dependence and offer an ostensible contrast to medical visual culture.

The newness of *morphinomanie* meant that medical professionals were continually trying to understand, diagnose, and identify habitual morphine use and drug addiction.<sup>7</sup> Textual descriptions and visual objects portraying users' skin were required because there were no pre-existing resources on morphine addiction. It is now often accepted that an addiction to narcotics such as morphine 'offers no infallibly visible markers of its presence'; as Timothy Hickman writes, 'as a physiological or psychological condition' it is invisible.<sup>8</sup> Yet fin-de-siècle medical professionals and the wider society sought visual evidence of *morphinomanie*. Medical professionals attempted to understand how an addiction to morphine could reveal itself corporeally to facilitate the identification and

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*Avant-Garde: Modernism and Feminine Art, 1900 to the Late 1920s* (Manchester: Manchester University Press, 1995), 45–58.

<sup>7</sup> Zieger describes the understanding of addiction in the nineteenth-century as 'an ominous twilight between immorality and disease.' Susan Zieger, *Inventing the Addict: Drugs, Race, and Sexuality in Nineteenth-Century British and American Literature* (Amherst: University of Massachusetts Press, 2008), 23.

<sup>8</sup> Timothy Hickman, "Heroin Chic: The Visual Culture of Narcotic Addiction," *Third Text* 16, no. 2 (2002): 119–36, at 119. Skelly makes a similar argument in *Addiction and British Visual Culture*.

diagnosis – thus the containment and categorization – of those who were considered to be putting themselves and the wider society at risk via their addiction.

To identify morphine users medical professionals relied on the damage caused to the skin by hypodermic administration. In a newspaper column of 1892, a doctor writing in *La République française*, a daily republican newspaper, described how the morphine addict's skin 'bears traces of innumerable traumas caused by injections.'<sup>9</sup> In his 1898 medical thesis, Lubin-Émile Delorme remarked that it is easy to 'diagnose *morphinomanie*' because 'it is very rare that [the patient's] skin does not bear the marks of intoxication.'<sup>10</sup> Georges Pichon's medical book of 1890, *Considérations sur la morphinomanie*, described a 'multiplicity of abscesses' in one of his patients who had the 'indelible trace of consecutive scars.'<sup>11</sup> Several medical texts also offered advice for

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<sup>9</sup> Translations are my own unless stated otherwise. 'La peau des malades portes des traces des innombrables traumatismes causés par les piqûres.' Dr. Perlis, "La Morphinomanie," *La République française*, 29 November 1892.

<sup>10</sup> 'Il suffit parfois de découvrir un malade pour diagnostiquer la morphinomanie; il est bien rare en effet que sa peau ne porte pas les stigmates de son intoxication.' Lubin-Émile Delorme, "Contribution à l'étude clinique de la morphinomanie," (PhD thesis, Faculté de médecine de Paris, 1898), 41.

<sup>11</sup> '... la multiplicité des abcès chez notre malade, et la trace indélébile des cicatrices consécutives.' Georges Pichon, *Considérations sur la morphinomanie et sur son traitement* (Paris: Librairie J.-B. Baillière et fils, 1886), 13.



patients with broken needles under their skin, which were causing sores and abscesses.<sup>12</sup> Added to this, the daily Parisian newspaper *Le Journal* described the ‘numerous injection marks’ on the body of a woman that had been sent to the morgue, implying that the skin’s appearance was crucial for identifying the cause of death in suspected morphine-related cases.<sup>13</sup> Damage caused by hypodermic syringe use – even though this did not happen to everyone who injected morphine – offered a tangible cause and effect outcome of morphine addiction. The skin, as Julia Skelly points out, is the visible surface repeatedly used to represent the invisible (addiction).<sup>14</sup> Essentially, at least for nineteenth-century medical professionals, the ‘broken body’ of the morphine user was indicative of their habit.<sup>15</sup>

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<sup>12</sup> For example, Maurice Notta, *La Morphine et la morphinomanie* (Paris: Asselin et Houzeau, 1884), 20–2; Pichon, *Considérations sur la morphinomanie*, 14.

<sup>13</sup> ‘Sur son cadavre, qui a été envoyé à la Morgue, on a relevé de nombreuses traces de piqûres.’ “La Fin d’une morphinomane” [editorial], *Le Journal*, 3 December 1913.

<sup>14</sup> Julia Skelly, “Skin and Scars: Probing the Visual Culture of Addiction,” *Body & Society* 24, no. 1–2 (June 2018): 193–209, at 200.

<sup>15</sup> ‘Résultat final: un corps détraqué, la folie, la mort.’ Pierre Aubry, “Morphinomanie,” *La Petite République*, 13 May 1885.

### ***Morphinomane as Mouflage***

The advent of photography and color lithography in the latter half of the nineteenth century benefitted the medical sector who used these new technologies to visualize illnesses for pedagogical and diagnostic purposes. But one recently founded medical profession, dermatology, relied primarily on a visual form with a much longer history – the wax model. Throughout the eighteenth and nineteenth century wax modelers worked from corpses to recreate the body's insides from wax. Some of these full-body models, such as the phenomenon of the wax Venus, functioned to lure the public into learning about the body's internal workings through colored anatomical wax models. For the external body, conversely, there was rarely any attempt at anatomical accuracy. A 'living' exterior, deemed more appropriate for the model's non-specialist audience, was recreated in lieu of the corpse's decomposing skin. Comparable to classical representations of Venus in paintings and sculpture, the exterior of these wax models lacked anatomical accuracy and adhered to academic art conventions – namely smooth skin, sealed orifices, and the erasure of genital detailing (although some wax Venuses were given pubic hair). Akin to depictions of the female nude created to be displayed in traditional art spaces, the use of academic art conventions to depict the wax body's exterior was integral to the display of these models in public settings.

The nineteenth-century interest in dermatology brought along a shift in the Western history of ceroplasty. Wax modelers, or *mouleurs*, began producing three-dimensional moulages. Rather than studying corpses, moulages are wax models created from casts

made from life. Unlike the non-specialist audience of the wax Venus, (male) medical professionals were the primary viewers of dermatological wax models; their profession already gave access to viewing the human body in such a way. Dermatologists required representations of the body's exterior that were as naturalistic as possible. As such, the use of artistic academic conventions to depict the skin in dermatological moulages would be futile. Dermatology was a visually oriented field and doctors relied on the supposedly accurate portrayal of the skin through the medium of wax to diagnose conditions that changed the skin's appearance. The advent of dermatology resulted in a substantial increase in the creation of dermatological wax models to show different skin conditions. Through the nineteenth-century process of making addiction 'legible from the body', the progress of dermatological visual culture included documenting the skin of habitual morphine users.<sup>16</sup> Emphasis on the appearance of the morphine user's skin meant that visual reproductions were deemed more beneficial than textual descriptions for helping to 'diagnose' addiction.

In the early nineteenth century, the increasing number of medical specialisms resulted in the division of Parisian hospitals into general and specialized units. Saint-Louis hospital became a specialist institution for the treatment of contagious diseases and dermatology. In 1867 Saint-Louis hospital hired the *mouleur* Jules Baretta to create visual examples in wax of patients' skin conditions; Baretta had created almost 5,000 moulages by the 1920s. In 1889 the hospital opened an onsite moulage museum to display the

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<sup>16</sup> Skelly, "Skin and Scars," 200.

models created by Baretta and the other hospital *mouleurs*, which was open only to medical professionals and hospital patients. The museum's official inauguration took place on 5 August 1889 and coincided with the First International Congress of Dermatology, held in the museum over the course of five days. The enormous collection of models and their international fame secured Saint-Louis hospital as a dominating force for dermatological treatment and research, which remains one of its specialisms today.

Saint-Louis hospital offered 'cures' for *morphinomanie*, as did many other institutions and hospitals around Paris at the turn of the twentieth century. Treatments for morphine addiction at the Boulogne-sur-Seine sanatorium, for example, included hydrotherapy, electrotherapy, and psychotherapy, whereas Saint-Louis hospital additionally provided dermatological care for damaged skin caused by the hypodermic administration of morphine, in accordance with its specialist staff.<sup>17</sup> In 1895 and 1906 Baretta created three moulages of patients with morphine-related skin damage as part of the hospital's growing collection. These wax models still feature in the same glass cabinet at the hospital's moulage museum, appearing under the category 'Eruptions caused by external origin,' along with examples of a reaction to a chloroform injection and bites from mosquitoes and fleas. Moulage no. 1803 [Fig. 1], the arm and shoulder of a forty-two-year-old woman admitted to Saint-Louis on 19 December 1894, shows a large abscess and scars caused by repeated injections of morphine and cocaine. The other two moulages (no.

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<sup>17</sup> Georges Dieulafoy, *Manuel de pathologie interne* 3, no. 16 (Paris: G. Masson, 1911), 926.

2483 and no. 2484) [Fig. 2] were both created from the same patient – a thirty-year-old man – and show multiple lesions caused by hypodermic administration of morphine.

