

“Typical Cases”: Representation, Racializing Medicine, and the Politics of the Case Study in the Moulages Collections of the Hôpital Saint-Louis

Kathleen Pierce
Smith College

Physicians at the hôpital Saint-Louis prized their collection of wax models (moulages) for their precise representation of color: a central project of dermatology. Close looking at the collection, however, reveals the repeated use of a consistent light skin tone across the vast majority of models. Given physicians' investment in chromatic precision, how might we understand this generic attention to skin coloration? “Typical Cases” asks how, when, and why skin pigmentation mattered to *fin-de-siècle* dermatologists. I first argue that the overrepresentation of light skin tones comprises an aesthetic choice made by the model-makers and their physician-patrons. I subsequently ask how this aesthetic choice relates to the 19th-century medical case study. Whose body can be a useful case study, and within what epistemological frames? Beyond investigations of representation, such questions bear on how medicine racialized bodies and whom physicians imagined they could offer particular kinds of care, in both the past and the present.

Keywords: history of dermatology, moulages, color, racialized medicine, medical case study

Des « cas typiques » : Représentation, racialisation de la médecine, et aspects politiques de l'étude de cas dans les collections de moulages de l'hôpital Saint-Louis

Les dermatologues de l'hôpital Saint-Louis faisaient grand cas de leurs moulages en cire pour leur représentation précise de la couleur, un objectif central en dermatologie. Mais l'étude visuelle de la collection dans son ensemble révèle que la grande majorité des moulages présente un teint clair uniforme. Étant donné l'investissement des médecins dans la précision chromatique, comment pouvons-nous comprendre ce traitement générique de la teinte de la peau ? Cet article s'interroge sur comment, quand et pourquoi la coloration de la peau était importante pour les dermatologues. Je soutiens que la surreprésentation des teints clairs constitue un choix esthétique et ensuite m'interroge sur le lien entre ce choix esthétique et l'étude

de cas médicale. Qui peut devenir une étude de cas utile, et dans quels cadres épistémologiques ? Au-delà de l'enjeu de la représentation, ces questions déterminent la manière dont la médecine a racialisé les corps, et influencent la façon dont les praticiens imaginent leurs méthodes et leurs objets de soin.

Mots-clés : histoire de la dermatologie, moulages, couleur, médecine racialisée, étude de cas médicale

«Casos típicos»: representación, racialización de la medicina y política del estudio de caso en la colección de vaciados del Hospital Saint-Louis.

Los dermatólogos del Hospital Saint-Louis valoraban los moldes de cera por su representación fiel del color, objetivo central de la dermatología. Sin embargo, un estudio visual del conjunto de la colección revela un tono de luz uniforme utilizado en la gran mayoría de los moldes. Dado el cuidado que ponen los médicos en garantizar la precisión cromática, ¿cómo entender este tratamiento genérico del color de la piel? Este artículo se pregunta cómo, cuándo y por qué el color de la piel era importante para los dermatólogos. Sostengo que la sobrerrepresentación de los tonos de piel claros es una elección estética y, a continuación, me pregunto cómo se relaciona esta elección estética con el estudio de casos médicos. ¿Quién puede convertirse en un estudio de caso útil y dentro de qué marco epistemológico? Más allá de la cuestión de la representación, estas ideas determinan el modo en que la medicina ha racializado los cuerpos e influyen en cómo y a quién imaginan los médicos que prestan asistencia.

Palabras clave: historia de la dermatología, yesos, color, medicina racializada, estudio de casos médicos

Writing in 1895, the dermatologist and museum administrator Henri Feulard described the wax models, or moulages, he helped steward at the hôpital Saint-Louis in Paris as “astonishing in truth,” “remarkable in craftsmanship,” and among the “greatest asset[s]” for dermatological education.¹ Feulard was not alone. Many *fin-de-siècle* dermatologists in France and beyond praised the Saint-Louis moulages for their truth-bearing capabilities, describing them as “very exact,” “fixations of nature,” “perfect” in their “reproduction” “of life,” and “nature itself who lives and speaks” in the museum.² For many physicians, moulages’ superior

1 | Henri Feulard quoted in Ernest Besnier *et al.*, *Le Musée de l'hôpital Saint-Louis*, Paris, Rueff et Cie., 1895, n.p. ii, iii.

2 | Toussaint Barthelemy, “Dermite chronique électrique professionnelle,” *Annales de dermatologie et syphiligraphie*, no. 9, July 1898, p. 696; Paul Gerson Unna, “Pariser Briefe,” *Monatshefte für praktische Dermatologie*, vol. 7, no. 11, June 1888, p. 532; Ernest Besnier *et al.*, *La pratique dermatologique: traité de dermatologie appliquée*, vol. 1, Paris, Masson et Cie, 1900, n.p.; Henri Hallopeau and Charles Fouquet, *Traité de la syphilis*, Paris, Baillière, 1911, p. v; Alfred Fournier and Louis A. Durhing, “Préface,” in *Traité pratique des maladies de la peau*, 2nd ed., Paris, Masson, 1883, p. v.

abilities to get at diagnostic truth cohered around the dermatological issue of color: the models were understood to reliably communicate an eruption's color and demonstrate how texture and color could modulate one another. Physicians believed that the model-makers' (*mouleurs*) firsthand study of patients' bodies and their careful sculpting and painting of the models' surfaces facilitated a chromatic naturalism difficult to achieve through the ambiguity of language or the limitations of color photography.³ They were thus invaluable objects for research, and especially for medical education: for the hôpital Saint-Louis's physicians, the moulage museum was a pedagogical crown jewel.⁴

Yet a survey of the museum's vitrines reveals a surprising chromatic trend: the vast majority of moulages picture skin disease erupting not only on pale skin, but on pale skin whose tone remains surprisingly homogeneous across individual models (figs. 1 and 2). Moulages representing patients with Black and brown skin tones comprise notable exceptions to this rule (fig. 3). These representations are rare within the collection, and most often represent so-called tropical diseases or diseases pointedly studied in relation to race or ethnicity, such as syphilis. Despite their small number, they reveal a diversity of base skin tones, evincing a different kind of attention to the patient's body among model-makers and/or their

3 | Thomas Schnalke, "Casting Skin: Meanings for Doctors, Artists, and Patients," in Soraya de Chadarevian and Nick Hopwood (eds.), *Models: The Third Dimension of Science*, Stanford, Stanford University Press, 2004, p. 217; *Id.*, *Diseases in Wax: The History of the Medical Moulage*, Chicago, Quintessence Publishing Co., 1995, p. 13; Mechthild Fend, "'Order and Affect': The Museum of Dermatological Wax Moulages at the Hôpital Saint-Louis in Paris," in Johannes Grave *et al.*, *The Agency of Display: Objects, Framings, and Parerga*, Dresden, Sandstein Verlag, 2018, p. 84-85; Kathleen Pierce, "Photograph as Skin, Skin as Wax: Indexicality and the Visualisation of Syphilis in Fin-de-Siècle France," *Medical History*, vol. 64, no. 1, 2020, p. 125; Gérard Tilles, "Histoire des bibliothèques médicales et des musées des hôpitaux de l'Assistance publique à Paris: l'exemple de l'hôpital Saint-Louis," dissertation, Université Paris 12, 1995, p. 102. A case published in 1883 evinces the role Saint-Louis moulages, in particular, played as communicators of dermatological truth. Nantes-based Dr Hervouet attempts to describe a patient's scalp affliction. He notes a series of projections on the woman's scalp that spread out in an almost vegetal form. Yet "vegetal," he laments, is not quite right, and he cannot find "a term" that will "facilitate his description" and accurately represent the texture, hirsuteness, and color of the lesion—"a lesion that only a good moulage could faithfully represent. But there is no Baretta [the moulage maker] in Nantes." See Hervouet, "Note sur un cas d'hypertrophie papilliforme du cuir chevelu," *Annales de dermatologie et syphiligraphie*, vol. 4, no. 7-8, August 1883, p. 422.