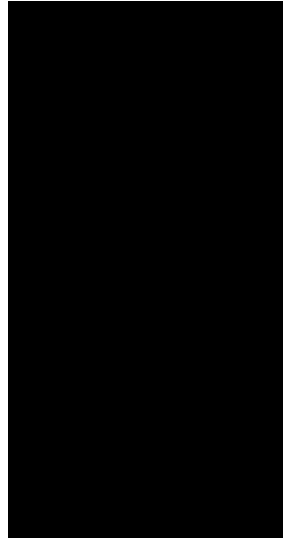


Fig. 1. Jules Baretta, no. 1803, 1894, wax model, Musée des moulages de l'Hôpital Saint-Louis, Paris.



Fig. 2. Jules Baretta, no. 2483 (left) and no. 2484 (right), 1906, wax model, Musée des moulages de l'Hôpital Saint-Louis, Paris.

Physicians working at Saint-Louis commissioned Baretta to create moulages from the bodies of patients whose conditions would support their research on dermatology and venereal disease. French dermatologist Jean Alfred Fournier, a physician who made significant contributions to medicine with his studies of syphilis, commissioned moulage no. 1803. In a follow-up publication that documented some of the most notable Saint-Louis wax models, dermatologist and syphilologist Gaston Milian described the patient's morphine and cocaine addiction and her subsequent treatment. Milian noted the similarity between the lesion on the patient's arm, which was caused by using the same unclean syringe for ten years, and 'syphilitic rupia' or a 'hardened [syphilitic] chancre.'<sup>18</sup> It is possible the patient was referred to Fournier, a specialist in congenital syphilis, under the assumption that the lesion was syphilitic rather than the result of administering drugs hypodermically. This confusion between the two afflictions provides some reasoning for its documentation in wax, undoubtedly heightened by the concurrent conflation of syphilis and morphine as dirty contagions associated with degeneration and problematic women.<sup>19</sup>

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<sup>18</sup> '... la syphilide tuberculo-crustacée (*rupia syphilitique*), ou le chancre induré.' Paul-Louis Gastou, "Cocainomanie et morphinomanie," in *Le Musée de l'Hôpital St-Louis*, ed. Ernest Bernier (Paris: Rueff, 1895), 155.

<sup>19</sup> Henri Guimbail, for example, compared '*morphinomanie* of the innocents' with *syphilis insontium* in his discussion of ways of 'contracting' morphine addiction. Guimbail, *Les Morphinomanes*, 41.

In 1906 François Henri Hallopeau, a French dermatologist and physician at Saint-Louis, commissioned the other two moulages. These models show different ways that needle use could damage the patient's skin: large, raised bumps on the skin's surface and clusters of much smaller multiple scars. A report of 1892 describes how Hallopeau 'was able to diagnose *morphinomanie* according to a case of multiple morphine abscesses,' demonstrating not only Skelly's argument that the skin functions as 'physical stigmata signifying addiction,' but also indicating the usefulness of Baretta's wax models to turn-of-the-century medical professionals who specialized in dermatology and morphine addiction.<sup>20</sup>

In 1898 Delorme wrote his medical thesis, "Contribution à l'étude clinique de la morphinomanie." In an attempt to identify some blue spots that had appeared on the skin of a morphine user, Delorme wrote: 'Mr. Chauffard expressed the opinion that these spots might be nothing else than the black spots well known to *morphinomanes*, with a lower intensity of coloring. As for Mr. Tenneson [physician at Saint-Louis], he admitted that he had never seen anything like it, and added that there was no similar moulage in the Saint-Louis hospital museum.'<sup>21</sup> Whilst this emphasizes the intended usefulness of these wax

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<sup>20</sup> 'M. Hallopeau a pu diagnostiquer la morphinomanie d'après un cas d'abcès multiples.'

Louis Le Pileur, *Clinique de ville, observations lues en 1892 à la Société médicale de l'Élysée* (Clermont: Impr. de Daix frères, 1892), 12; Skelly, "Skin and Scars," 203.

<sup>21</sup> 'M. Chauffard émit l'opinion que ces tâches ne seraient peut-être autre chose que les tâches noires bien connues des morphinomanes, avec une plus faible intensité de

models for referential and diagnostic purposes, it also highlights the significant limitations of recreating specific cases and of the moulage creative process more generally. Broadly speaking, Delmore's analysis underscores the impossibility of visualizing the unlimited representations of skin conditions and thus the limited nature of documenting conditions in their entirety. More specifically though, Delmore's description stresses the difficulties of attempts to visualize and diagnose an addiction to morphine.

### ***Morphinomane as Photograph***

In other branches of medicine in the latter half of the nineteenth century photography became a popular choice for documenting some purported medical conditions, such as hysteria, and taxonomies – for example, Alphonse Bertillon's photographs of criminals' facial features and, later, fingerprints. With regards to taxonomy, the linear nature of monochromatic photography allows the viewer to process and compare photographs easily. Similarly, photographs of hysteria patients at Salpêtrière hospital were more about body shapes than color and texture. Photographs were sufficient for these

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coloration. Quant à M. Tenneson, il avoua n'avoir jamais vu rien de semblable et il ajouta qu'il n'existait aucun moulage analogue, au musée de l'hôpital Saint-Louis.' Delorme, "Contribution à l'étude clinique de la morphinomanie," 50.



disciplines, although, like the moulage, the medium's potential for subjectivity is not without criticism.<sup>22</sup>

Compared to other manias and disorders, there are very few photos of habitual morphine users. However, one example can be seen in a 1910 medical book titled *Traité international de psychologie pathologique*. The photograph, captioned 'Morphinomanie stigmata', shows a man, whose identity has been obscured, with sores and scars caused by hypodermic needle use across his chest and arms. Unlike Baretta's moulages, the blurred and grainy photograph make it difficult to determine the form or outline of the scarring [Fig. 3]. Medical professionals writing on *morphinomanie* favored illustrations over photographs, likely because illustrations offered a simplified portrayal of needle scarring. In Paul Regnard's monochromatic medical illustration of a habitual morphine user's arm, for example, which appeared in his 1887 book *Les Maladies épidémiques de l'esprit*, hypodermic needle scars are reduced to non-descript black marks [Fig. 4].<sup>23</sup>

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<sup>22</sup> See Georges Did-Huberman, *The Invention of Hysteria: Charcot and the Photographic Iconography of the Salpêtrière*, trans. by Alisa Hartz (Cambridge: MIT Press, 2003).

<sup>23</sup> A more extreme version of Regnard's medical illustration appears in H.H. Kane's *Drugs that Enslave* (1881), showing an illustration of a male figure's naked body covered in large hypodermic syringe scars. Skelly, "Skin and Scars," 200–3.

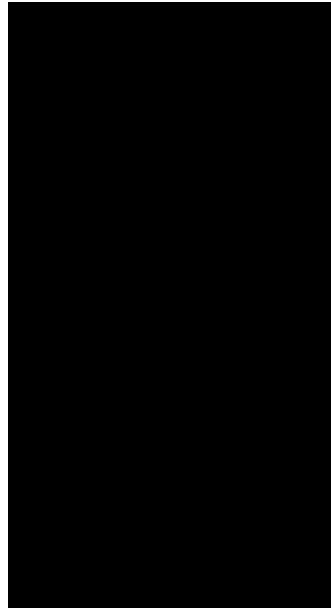


Fig. 3. Photograph titled '*Morphinomanie stigmata*' in Auguste Marie, ed., *Traité international de psychologie pathologique 2* (Paris: Félix Alcan, 1911), 969.

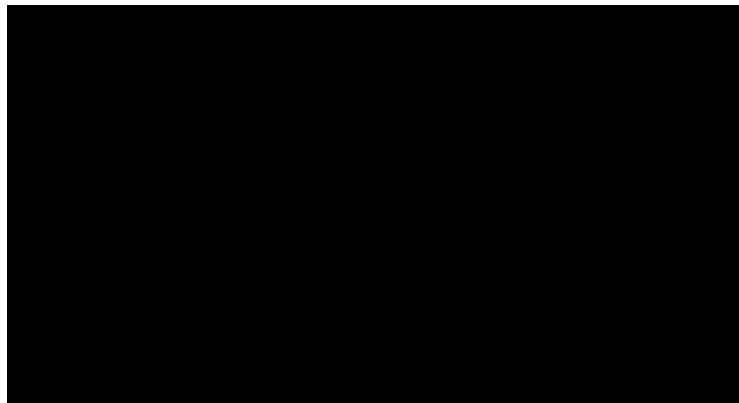


Fig. 4. Drawing of the arm of a female morphine addict in Paul Regnard, *Les Maladies épidémiques de l'esprit* (Paris: E. Plon, Nourrit et Cie, 1887), 323.

## The Creative (Medical) Process

The physician's name and patient's condition are stated under each wax model at the moulage museum, suggesting that the commissioning physician likely supervised the modelling process. Baretta created his dermatological wax models from patients at the hospital, as described by Léon Roger-Milès in 1891: 'Without brutality, with a mother's gentleness, and an undeniable patience, he applies his apparatus, and, while the material sets, he talks to the patient ... it takes a while for the apparatus to harden.'<sup>24</sup> But Roger-Milès gives few additional details. It is known that Baretta began the process by applying plaster of Paris to the patient's body to create a mold.<sup>25</sup> Once set, the mold was filled with beeswax and painted, although there is little concrete evidence of his painting process.

Despite this creative, and thus subjective, process, it was necessary that these wax models appeared as accurate as possible since they functioned diagnostically and as a form of medical documentation; their high regard, as noted by Fend, relied simultaneously on the framing of these models as mechanical reproductions and on the 'flesh-like quality' of

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<sup>24</sup> 'Sans brutalité, avec des douceurs de mère, et une patience qui ne se dément pas, il applique ses appareils, et pendant que la matière prend, il cause avec le malade ... il faut un certain temps pour que l'appareil se durcisse.' Léon Roger-Milès and Sully Prudhomme, *La Cité de misère* (Paris: Marpon and Falmmarion, 1891), 165.

<sup>25</sup> Fend, "Images Made by Contagion," 34–5.

wax.<sup>26</sup> It is primarily the materiality of wax and its three-dimensionality that gives these models a life-like authenticity. Akin to Freud's understanding of the uncanny, wax is 'the familiar – our own flesh – made strange.'<sup>27</sup> Wax in its liquid state fills the crevices of its plaster of Paris mold. As seen in no. 2483, small lesions, hair follicles, and bumps in the patient's skin caused by hypodermic injection are imprinted in the plaster cast. The optical quality of wax allows light to bounce off its surface, literally highlighting those minutely raised details caused by repeated doses of morphine. Creating moulages from molds of the body is, to an extent, a mechanically objective process. The false presumption therefore is that a wax-filled mold creates a facsimile of the morphine addict's body.

Fabien Noirot investigated in detail Baretta's creative process and concluded that there is 'visible retouching' by Baretta on the models due to the growth's fragility and wetness.<sup>28</sup> Noirot's argument draws attention to the various ways Baretta was able to change or enhance the appearance of the skin, suggesting that creating moulages was not the mechanically objective process it was presumed to be. Some of Baretta's

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<sup>26</sup> Ibid., 51.

<sup>27</sup> Catherine Heard, "Uneasy Associations: Wax Bodies Outside the Canon," in *Disguise, Deception, Trompe-L'Œil: Interdisciplinary Perspectives*, eds. Leslie Anne Boldt-Irons, Corrado Federici, and Ernesto Virgulti (New York: Peter Lang, 2009), 232.

<sup>28</sup> 'cet épithéliome est visiblement retouché.' Fabien Noirot, "Jules Baretta et les secrets du moulage pathologique au XIXème siècle," *Histoire des Sciences Médicales* 48, no. 2 (2014): 203–8, at 204.

contemporaries also queried the nature of his process. In his 1920 report on the hospital's photograph collection, the French dermatologist Louis-Anne-Jean Brocq, who worked at Saint-Louis hospital from 1906 to 1921, noted the long period of time taken to create the wax models in comparison to the speed of photography. Brocq argued that this meant it was impossible to recreate skin conditions accurately in moulages, particularly 'if the eruption is ephemeral or subject to rapid change', noting that 'it is evident in this case that [the moulage] must partly be established on memories and therefore cannot be of a perfect accuracy.'<sup>29</sup>

Moulages were a collaboration between physicians and artists. The medical professional was required to ensure scientific standards of accuracy, whilst the artist's skills were needed to create an object that was somewhat based on memory and as credible as possible. In the preface to *La Cité de misère* of 1891, Sully Prudhomme described Baretta as 'a valuable scientific collaborator.'<sup>30</sup> Yet, later in the same text, Roger-Milès

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<sup>29</sup> '... parfois impossible à faire très fidèlement si l'éruption est éphémère, ou sujette à des modifications rapides; il est évident que dans ce cas il doit être en partie établi sur des souvenirs et par suite ne peut être d'une parfaite exactitude.' Louis-Anne-Jean Brocq, "Annexe No.1," *Conseil municipal de Paris* [Proposition: Relative à l'amélioration et à la réorganisation des services de l'hôpital Saint-Louis] 64, no. 1 (1920): 11–15, at 13.

<sup>30</sup> 'M. Baretta est un précieux collaborateur de la science.' Prudhomme, preface, in Roger-Milès and Prudhomme, *La Cité de misère*, 165.

labelled the famous *mouleur* as ‘an artist, in all meaning of the word.’<sup>31</sup> A painting of Baretta in his studio at Saint-Louis by E.F. Dufour, an artist who also worked at Saint-Louis hospital, epitomizes these blurred boundaries of art and medicine: Baretta, dressed in formal clothing covered with an artist’s smock, is surrounded not only by his medical moulages but also by more traditional art forms, namely oil on canvases of landscapes and portraits.

Despite the flesh-like materiality of wax, its natural color can render a less convincing appearance. Baretta’s moulages are almost always made up of the same yellow base skin tone, regardless of the skin condition shown on the model or the patient’s actual skin color. The yellow tone of these *morphinomane* wax models is the unpainted color of the beeswax used by Baretta and is likely intended to represent white European skin.<sup>32</sup> In many of the key medical texts on *morphinomanie*, authors attributed specific sections to the general appearance of skin, in terms of its color and texture, in addition to hypodermic needle scarring. In a six-page section detailing skin in his 1892 medical monograph *Les*

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<sup>31</sup> ‘celui qui y travail [Baretta], est un artiste, dans toute l’acception du mot.’ Roger-Milès in Roger-Milès and Prudhomme, *La Cité de misère*, 164.

<sup>32</sup> It should also be noted that there are several models in the moulage museum showing Black skin (Baretta created two of these). For these examples, it seems as if the same yellow wax has been used, which is then covered in what appears to be black paint. For further reading on the representation of skin color in art, see Fend, *Fleshing out Surfaces*, 143–92.

*Morphinomanes*, Henri Guimbail described the outer appearance of habitual morphine users' bodies as typically taking a 'dull, earthy, lead-gray coloring, which is not the well-known yellow complexion of the usual cachexias,' noting its 'very particular, withered' appearance.<sup>33</sup> Alongside a reproduction of the no. 1803 wax model, Paul-Louis Gastou described the patient's actual body. Gastou remarked on the 'dull earthy look' of the woman's skin, noting that her 'epidermis is dry, rough,' in addition to the needle scarring.<sup>34</sup> These qualities are absent from Baretta's models of the Saint-Louis morphine users, but it should be noted that it is possible to accomplish these effects in wax, as can be seen in other models by Baretta that show conditions such as psoriasis. Hence, Baretta's sole focus for these commissions was the specific condition in question – the large abscess and smaller, surrounding hypodermic scars of the morphine users – rather than an accurate depiction of the arm in its entirety. After all, unlike dry and dull skin, hypodermic needle scarring was a trait characterized as unique to habitual drug users and had become synonymous with morphine addiction.

Although Baretta attributes little significance to the appearance of the surrounding skin, the marks caused by hypodermic injections are painted in detail with credible

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<sup>33</sup> 'leur peau a pris une coloration mate, terreuse, gris-plomb, qui n'est pas le teint jaune bien connu des cachexies habituelles; elle a une apparence flétrie toute particulière.' Henri Guimbail, *Les Morphinomanes* (Paris: Baillière, 1892), 116.

<sup>34</sup> 'la peau a un aspect terne, terreux'; 'l'épiderme est sec, râpeux.' Gastou, "Cocaïnomanie et morphinomanie," 158.

coloring. Franz Ehring suggests that Baretta devised an ‘internal coloring technique,’ whereby he painted between thin layers of wax in order to build depth.<sup>35</sup> Baretta’s decision to paint onto the wax rather than to construct the models from colored wax was praised in Alphonse Devergie’s short text of 1877 on Saint-Louis hospital.<sup>36</sup> Painting the wax allows for a tonal variation that cannot be achieved with block colors, consequently adding to the convincing representation of needle scars and moving away from the distinct color block shapes often found in anatomical models. The layering of wax gives the model some translucency, comparable to the skin of the majority of the hospital’s patients who were white Europeans. Internal layers of paint in Baretta’s moulages of morphine-addicted patients create a somewhat convincing depiction of older needle scars under the outer layer of ‘skin’. Baretta’s technique of internal coloring removes the necessity for creating the illusion of depth, surpassing the limitations of two-dimensional visual culture, such as photographs or prints.

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<sup>35</sup> Franz Ehring, *Skin Diseases: 5 Centuries of Scientific Illustration* (Stuttgart: Fischer, 1989), 177.

<sup>36</sup> As a dermatologist and physician at Saint-Louis hospital, Devergie originally commissioned watercolor paintings to use in his lectures. This formed the basis of the hospital’s collection, which later transformed into the moulage museum. Alphonse Devergie, *Musée de l’Hôpital Saint-Louis* (Paris: G. Masson, 1877), 8.