4 | For primary source examples, see Fournier, "Preface," p. v. or Élie-Laurent-Jérémie Chatelain, *Précis iconographique des maladies de la peau*, 1st ed., Paris, A. Maloine, 1893, p. iii. For a discussion of the importance of moulages in dermatological education, see Gérard Tilles, "Images de syphilis: Les moulages du musée de l'Hôpital Saint-Louis (Paris)," in Yann Ardagna and Benoît Pouget (eds.), *La syphilis*, Aix-en-Provence, Presses universitaires de Provence, 2021; Kathleen Pierce, "Photograph as Skin," art. cit.; Mary Hunter, "'Effroyable réalisme': Wax, Femininity, and the Madness of Realist Fantasies," *RACAR: Revue d'art canadienne / Canadian Art Review*, vol. 33, no. 1-2, 2008, p. 50; *Id.*, *The Face of Medicine: Visualising Medical Masculinities in Late Nineteenth-Century Paris*, Manchester, Manchester University Press, 2016, p. 150-151.



Figure 1. Grande salle. Musée des moulages, direction de la communication de l'hôpital Saint-Louis, Paris, Credits: Assistance Publique-Hôpitaux de Paris.

physician patrons. Given the immense value physicians placed on moulages' capacities to represent color precisely as it appeared on a particular patient's symptomatic body, how might we understand this repeated use of an almost identical light skin tone across thousands of examples, or, conversely, the scrutiny of patients racialized within 19th- and 20th-century dermatological practice?

This essay positions *mouleurs*' frequent use of a fairly consistent pale skin tone among the moulages at Saint-Louis as a jumping-off point to explore how, when, and why skin pigmentation mattered to *fin-de-siècle* dermatologists, and how their choices refracted across the spheres of medical research and the provision of health care. I focus on the work of Jules Baretta, who made the majority of Saint-Louis models between the 1860s and 1910s.⁵ The first half of the essay tracks moulage production alongside the demographics of *fin-de-siècle* Paris to clarify how the overrepresentation of light skin tones does not reflect the reality of patient populations, but rather signals an aesthetic choice. The essay's second half posits that this aesthetic choice evinces the politics of the medical

5 | Baretta previously worked as an artisan fabricating and selling papier-mâché representations of fruit. Upon seeing his work, the dermatologist Charles Lailler invited him to work as the *mouleur* at Saint-Louis, a post Baretta took up in 1863. See Gérard Tilles, "Histoire des bibliothèques médicales," *op. cit.*, p. 103, p. 201-203.

case study: an example that can also be generalized. Whose body can become a useful case study, and under what conditions? I argue that at Saint-Louis, the chromatic homogeneity found across the majority of models signals the white French body as that which can comprise “typical cases,” a universal framework through which to study health and illness.⁶ Beyond questions about representation, this epistemological frame bears on whom physicians imagined they could offer particular kinds of care and attention, a context whose consequences shape the past and present.⁷

Representation, skin coloration, and model-making

Visitors entering the Saint-Louis Musée des moulages (Moulages Museum), which preserves its historical mode of exhibition, discover over 4,800 clinical encounters (fig. 1). Each model indexes a specific moment in a particular patient's experience of disease. The vast majority of moulages in the collection—a little over 80% – represent patients treated between 1867 and 1910, mostly at Saint-Louis.⁸ The direct relationship between patient and model was crucial to the

6 | Ernest Besnier *et al.*, “Publishers’ Preface to the Second Edition,” *A Pictorial Atlas of Skin Diseases and Syphilitic Affections in Photo-Lithochromes from Models in the Museum of the Saint Louis Hospital*, Paris, London/New York, Rebman, 1904, n.p.