## Color and Its Significance

Moulages were viewed as a superior technique for portraying skin diseases and defects primarily because of the importance of color, despite ongoing developments in photography. Although photography had been used for medical purposes for several decades, the processing of color photographs was still in its infancy in the 1890s and offered no more detail than black and white photography. The detailed representations of conditions in Baretta's moulages are the pivotal reason why wax models were favored by medical professionals, particularly dermatologists, at the end of the nineteenth century. Despite being a form of documentation that changed little over the centuries, the moulage maintained its credibility because of its three-dimensional form and, significantly, its use of color. Details of color in the skin's appearance were deemed important to medical professionals' diagnoses of an addiction to morphine, as seen in Delorme's aforementioned case study on the slight differences between blue and black spots on the skin of a habitual morphine user.<sup>37</sup> A similar case arose in 1907 and was discussed in detail in Alphonse Roussille's medical thesis "Les taches bleues des morphinomanes [The Blue Spots of *Morphinomanes*]."<sup>38</sup> Roussille emphasizes the significance of color through scientific investigations into the origin of these blue spots, which he concluded were the result of dirt or dust being in the morphine solution that was to be injected. To illustrate his

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<sup>37</sup> Delorme, "Contribution à l'étude clinique de la morphinomanie," 44–58.

<sup>38</sup> Alphonse Roussille, "Les taches bleues des morphinomanes: publication de cinq cas nouveaux" (PhD thesis, Faculté de médecine et de pharmacie de Lyon, 1907).

argument, Roussille included a polychromatic illustration, an unusual addition to a medical thesis [Fig. 5].

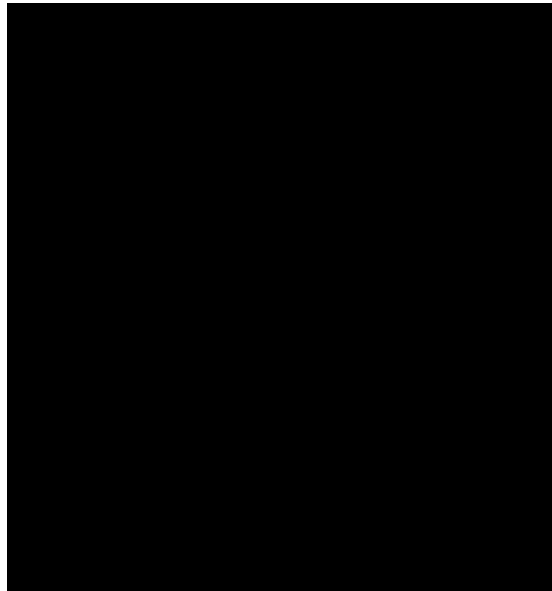


Fig. 5. Illustration titled ‘Reproduction of a watercolor representing the thorax of the patient from observation IV’ in Roussille, “Les taches bleues des morphinomanes.”

Although Saint-Louis Hospital did not commission any moulages demonstrating ‘blue spot’ *morphinomanes*, the importance of color to Baretta’s moulages of morphine-addicted patients is emphasized by their re-creation in *Le Musée de l’Hôpital St-Louis*, a medical atlas of 1895. The book includes fifty photolithograph plates of moulages from Saint-Louis with accompanying commentary from medical professionals in relevant specialisms. The moulage of the morphine and cocaine user, no. 1803, was chosen to be included in the atlas, likely due to the increasing prevalence of morphine addiction in

France at the end of the nineteenth century.<sup>39</sup> Recreating the moulages as photolithographs allowed the wax models to be disseminated internationally, increasing their accessibility whilst maintaining their two most significant facets: visuality and color. ‘The lessons are mainly told by the pictures themselves,’ wrote a reviewer of the atlas in *Journal of the American Medical Association*.<sup>40</sup> The atlas was intended to be of use to physicians who could compare their patients’ conditions with the moulage reproductions and use the accompanying text for advice, ‘thus facilitating a quick and correct diagnosis.’<sup>41</sup>

In his preface to the English edition of the atlas, J.J. Pringle notes the novelty of photolithography, which was in its heyday in the last two decades of the nineteenth century.<sup>42</sup> Photolithographs were created by lithographic plates made from photographs, rather than hand-drawn onto the lithograph stone. This new technology offered the supposed visual accuracy of photography, in addition to the important use of polychrome. The chosen process of photolithography highlights the importance of color to dermatological professions, in addition to the monochromatic restraints of contemporary

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<sup>39</sup> Gastou, “Cocaïnomanie et morphinomanie,” 155–8.

<sup>40</sup> “A Pictorial Atlas of Skin Diseases and Syphilitic Affections” [editorial], *Journal of the American Medical Association* 23 (6 June 1896): 1142, at 1142.

<sup>41</sup> Ernest Bernier, ed., *A Pictorial Atlas of Skin Diseases and Syphilitic Affections in Photo-Lithochromes from Models in the Museum of the Saint-Louis Hospital*, trans. by J.J. Pringle (London: Rebman, 1895), preface.

<sup>42</sup> *Ibid.*, preface.

photography. The lithographic process of building up color by layering plates mimics Baretta's internal wax painting technique, whilst the use of photography attributes a seemingly mechanical objectivity to the images. In principle, the atlas invests in the accuracy of the moulages and, hence, the accuracy of photolithography as a form of image reproduction.

Henri Feulard, the moulage museum curator and author of the atlas introduction, described the plates as 'faithful reproductions,' yet the photolithograph of the *morphinomane* moulage [Fig. 6], to take one example, is far from an accurate reproduction of Baretta's model.<sup>43</sup> The use of photography in the chromolithographic process falsely implies authenticity and objectivity, despite noticeable differences of the position of the linen, the shape of the arm, and the skin textures. Color in the photolithograph is built up in layers, but it loses the depth achieved by Baretta's layered painting technique. The intricate details of the patient's needle-scarred skin, such as the small raised white bumps across the skin's surface, are lost in the photolithographic technique and the small hypodermic needle marks near the lesion are reduced to smooth swirls of a pinkish-red color. The positioning of the abscess has changed and the attention to detail is reduced to simplified linear forms. The yellowy skin tone of Baretta's moulage has been changed to

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<sup>43</sup> 'les reproductions fidèles.' Henri Feulard, "Le Musée de l'Hôpital St-Louis," in *Le Musée de l'Hôpital St-Louis*, ed. Bernier, iv.

the traditional pinkish-white European skin tone popular in academic oil paintings of the female nude throughout art history.

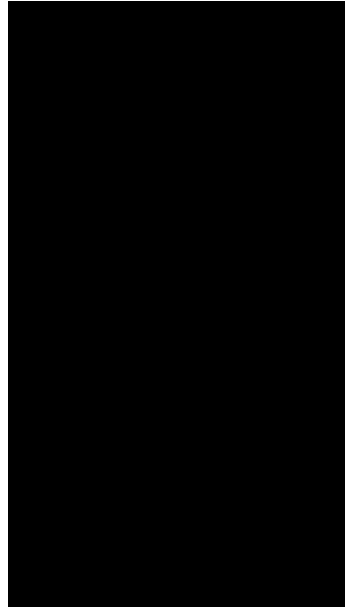


Fig. 6. Lemer cier, ‘Lesions and scars in a cocaine [and morphine] addict,’ photolithograph after Jules Baretta, no. 1803, in Bernier, *Le Musée de l’Hôpital St-Louis*, 157.

As aforementioned, it is likely that moulage no. 1803 was specifically commissioned (and therefore reproduced in the atlas) because of the visual similarities between this abscess caused by prolonged use of hypodermic injections and a tuberculo-ulcerative syphilide, which is described in the accompanying text. The missing details in the photolithographic reproduction are surely vital to the plate’s function as a diagnostic tool, particularly if this abscess growth – a result of habitual morphine use – is comparable to syphilitic forms. Moulages were favored by dermatologists because of the material properties of wax, but details are lost when they are reproduced as photolithographs in the atlas. Thus, how useful was the atlas to medical professionals? A review of the atlas noted the book’s potential to ‘make the models in this famous museum the common property of

the profession.’<sup>44</sup> Perhaps the atlas functioned more to reinforce Saint-Louis Hospital as a medically distinguished institution and assign credibility to their collection of wax models. Henceforth, the atlas draws attention to the other so-called medical services on offer at hospital, such as the ‘treatment’ of morphine addiction. This demonstrates the institution’s attention to urgent and relevant social issues, as well as the broadening scope of dermatology. The hospital’s wax model collection signified the status and power of the medical authorities and the institution that collected them, in a comparable way to art collectors and their institutions.

### **The Art of Medicine**

To take moulage no. 1803 as an example, in its wax and photolithographic forms, it is evident that neither the photolithograph nor the moulage can ever be truly accurate visualizations of the morphine user’s body. The implied legitimacy of the photolithograph is almost solely a result of its role as a medical tool, despite its inaccuracy in comparison to the original moulage. The most truthful depiction of the damage caused by hypodermic injections from morphine use is the patient’s real body; with Baretta’s moulage, the arm in wax is rendered as flesh but it is undoubtedly imbued with artistic and subjective influences; as a photolithograph, whilst the color is somewhat accurate, the detail and texture are lost and scarcely represent the original body. This distancing from actuality, whilst under the guise of medical authority, echoes the circulation of (mis)information on

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<sup>44</sup> “A Pictorial Atlas of Skin Diseases and Syphilitic Affections” [editorial].

*morphinomanie* at the end of the nineteenth century. Discourse was distanced from the truth about morphine addiction and the real demographic of the drug's users (male medical professionals) to a believable yet inaccurate narrative, centering on women's addiction and pleasure-seeking, which was disseminated on a national and international scale primarily through art and newspapers.