7 | The present essay engages, and is indebted to, a robust vein of scholarship analyzing how scientific and medical projects, especially projects performed within colonial and imperial contexts, helped shore up the category of human as the white, male, liberal, and/or modern subject through frameworks of normative health or the authority of scientific practice, as well as analyses centering how such discourse could be repositioned as a site of resistance. For further discussion (though by no means an exhaustive list), see Ellen Amster, *Medicine and the Saints: Science, Islam, and the Colonial Encounter in Morocco, 1877-1956*, Austin, University of Texas Press, 2013; Megan Glick, *Infrahumanisms: Science, Culture, and the Making of Modern Non/personhood*, Durham, Duke University Press, 2018; Zakiyyah Iman Jackson, *Becoming Human: Matter and Meaning in an Antiblack World*, New York, New York University Press, 2020; Yesmar Oyarzun, “‘All You See Is White Skin’: Race and Dermatology in the United States,” PhD dissertation, Rice University, 2024; Londa Schiebinger, *Nature’s Body: Gender in the Making of Modern Science*, New Brunswick, Rutgers University Press, 2004; C. Riley Snorton, *Black on Both Sides: A Racial History of Trans Identity*, especially chapter 1, “Anatomically Speaking: Ungendered Flesh and the Science of Sex,” Minneapolis, University of Minnesota Press; Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness*, Palo Alto, Stanford University Press, 1991; Aro Velmet, *Pasteur’s Empire: Bacteriology in France, its Colonies, and the World*, Oxford, Oxford University Press, 2020.

8 | Of the approximately 4,890 moulages in the Saint-Louis collection, about 4,000 were made between 1867 and 1910. Over 3,500 were made by Baretta himself, who produced his first moulages in 1867 and made his final models in the 1910s (a single outlier, no. 2666, is dated to 1912). Jumelin, who was active in the 1870s, 1880s, and 1890s, produced 399 models, although many were made at the hôpital Lourcine and only later entered the collections at the hôpital Saint-Louis. The 1910s witnessed a decrease in production, partly due to the retirement of the prolific Jules Baretta, budgetary shifts in the Assistance publique, and disruptions during the First World War. Production then picked up slightly in the 1920s and 1930s before tapering off in the 1940s. Based on the current



Figure 2. Vitrine 67. Syphilides tertiaires. Musée des moulages, direction de la communication de l'hôpital Saint-Louis, Paris. Credits: Assistance Publique-Hôpitaux de Paris.

technological logics of moulages. *Mouleurs* cast plaster molds directly from the part of the body with the symptoms physicians wished to represent, and used these molds to make models out of beeswax and resin. Physicians prized the indexical qualities of the finished sculptures, which they often articulated through the language of “witnessing.”⁹ Many of these models represented patients referred to the hospital because of its dermatological specialism after a free consultation with the Bureau central d’admission (the Central Admissions Office).¹⁰ As the Office became less effective towards the end of the 19th century (it was ultimately disbanded in 1895), patients became increasingly likely to present at individual hospitals during consultation hours, perhaps choosing Saint-Louis because of its dermatological specialty or simply because it was the nearest clinic offering medical treatment.¹¹ A close visual study of each model reveals an incredible diversity of dermatological symptoms. As described earlier, *mouleurs* hand-finished the surface of each moulage to precisely match the chromatic and textural idiosyncrasies of individual instances of pathology. Yet softening one’s gaze to attend to the skin *surrounding* these symptoms reveals a striking homogeneity: for all of their efforts to exactly picture dermatological symptoms, the *mouleurs* do not seem to lend the same careful attention to the pigmentation of the skin framing pathological lesions.

Vitrine 67, organized around the nosological category of tertiary syphilis, offers a revealing example (fig. 2). Baretta crafted all thirty-five moulages in this case. He produced the earliest examples, including moulage no. 15, in 1867 (the

catalogue of moulages in the Saint-Louis collections maintained by the Bibliothèques de l’Université Paris-Cité, at least 142 were made in the 1910s, largely by Niclet; at least 367 were made in the 1920s, primarily by Niclet, Couvreur, and Littré; and at least 212 and 77 were produced in the 1930s and 1940s, respectively, during which time Littré continued to hold the post of hospital *mouleur*. See Gérard Tilles, “Histoire des bibliothèques,” 201-203; Daniel Wallach and Gérard Tilles, *La Dermatologie en France*, Toulouse, Privat, 2002, p. 720.

9 | Kathleen Pierce, “Photograph as Skin,” art. cit., p. 38.