Hunter notes that Baretta's signature – always relatively large and written in white paint on a black background – aligns the moulage technique with artistic conventions.<sup>45</sup> The white linen surrounding Baretta's wax models, as seen in all three moulages of morphine users, is another example of a traditional artistic convention used by the *mouleur* and should be viewed as a frame around the model. Indeed, this white linen 'frame' seals off the body's insides. The linen functions in an analogous way to the idealized skin of the anatomical wax Venuses by forming a boundary around the imperfect body. The framing around the moulages of morphine users insinuates notions of wholeness and obscures any bodily truncations, as well as being reminiscent of clinical practice for patient privacy. The white linen, which appears to be solidified by a plaster of Paris coating, functions to conceal the unpainted areas of wax. Unpainted wax is unconvincing as flesh: a reminder that the wax is not living and represents just a fragment of the body. The use of white linen to seal off the body's edges is a technique found in traditional art forms. In *Dedication to the Fatherland*, an oil painting of circa 1793 by Jean-Baptiste Bizard, the amputated arm of the central male figure lies in a bundle of white linen on a nearby table. The similarities

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<sup>45</sup> Hunter, *The Face of Medicine*, 145–6.

between the amputated arm in Bizard's painting and Baretta's moulages of morphine-addicted patients are comparable. The linen surrounding the point of amputation in the moulages and in *Dedication to the Fatherland* means the creators avoid having to depict the body's insides.

White linen framing and a black sash are used by Bizard to cover the central figure's amputated shoulder and severed flesh. The depiction of truncated limbs was avoided by most artists. This is epitomized by Bizard's compositional choices; he paints another figure behind the central figure, whose clasped hand gives the illusion that the central figure's arm has not been amputated. The fragmentary nature of Baretta's *morphinomane* body parts had the potential to be reminiscent of truncated limbs, which was almost always problematic in art and was often also avoided in medical visual culture.<sup>46</sup> This is particularly true in dermatology where the emphasis is on creating casts from living patients. The linen around Baretta's models of *morphinomane* patients frames the body and avoids portraying the body's interior. Simultaneously, the linen draws attention solely to the representation of skin, as was so significant to dermatology, rather than the body's insides.

The verisimilitudinous nature of Baretta's moulages reinforces their function as pedagogic tools for 'diagnosing' addiction. In terms of the skin's representation, these

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<sup>46</sup> Linda Nochlin, *The Body in Pieces: The Fragment as Metaphor of Modernity* (London: Thames and Hudson, 2001), 19.



moulages may be deemed in opposition to *morphinomane* artworks. But wax, also used for the creation of solely artistic objects, remains a subjective artistic medium with inevitable limitations for any medical reproductions. These blurred boundaries between medicine and art, accuracy and waywardness, truth and deception (what is and is not real), are indicative of the broader corpus of *morphinomane* visual culture at the turn of the twentieth century. Baretta's depiction of the broken skin of the habitual morphine users' bodies surpasses artistic conventions, but his use of framing contains the moulages and reminds the viewer of the artistic creative process, despite the medical function of these objects. The linen frame around Baretta's depictions of the body functions to seal off from the world the 'diseased' skin of the morphine-addicted patient. The habitual morphine user, as verisimilitudinous wax model, is confined to this exclusively medical space.

### **Transformed Bodies**

Attempting to depict the body as it appears in actuality falls outside the realms of art. In art, a transformation from corporeal actuality to a symbolic representation of flesh occurs. The simplification and idealization that take place in the artistic process are absent from the medical depiction of the so-called morphine addict as moulage, where the skin is used as a canvas to signify addiction, as Skelly notes.<sup>47</sup> White linen frames the *morphinomane* wax body in medical visual culture, just as the skin frames the body in art. Throughout the history of Western art, the female body – its skin, shape, and nakedness –

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<sup>47</sup> Skelly, "Skin and Scars," 195.

has almost always been idealized. In distinct contrast to Baretta's moulages, contemporary artists conventionally portrayed the skin of the female body as unscarred and smooth. The skin is often a pinkish white, giving the implication of a soft, fleshy body, and the skin's appearance is marble-like, in a nod to Classical sculptures like Venus. The representation of skin on the archetypal female body in paintings, sculpture, prints, and drawings is crucial to its idealization. Artists depict a smooth surface on all revealed skin to overlay cracks, bumps, and body hair, forming what Lynda Nead has labelled the 'antithesis of the living and lived body.'<sup>48</sup>

'He does not know that the goal of art is not to reproduce nature, but that it uses nature only as a means for expressing an intimate ideal,' wrote Théophile Gautier in response to an oil on canvas painted by Jean-Auguste-Dominique Ingres, *The Martyrdom of Saint Symphorian* (1834).<sup>49</sup> Art was supposed to transcend the body. An artist was deemed successful according to academic principles if they were able to master the female body's materiality by transforming marks, scars, and hairs into a flawless surface. As Nead argues, the (female) body becomes art via the artist's transformatory process or 'magical regulation' of framing and containing the body in an artistic idealized form.<sup>50</sup> Depictions

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<sup>48</sup> Lynda Nead, *The Female Nude: Art, Obscenity and Sexuality* (London: Routledge, 1992), 20.

<sup>49</sup> Andrew Shelton, *Ingres and His Critics* (New York: Cambridge University Press, 2005), 231–2.

<sup>50</sup> Nead, *The Female Nude*, 19–20.

of the *morphinomane* in art were no exception, regardless of the importance of skin to nineteenth-century medical diagnosis. As the remainder of this article demonstrates, artists depicting the *morphinomane* never show the skin's broken surface, regardless of medium or style. This is despite the fact that the skin was typically deemed the only visible sign of addiction, according to medical professionals and as demonstrated by the existence of Baretta's moulages and their subsequent re-publication as photolithographs.

In 1906 the French writer Victorien du Saussay wrote *La Morphine*. The book was illustrated by Manuel Orazi, an Italian artist mostly active in France at the end of the nineteenth century. Orazi created seventeen illustrations of various characters and scenes in the book's narrative, as well as the erotic front cover, which shows a licentious female nude whose body is part-transformed into a beast. The novel's plot involves rape, incest, and death, which are mostly presented as a result of the morphine addictions of the male and female protagonists, Raoul and Blanche. Charles Heurteau, director of the railway company Compagnie d'Orléans, deemed the illustrations too controversial and prohibited the sale of *La Morphine* in the bookshops of his train stations unless the book was published 'without interior engravings or illustrated covers.'<sup>51</sup> It may be assumed that Heurteau's prohibition of the book was in response to Orazi's depictions of the *morphinomane* characters, perhaps showing gruesome scarred skin, disfigured bodies, and

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<sup>51</sup> '... à condition que ces romans paraissent sans gravures intérieures ni couvertures illustrées.' "Nous demandons à nos lecteurs" [editorial], *L'Étude académique*, 1 March 1906.

morphine paraphernalia, but Heurteau's outrage was likely due to the overtly erotic and sexualized nature of the illustrations. Despite the book's focus on *morphinomanie*, and Orazi's choice to depict male and female morphine-addicted characters and morphine-related events, there is no indication of morphine paraphernalia or habitual morphine use in any of Orazi's illustrations.

Even in mass cultural forms, including lowbrow erotic texts such as Saussay's *La Morphine*, academic art conventions are upheld. An overwhelmingly positive review of Orazi's illustrations appeared in *L'Étude académique*, a magazine masquerading as a resource for art students and comprising mostly of photographs of naked women. *L'Étude académique* remarked on the 'striking truth' and 'absolute honesty' of Orazi's images of morphine users, despite their discrepancy from Saussay's textual descriptions.<sup>52</sup> This is most prominent in an illustration of Blanche who lies naked on the floor after being raped by Raoul [Fig. 7].<sup>53</sup> Raoul assaults Blanche after accusing her of hiding a bottle of morphine from him. In addition to the potentially damaged skin from self-administering morphine, Saussay describes Blanche's body as 'bruised,' 'disheveled,' and subject to a 'savage and merciless struggle.'<sup>54</sup> Yet Orazi depicted Blanche's body as naked, in its

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<sup>52</sup> 'd'une vérité saisissante'; 'd'une probité absolue.' "Victorien du Saussay, *La Morphine*" [editorial], *L'Étude académique*, 15 March 1906.

<sup>53</sup> Victorien du Saussay, *La Morphine* (Paris: A. Méricant, 1906), 49–51.

<sup>54</sup> 'meurtrissaient'; 'échevelée'; 'ce fut une lutte sauvage et sans merci.' Saussay, *La Morphine*, 50–1.

entirety, with no signs of scars from hypodermic injections or Raoul. Blanche's body is an idealized nude. The vulnerable body of the female morphine addict is eroticized and sexualized in keeping with the book's presumed male readers; the body of the male morphine addict, Raoul, is always clothed. Had the skin of Orazi's female figures been depicted with an accuracy that paralleled the author's textual descriptions of bruised and damaged bodies, it is unlikely that the illustrations would have maintained their erotic function, nor would they have been described by *L'Étude académique* as 'self-assured art' and as 'magnificent studies of the Nude' with 'high artistic value.'<sup>55</sup>



Fig. 7. Manuel Orazi illustration in Victorien du Saussay, *La Morphine*, 53.