10 | Dora B. Weiner, *The Citizen-Patient in Revolutionary and Imperial Paris*, Baltimore, Johns Hopkins University Press, 1993, p. 187-188; Barry M. Doyle, “Healthcare before Welfare States: Hospitals in Early Twentieth Century England and France,” *Canadian Bulletin of Medical History / Bulletin canadien d’histoire de la médecine*, vol. 33, no. 1, 2016, p. 184-185; Claire Barillé, “Soigner et guérir. Des hôpitaux pour les travailleurs parisiens dans le second XIX^e siècle,” PhD. dissertation, Université Paris-Nanterre, 2007, p. 28-29, p. 180.

11 | As Claire Barillé demonstrates, by the late 19th century, patients frequently self-presented at individual hospitals without first undergoing an examination at the Bureau central, thereby undermining the Bureau’s capacity to efficiently direct patients to free beds. With the elimination of the Bureau central in 1895, the Assistance publique instead asked patients to report to a hospital assigned to their neighborhood/arrondissement. Notably, the Assistance publique viewed specialist care as an exception: patients with skin diseases could report directly to Saint-Louis. See Claire Barillé, “Soigner et guérir,” op. cit., p. 123, p. 180-190; Administration générale de l’Assistance publique, *L’Assistance publique en 1900*, Montévrain, Imprimerie de l’école d’Alemberg, p. 157.

first year he worked for the hospital), while he completed the last examples, including no. 2632, near the end of his career in 1909. Across the examples in this case, Baretta has deployed myriad pigments and sculpting techniques to describe the specific colors and textures of various kinds of syphilitic lesions, from the translucent yellow, almost sticky qualities of gummous ulcers in moulage no. 1060 to the opaque, red-brown waves of serpiginous syphilids depicted in moulage no. 829. Yet studying the vitrine as a whole also clarifies the consistent coloration of the skin surrounding these symptoms. The models' appended labels reveal that the thirty-five moulages in this case represent at least thirty individual patients. Observers might expect to find just as many shades of skin pigmentation represented in the healthy skin surrounding lesions. Yet Baretta seems to have used a similar yellow-tinged light ocher base skin tone for each example.¹²

While there is some variety across the museum as a whole, this chromatic consistency is largely represented across the entire collection. In the view of Sylvie Dorison, the *responsable* of the Musée des moulages, extensive study reveals that the choices and styles of individual *mouleurs*, rather than the skin tones of individual patients, seems to influence choices around skin coloration. She theorizes that each *mouleur* had a basic formulation he used across all moulages for healthy skin, and that in most cases, it was only the pathology that was specifically worked.¹³ Yet as Thomas Schnalke notes, the “surrounding healthy parts of the human integument” represented within moulages are not insignificant: they not only operate as frames, helping viewers see visual symptoms, but also clarify “the nature of the illness.”¹⁴ 19th-century dermatologists shared this view. Dermatological treatises emphasized the importance of ascertaining whether patients entering the clinic were experiencing conditions that altered their skin tone, such as anemia, which might significantly change the coloring of symptoms.¹⁵ Lighter or darker skin coloration similarly affected the appearance of dermatological symptoms, though it is crucial to emphasize that physicians largely articulated concerns about this possibility in relation to Black and brown skin tones, and much of this discourse appeared in publications dedicated to colonial medicine.¹⁶ The writings of Édouard Jeanselme, who trained at several

12 | It is possible that the materials comprising moulages may have changed over time, especially with exposure to light and heat, causing slight discoloration. Yet the fact that most bear such a similar hue today suggests that they were likewise similar in color when they were first produced.

13 | E-mail communication with Sylvie Dorison, February 26, 2024.

14 | Thomas Schnalke, “Casting Skin,” art. cit., p. 216.

15 | Ernest Besnier et al., *La pratique dermatologique*, op. cit., p. 172-173; Henri Hallopeau and Émile Leredde, *Traité pratique de dermatologie*, Paris, J.-B. Baillière et fils, 1900, p. 82-83.

16 | Delphine Peiretti-Courtis, *Corps noirs et médecins blancs: La fabrique du préjugé racial, XIX^e-XX^e siècles*, Paris, La Découverte, 2021, p. 6. For additional discussion, see chapter 2, “Les mystères de l’altérité noire: la couleur de peau.”

Paris hospitals (including Saint-Louis) and who specialized in so-called tropical diseases, offers an example. Describing the secondary stage of syphilis in patients with Black and brown skin tones, Jeanselme writes that the rashes “are in general little apparent. In this way, we hardly notice the roseola: it does not take on the color of the *normal* pigmentation of the skin.”¹⁷ For Jeanselme, the “normal” presentation of symptoms correlates with a given rash’s typical coloration on the pale skin tones he associates with “Europeans.”¹⁸ Conversely, Jeanselme positions Black and brown skin as beyond the realm of “normal,” pathologizing it and, in Rana Hogarth’s phrasing, identifying it as “a ‘problem’ to be solved.”¹⁹

Questions about the genericized coloration of skin pigmentation across many models in the collection grows in importance when one considers the overwhelming whiteness of the models—and, by extension, the Saint-Louis patients reified as case studies – against the racial and ethnic diversity of Paris in the years around 1900. To be clear, race and ethnicity are social categories that do not correspond to biological truths. Skin pigmentation does not neatly correspond with shifting and plural categories of race and ethnicity. Likewise, conceptions of race and ethnicity do not universally engage skin coloration, especially as a target of observation, description, and/or categorization.²⁰ It is also crucial to recognize that medical discourse circa 1900—including discourse within the

17 | Édouard Jeanselme, *Institut de médecine coloniale de Paris: cours de dermatologie exotique*, Paris, Masson et Cie., 1904, p. 141. The emphasis is my own.

18 | *Ibid.*, p. 142.

19 | Rana Hogarth, “Of Black Skin and Biopower: Lessons from the Eighteenth Century,” *American Quarterly*, vol. 71, no. 3, 2019, p. 837.

20 | There is a vast bibliography exploring the history of race and processes of racialization, as well as the relationship between skin pigmentation and race. My thinking in this essay is indebted to several threads of scholarship: Frantz Fanon’s thinking about “epidermalization” and recent expansions of his work; Black feminist scholarship, especially the work of Sylvia Wynter and Hortense Spillers, on the construction of the human as a liberal, white, masculine subject; and historical projects elucidating the shifting role of skin and skin pigmentation in scientific and medical epistemologies of “race,” as well as the category of the human. See, for example, Frantz Fanon, *Black Skin, White Masks*, New York, Grove Press, 1967; Simone Brown, *Dark Matters: On the Surveillance of Blackness*, Durham, Duke University Press, 2015; David Marriott, *Whither Fanon? Studies in the Blackness of Being*, Stanford, Stanford University Press, 2018; Sylvia Wynter, “‘No Humans Involved’: An Open Letter to My Colleagues,” *Forum NHI: Knowledge for the 21st Century* vol. 1, no. 1, 1994, p. 42-73; *Id.*, “Unsettling the Coloniality of Being/Power/Truth/Freedom: Towards the Human, After Man, Its Overrepresentation – An Argument,” *New Centennial Review*, vol. 3, no. 3, 2003, p. 57-337; Hortense Spillers, “Mama’s Baby, Papa’s Maybe: An American Grammar Book,” *Diacritics*, vol. 17, no. 2, 1987, p. 64-81; Alexander G. Weheliye, *Habeas Viscus: Racializing Assemblages, Biopolitics, and Black Feminist Theories of the Human*, Durham, Duke University Press, 2014; Irene Tucker, *The Moment of Racial Sight: A History*, Chicago, University of Chicago Press, 2012; Mechthild Fend, *Fleshing Out Surfaces: Skin in French Art and Medicine, 1650-1850*, Manchester, Manchester University Press, 2017; Anne Anlin Cheng, *Second Skin: Josephine Baker and the Modern Surface*, Oxford, Oxford University Press, 2011; *Id.*, *Ornamentalism*, Oxford, Oxford University Press, 2019.