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<sup>55</sup> 'd'un art sûr de lui-même'; 'magnifiques études de Nu'; 'haute valeur artistique.'

"Victorien du Saussay, *La Morphine*" [editorial].

Vittorio Corcos, another Italian artist who lived in Paris at the end of the nineteenth century, exhibited at the prestigious Paris Salon and was heavily involved in the French art world. Corcos painted *La Morfinomane* during the final decade of the nineteenth century and, in 1899, the large oil on canvas was sent to Philadelphia for display, although a miscommunication meant it was not exhibited.<sup>56</sup> As is the focus of most of Corcos' paintings (and indeed the focus of most *morphinomane* artworks), *La Morfinomane* depicts a female figure, whose condition is indicated by the title. Dark colors are used on the majority of the canvas, forming the background and figure's dress. The brushstrokes that make up the figure's skin are seamlessly blended and painted in porcelain white, unblemished and standing out against the blackness. The skin is similarly unblemished in *Les Morphinomanes* of 1905 by Albert Matignon. This painting, a large oil on canvas showing three semi-dressed female figures, was exhibited at the Salon des artistes français in 1905 and is owned by Château-Musée de Nemours. The composition of *Les Morphinomanes* has numerous elements that prove the artist's ability to depict meticulous details, including the miniature hypodermic syringe and case, but the figures' bodies have a flawless texture and the skin is pinkish in tone. The unparalleled material qualities of oil paints could allow skilled artists to depict the *morphinomane* body with the level of detail seen in Baretta's moulages, yet in all images of the *morphinomane* in art created for a non-medical audience, the skin is transformed from reality.

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<sup>56</sup> "Notizie di lettere e d'arte" [editorial], *Rivista d'Italia*, 15 November 1899.

## Oil Paint as Skin

Oil paint on canvas can create the detailed illusion of skin texture and depth, allowing for subtleties in the skin's representation.<sup>57</sup> Although artists working in the traditional sense eradicated all evidence of needle scarring, some did attempt to indicate a difference between the *morphinomane*'s body and the conventional female body in art by using oil paint to create tonal subtleties on the skin. As Tamar Garb remarks, the painting's surface 'provides an extended corporeal surrogate for the figure it represents.'<sup>58</sup>

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<sup>57</sup> See Naomi Schor's discussion of Hegel's *Aesthetics* and the suppression of 'dermal details' in Naomi Schor, foreword by Ellen Rooney, *Reading in Detail: Aesthetics and the Feminine* (New York: Routledge, 2007), 23–6. For visual culture beyond oil paints, see Julia Skelly's book on the use of craft materials in a global context by contemporary artists representing human skin as affected by violence in Julia Skelly, *Skin Crafts: Affect, Violence and Materiality in Global Contemporary Art* (London: Bloomsbury, 2022).

<sup>58</sup> Tamar Garb, *The Painted Face: Portraits of Women in France, 1814–1914* (New Haven: Yale University Press, 2007), 2.

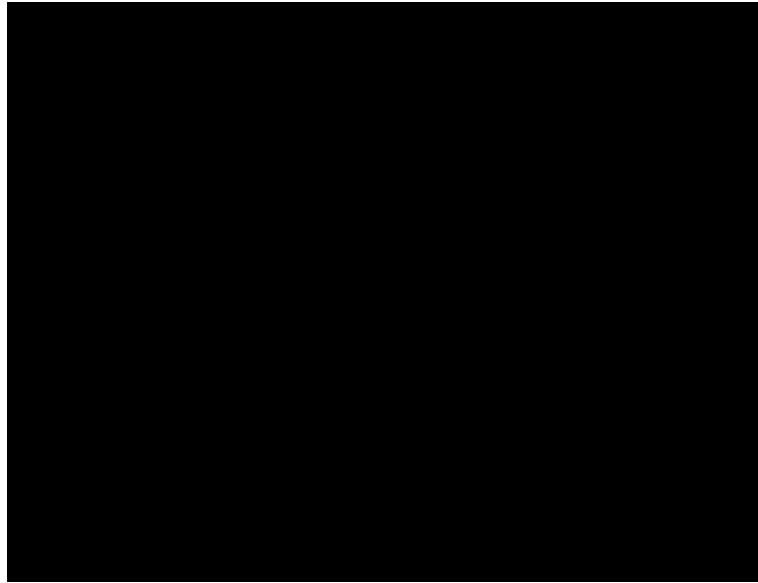


Fig. 8. Georges Moreau de Tours, *La Morphine*, 1886, oil on canvas, 160 x 220 cm, private collection.

When French artist Georges Moreau de Tours exhibited his almost life-size canvas of female morphine users, *La Morphine* [Fig. 8], at the prestigious Paris Salon des artistes français of 1886, almost all reviewers chose to focus on the subject matter and the painting's wider implications. This is perhaps unsurprising. The painting was the first impactful portrayal of morphine use shown on the international stage of the French capital's long-standing annual art exhibition and it coincided tactfully with a fresh influx of newspaper stories on morphine addiction. The review by critic Francis Enne, however, unusually explored Moreau de Tours' use of color: 'the fool [*abrutie*] is greenish and the



future fool [*abrutie*] is still somewhat pink and fresh,' he wrote.<sup>59</sup> The 'future fool', according to Enne, looks out at the viewer contemplating whether to inject. The color pink describes this figure, whilst 'greenish' is attributed to the figure that has already injected. Enne's description of slight tonal differences in the two figures' skin is accurate. The reclining figure's skin is painted with subtle greenish-grey tones, whilst the standing figure's skin is more idealized, conforming to conventional depictions of white skin in art. These skin tones echo the colors used by Moreau de Tours in the painting's greenish chaise-longue and pink and beige striped curtains. Moreau de Tours' use of colors, and thus Enne's emphasis on color in his review, attribute additional meanings to the *morphinomane* body: pinkish skin implies vitality and sexual viability, whilst greenish tones suggest putrefaction, sickness, and grime. If *La Morphine* is to be viewed as figures demonstrating pre- and post-morphine use, which was the general interpretation by other reviewers, the subtle variation in skin tones between the two figures aids in telling this narrative without disrupting the skin's surface.

A detailed analysis of the painted surface reveals further subtleties. The drooping hand of the reclining figure, painted in tones of purple, yellow, and green, is unusual in color compared to the typical depictions of skin that appeared at the Salon during this period. Two curved lines of blueish brushstrokes run along the back of the figure's hand, implying protruding veins and giving a mostly convincing representation of corporeality.

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<sup>59</sup> 'l'abrutie est verdâtre et la future abrutie est encore quelque peu rose et fraîche.' Francis Enne, "À Propos de morphine," *Le Radical*, 20 June 1886.

Moreau de Tours' use of different skin tones in *La Morphine*, in addition to critics' interpretations, imply that the standing figure is yet to administer the morphine injection; perhaps the painting acts as a warning for the future of addiction. But a closer inspection offers an alternative narrative because the standing figure's arm shows a small reddish mark at the end of the syringe. Although this is by no means a convincing representation of the effect of repeated hypodermic injections on the skin – bear in mind that perhaps this is the first time this figure has injected morphine according to the painting's narrative – the circular mark on the skin is reminiscent of the bumps and colors seen in Baretta's moulage no. 2484. Moreau de Tours' inclusion of this small area in a deeper pink tone implies that redemption is not possible because the figure has already administered the morphine dose. This analysis requires magnified viewing conditions, unlikely to be available for Salon attendees, who interpreted the figure as yet to inject. These tonal subtleties are indicative of the *morphinomane*'s damaged skin that doctors so often relied on for diagnoses, yet the subtlety of this mark making meant that this detail went unnoticed.

It seems unlikely that these details would have been ignored by reviewers if they had been seen, particularly if one considers the uproar caused by the portrayal of arms and skin in other recently displayed artworks. Writing on Édouard Manet's 1870 painting of Eva Gonzalès, critics condemned the figure's elongated and bare arms, proclaiming that their 'bumpy protrusions' and 'dusky shadows' should have been covered up.<sup>60</sup> The reviews of Pierre-Auguste Renoir's *Nude in the Sunlight* of 1875–6 are also telling of

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<sup>60</sup> Garb, *The Painted Face*, 86.

critics' responses to the portrayal of textured skin. In particular, the art critic Albert Wolff wrote, 'Would someone kindly explain to Mr. Renoir that a woman's torso is not a mass of decomposing flesh with the green and purplish blotches that indicate a state of complete putrefaction in a corpse.'<sup>61</sup> Although Renoir's nude is idealized in bodily representation, dabbles of sunlight created by blues, greys, and whites give the impression of the skin's textured surface. Wolff's use of 'putrefaction' is evocative of a decayed and unsealed exterior, revealing the body's insides. The texture of the figure's body and its supposed unsuccessful transformation from actual body to art is most problematic here. Hence, it was most important that artists represent the skin with a smooth and flawless texture rather than with a specific skin tone. For Moreau de Tours, subtle changes in skin tone point towards changes in skin texture without depicting the corporeality of needle scarring and abscesses.

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<sup>61</sup> Albert Wolff, "Le Calendrier Parisien," *Le Figaro*, 3 April 1876, trans. by Christopher Riopelle, "Renoir: The Great Bathers," *Philadelphia Museum of Art Bulletin* 86, no. 367–8 (Autumn 1990): 2–3 and 5–40, at 9.



Fig. 9. Hermenegilde Anglada-Camarasa, *La Morphinomane*, 1902, oil on canvas, 200 x 141 cm, private collection.

It was not just Salon or naturalist artists that adhered to artistic boundaries. Paintings by artists who operated more within the artistic categories of Symbolism and Modernism also relied on subtle differences in skin tone to portray the *morphinomane* body. Hermenegilde Anglada-Camarasa, a Catalan artist who spent much of his career in Paris, depicted the figure's skin in his 1902 *La Morphinomane* [Fig. 9] with a distinct paleness and tonal subtlety. The skin is tinged with green, which is used to create shadows on the figure's face; a more extreme example than the subtle tones found in the skin of the reclining figure in Moreau de Tours' *La Morphine*. The green facial shadows in *La Morphinomane* are made from the same tones that Anglada-Camarasa uses in the painting's background. Perhaps the figure's paleness simply reflects light sources in the

painting, or perhaps the green-tinged skin symbolizes change in the figure's body, from vitality to sickness and/or addiction, without compromising its smooth texture.<sup>62</sup>

Medical texts, newspapers, novels, and art criticism often labelled habitual morphine users' skin as cadaverous. For example, a doctor known as E.M. described the *morphinomane* body as a 'sort of hallucinated and delirious corpse' and Jean Lorrain, in his collection of the characterizations of contemporary women of 1896, *Une Femme par jour*, described morphine-dependent courtesans as 'ghouls and vampires ... who have nothing alive in their appearance.'<sup>63</sup> In art more broadly, it was not uncommon for artists to make reference to the cadaverous body through subtle tones in the figure's skin. In an 1890 painting of the character Marguerite Gautier of Alexandre Dumas *filis*' *La Dame aux*

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<sup>62</sup> Green skin was also used by modernist artists across Europe to portray the male and female absinthe drinker in the mid- to late nineteenth century. The green skin echoes the green anise used in absinthe, which was also known as the Green Fairy, indicating the figure's intoxication and body's putrefaction from the inside. For more on the absinthe drinker in Second and Third Republic France, see Temma Balducci, *Gender, Space, and the Gaze in Post-Haussmann Visual Culture: Beyond the Flâneur* (London: Routledge, 2017), 22–6; Marnin Young, "Heroic Indolence: Realism and the Politics of Time in Raffaëlli's *Absinthe Drinkers*," *The Art Bulletin* 90, no. 2 (June 2008): 235–259.

<sup>63</sup> '... une sorte de cadavre halluciné et délirant.' E.M., "Sus à la morphine," *Gil Blas*, 23 August 1889; Rhonda Garelick, *Rising Star: Dandyism, Gender, and Performance in the Fin de Siècle* (Princeton: Princeton University Press, 1998), 45.

*camélias* (1848), Eugenio Scomparini depicts the protagonist's skin with a grey tinge, foreshadowing what viewers knew to be her inevitable and untimely demise. The same use of color is employed by artists who portrayed the 'cadaverous' *morphinomane*. Another modernist Catalan painter who spent much of his career in Paris, Santiago Rusiñol, uses the same tonal techniques in his 1894 oil on canvas of a *morphinomane* figure in bed [Fig. 10]. The figure's skin texture is smooth and unscarred, as would be expected within the confines of academic art, but the artist's use of white clothing and white bed sheets emphasizes the greyness of the figure's skin. Grey tones imply an immorality that is associated with impurity, in addition to the loss of vitality, which parallels the frequent description of habitual morphine users as 'half dead.'<sup>64</sup> Without showing damaged skin, Rusiñol uses subtle tonal differences in greys and whites to emphasize the *morphinomane*'s inevitable demise. These tonal changes indicate the *morphinomane*'s sickliness and make reference to contemporary accounts of the habitual morphine user's cadaverous body without depicting the skin with the amount of detail found in dermatological wax models.

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<sup>64</sup> 'moitié morte.' Sahib [Louis Ernest Lesage], "Au Bains du nouveau cirque," *La Vie Parisienne*, 24 July 1886.

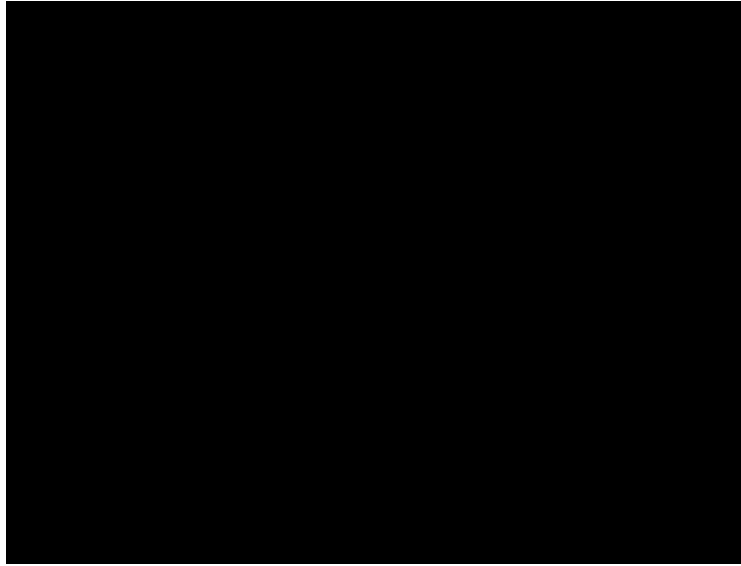


Fig. 10. Santiago Rusiñol, *La Morfina*, 1894, oil on canvas, 87.3 x 115 cm, Cau Ferrat Museum, Museu de Sitges, Barcelona.

### **‘The boundary of the self’**

Oil paint allowed for artists to depict tonal subtleties in the skin’s appearance whilst adhering to artistic conventions for the representation of the female body. Modernist artists (for simplicity, I am defining this as artists working beyond the confines of Salon-accepted art) were more likely to push academic artistic boundaries, so it may be presumed that such artists would also antagonize traditional representations of the body. Although modernist artists such as Pablo Picasso did create new manifestations of the female form in terms of academic conventions (*Les Femmes d’Alger* of 1907, for example), these artists mostly experimented with the body’s shape and color rather than the depiction of skin. A particularly useful example of this in *morphinomane* visual culture is the seven-color lithograph *La Morphinomane* [Fig. 11] by the Swiss artist Eugène Grasset who lived

and worked in Paris from 1871. The print formed part of the second *L'Album d'estampes originale*, an album of thirty-two original prints, published in Paris in 1897, which were commissioned and compiled by the noteworthy French art dealer Ambroise Vollard. Grasset's artistic style is very different from the academic conventions seen in Salon art, but the figure's skin remains smooth and unbroken. Compared to other visual representations of the *morphinomane*, Grasset makes little attempt to beautify the figure and conveys the desperation of addiction through the figure's actions, facial expression, and lithograph title.<sup>65</sup> Textured skin could be achieved by the lithographic process (as can be seen elsewhere in the print, detailed by blotched gray tones on the yellow background), but the figure's skin is formed of blocks of color.

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<sup>65</sup> For an in-depth discussion of Grasset's print in relation to addiction and consumer culture, see Abigail Susik, "Consuming and Consumed: Woman as Habituee in Eugène Grasset's *Morphinomaniac*," eds. Marja Härmänmaa and Christopher Nissen, *Decadence, Degeneration, and the End: Studies in the European Fin de Siècle* (New York: Palgrave Macmillan, 2014), 103–21.



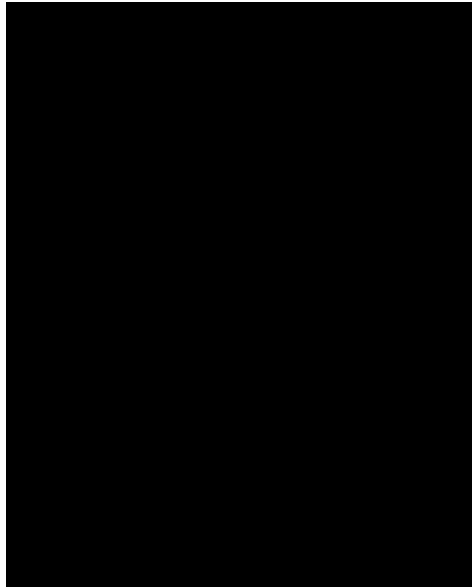


Fig. 11. Eugène Grasset, *La Morphinomane*, 1897, color lithograph, 41.5 x 31 cm, Victoria & Albert Museum, London.

Grasset resorts to depicting the hypodermic syringe moments before it breaks the skin's surface, as did all other artists who included figures holding syringes. Skin was viewed as 'the boundary of the self' in the nineteenth century and was perceived as the body's margin not only in artistic images of the body but also in medical discourse.<sup>66</sup> Skin was 'considered as the natural covering for a vital but unsightly interior,' according to

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<sup>66</sup> Fend, *Fleshing out Surfaces*, 107. Pamela Gilbert considers the permeability of skin in the nineteenth century, particularly in French and British fiction, in relation to disease and immorality. Pamela Gilbert, *Victorian Skin: Surface, Self, History* (Ithaca: Cornell University Press, 2019), 107–40.

Fend.<sup>67</sup> Damaged skin and cracks in its surface were an unpleasant reminder of the body's internal workings. Even heavily applied facial powders that cracked on the surface of women's skin were deemed problematic because they symbolized the potential for skin's broken boundaries. The morphine-filled syringe traverses the boundary of the body and penetrates the distinction between interior and exterior, hence symbolizing the broken barrier between the skin and the body's insides. The skin in art is the body's frame, or the 'site of meaning, where vital distinctions between inside and outside' are made.<sup>68</sup>

The figure's skin in *morphinomane* artworks is the interface between the drug and the body.<sup>69</sup> In *Purity and Danger*, a cultural and anthropological understanding of the impure and pure body in society, Mary Douglas argues that 'all margins are dangerous ...

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<sup>67</sup> Fend, *Fleshing out Surfaces*, 204.

<sup>68</sup> Nochlin makes this comment in reference to Kantian philosophy and Jacques Derrida. Nochlin, *The Body in Pieces*, 6.

<sup>69</sup> Stella North, in her text on the relationship between clothing and skin, provides a useful definition of 'interface' in relation to skin: a 'boundary that simultaneously inaugurates and demarcates interaction' and as a 'zone of simultaneous meeting and separation between two kinds of matter.' Stella North, "The Surfacing of the Self: The Clothing-Ego," in *Skin, Culture and Psychoanalysis*, eds. Sheila Cavanagh, Angela Failler, and Rachel Alpha Johnston Hurst (Basingstoke: Palgrave Macmillan, 2013), 72.

We should expect the orifices of the body to symbolize its specially vulnerable points.<sup>70</sup> In art, the hypodermic needle's piercing of the skin would create a new bodily orifice, fissuring the sealed (female) body. For Douglas, bodily orifices represent 'points of entry or exit to social units.'<sup>71</sup> Accordingly, the pierced skin of the *morphinomane*'s body represents the body politic at the turn of the twentieth century. Described and often categorized as a contagion, morphine addiction was viewed as a deadly disease that permeated the individual and national body. One journalist described *morphinomanie* as something that had 'penetrated everywhere.'<sup>72</sup> This language epitomizes how an addiction involving hypodermic administration was perceived as not only breaking the body's boundary, but also health and social boundaries: along with alcohol, Maurice Notta named morphine as the other 'poison' that 'penetrate[s] into all classes of society.'<sup>73</sup> Douglas' understanding of bodily orifices and margins as representative of social units indicates why artists sanitized the body of the (overwhelmingly female) *morphinomane*: it is a form that must be framed, contained in its entirety by the skin, with no lesions or openings.

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<sup>70</sup> Mary Douglas, *Purity and Danger: An Analysis of Concepts of Pollution and Taboo*, 5<sup>th</sup> ed. (London: Routledge, 1984), 122.

<sup>71</sup> Douglas, *Purity and Danger*, 4.

<sup>72</sup> 'la morphine a pénétré partout.' Tout-Paris [pseud.], "Encore une!," *Le Gaulois*, 23 October 1885.

<sup>73</sup> 'C'est ainsi qu'on a vu pénétrer dans toutes les classes de la société, et y faire de nombreux ravages, deux poisons ... .' Notta, *La Morphine et la morphinomanie*, 5.

This new orifice created by the needle – implied yet sanitized in art, but found in medical visual culture and actuality – is treated by artists no differently to other bodily orifices or breaks in the skin’s surface. For artists, the unidealized, broken skin created by the syringe must be depicted as sealed and veiled, as the skin of the female body almost always is in art. As Jennifer Shaw states in relation to depictions of Venus at the 1863 Paris Salon, the female body’s representation in art, a contained form, is fundamentally about ‘man’s relation to and control of the feminine.’<sup>74</sup> Any damaged skin caused by hypodermic injection is a reminder of the broken interface and of something that is impure and no longer contained. The skin’s role as enveloper, as it is designated in Didier Anzieu’s *The Skin-Ego*, contains and defines the body, just as the white linen surrounding Baretta’s moulages marks the distinction between (a representation of) the morphine user and the viewer (the physician).<sup>75</sup>

Baretta’s linen frame makes the moulage safe to view. Analogously, the unpierced skin in art contains the *morphinomane*’s body, making it not only safe, but also desirable. These female figures in art were created by male artists for (heterosexual) male viewers. It is no coincidence, therefore, that artists almost always portray the habitual morphine user as female. The smooth skin of the *morphinomane* in art reveals the art-historically

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<sup>74</sup> Jennifer Shaw, “The Figure of Venus: Rhetoric of the Ideal and the Salon of 1863,” *Art History* 14, no. 4 (December 1991): 540–70, at 542.

<sup>75</sup> Didier Anzieu, *The Skin-Ego: A New Translation by Naomi Segal*, trans. by Naomi Segal (London: Routledge, 2018).

desirable female body's exterior and epitomizes anxieties about containing femininity. To avoid breaking the skin's boundary and to preserve art's scopophilic function, artists represent the *morphinomane*'s skin as unscarred.

## **Conclusion**

The skin's appearance was deemed essential to diagnosing habitual morphine use at the turn of the twentieth century. The advent of dermatology, the existence of Baretta's moulages of morphine-addicted patients, and the material properties of wax draw attention to the appearance of habitual morphine users' skin and the conspicuous differences between medical and artistic visual culture. In traditional art forms, the portrayal of needle-scarred skin falls outside artistic conventions and the desires of the (male) viewer. In contrast to medical visual culture, artists always disguise morphine-related damage to the skin's surface, whether they are Salon painters, modernists, or illustrators of erotic fiction.

Despite the obvious visual differences in the skin's representation, comparisons can be made between art and medical practice. In medical visual culture, the detail with which Baretta creates models of habitual morphine users' arms is acceptable – and desirable – in a medical setting, where looking is an important tool for the medical professional. Needless to say, looking is also required in art. Whilst artworks of the *morphinomane* are not necessarily restricted to a specific audience, each artwork is undoubtedly created with an audience in mind (typically male and heterosexual; usually the same identity as the artist). Color is another significant facet in both medical and artistic visual culture and played a key role in contemporary discussions about the morphine addict's skin. Baretta's

wax painting technique creates a mostly convincing depiction of habitual morphine users' needle scarring, but it also emphasizes the false reliance on the skin's appearance in identifying addiction. Baretta does not portray the overall appearance of the patient's skin, but artists use subtle changes in skin color to suggest the ill or cadaverous body without disrupting the skin's surface. While art denies the reality of habitual morphine use through its emphasis on women's use and pleasure-seeking, artists' obliteration of hypodermic needle scarring is, paradoxically, more in line with the actuality and invisibility of narcotic addiction. This is in opposition to medical visual culture, which perpetuated a desire to visualize addiction through dermatology.

The visualization of morphine users' bodies in wax exploits the significance of the skin's appearance in identifying and diagnosing the nineteenth-century *morphinomane*. The skin's appearance in art is of equal importance, yet it is required to be void of any signs of hypodermic injections. This is a distinct absence of the corporeal changes upon which physicians so often relied. As Skelly notes, the art of addiction broadly speaking centers on the figures' smooth skin.<sup>76</sup> But artists do not simply portray the morphine addict's skin as smooth *because* it is the antithesis of scarred skin. It was more important for the skin to be sealed rather than just unmarked. Perhaps the desire to represent the body's sealed exterior is because needle scars symbolize the breaking of the body's boundary and its broader implications for female 'waywardness'.<sup>77</sup> After all, in keeping

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<sup>76</sup> Skelly, "Skin and Scars," 203.

<sup>77</sup> Nead, *The Female Nude*, 9.

with fin-de-siècle degeneration and cultural Decadence, artists mostly posited women's morphine use as hedonistic and eroticized – tropes associated with the uncontrolled/uncontained feminine body.

Artistic and medical visual culture controlled the narrative on drug addiction at the turn of the twentieth century. Whilst this article has focused on the *morphinomane's* visualization, concealment and containment have been recurrent themes. Artists contain the female body in a sealed and seamless skin. This creates a distinction, firstly, between the female model's real body and its artistic representation and, secondly, between the body's interior and exterior by concealing the body's potential waywardness, cracks in the skin's surface, and damage caused by hypodermic needles. Social constructions of how women's bodies should appear in art and in actuality center on society's control of the feminine. Essentially, medical and artistic depictions of habitual morphine users convey a desire to contain the addicted and/or female body. Baretta's moulages of morphine patients' arms are concealed from public view, contained not only in a medical space but also by the linen frames that surround these visualizations of the drug user's body. This framing separates the viewer from the subject, creating a power dynamic between the diagnoser and the diagnosed, or the medical professional and the 'diseased' addict. Those identities are not autonomous, but art and medical visual culture created a distinction between the reality of habitual use among male medical professionals and the morphine addict, who was contained in wax as dermatological case study and in art as eroticized and idealized female body.