frame of this essay – fueled the creation of a “racial logic” that Coco Fusco has termed a “visual system.”²¹ As Jennifer González has argued, “concepts of race and ethnicity have historically been inseparable from a discourse of *display* and from the *logic of vision*.”²² What is more, accurately describing racial and ethnic diversity in late 19th-century Paris is challenging for a number of reasons, not least because the French census did not track either category.²³ In addition, in contemporary social and medical discourse, authors used the term “race” (*la race*) to signal entangled notions of physiology, culture, and nation, often in order to describe an individual or group’s ostensibly essential character. Crucially, these medico-social conceptions of race were forged within and against expanding colonization, fomenting nationalism, and increasing rates of immigration, as well as France’s extremely well-documented population decline.²⁴ The dermatologists of Saint-Louis use the language of “race” in this way, as exemplified by Jeanselme’s text cited above.²⁵

Yet late 19th-century Paris was a multiracial and multiethnic city. Its population included immigrants and their descendants from Europe (primarily Belgium, Germany, Switzerland, Italy, Spain, and Poland), Asia (primarily

21 | Coco Fusco, “Racial Time, Racial Marks, Racial Metaphors,” Coco Fusco and Brian Wallis (eds.), *Only Skin Deep: Changing Visions of the American Self*, New York, Harry N. Abrams, 2003, p. 24.

22 | Jennifer González, “Morphologies: Race as Visual Technology,” in Coco Fusco and Brian Wallis (eds.), *Ibid.*, p. 380. The emphasis is my own.

23 | As Elisa Camiscioli makes clear, late 19th- and early 20th-century discourse around immigration in France invoked notions of ethnicity only infrequently; when related terms were used, they were applied inconsistently to descriptions of both cultural and biological difference. For Camiscioli, this history meshes with more contemporary debates; she invokes the political scientist Pierre Birnbaum, who contends “that the equivalent of the word ‘ethnic’ does not exist in the French political vocabulary,” and “that the rhetoric of ethnicity is ‘alien to the French political tradition.’” Race and ethnicity are still currently (2024) absent from the census. As Marie des Neiges Léonard argues, government officials embed this absence within republican conceptions of universalism, secularism (*laïcité*), and equality. Yet this invisibilizing of race and ethnicity (which is often described by the term “colorblind”) facilitates the denial of racism and the reinscription of white supremacy. Denise Murrell, *Posing Modernity: The Black Model from Manet and Matisse to Today*, New Haven, Yale University Press, 2018, p. 9; Elisa Camiscioli and Pierre Birnbaum, quoted in Camiscioli, *Reproducing the French Race: Immigration, Intimacy, and Embodiment in the Early Twentieth Century*, Durham, Duke University Press, 2009, p. 14; Marie des Neiges Léonard, “Census and Racial Categorization in France: Invisible Categories and Color-blind Politics,” *Humanity & Society*, vol. 38, no. 1, 2014, p. 67-88.

24 | Naomi Davidson, *Only Muslim: Embodying Islam in Twentieth-Century France*, Ithaca, Cornell University Press, 2012, p. 4; Elisa Camiscioli, “Race Making and Race Mixing in the Early Twentieth-Century Immigration Debate,” in Hafid Gafaïti, Patricia M. E. Lorcin, and David G. Troyansky, *Transnational Spaces and Identities in the Francophone World*, Lincoln, University of Nebraska Press, 2009, p. 56; Tyler Stovall, “The Color Line Behind the Lines: Racial Violence in France during the Great War,” *American Historical Review*, vol. 104, no. 3, 1998, p. 742-744; Elisa Camiscioli, *Reproducing the French Race*, op. cit., p. 23-50.

25 | Édouard Jeanselme, *Institut de médecine coloniale*, op. cit., p. 135.

from China and Vietnam), Africa (especially the Maghreb and West Africa), and North America and the Caribbean.²⁶ Rates of immigration increased from the mid-19th century into the early 20th century before growing exponentially during and after the First World War.²⁷ As scholars like Denise Murrell, Robin Mitchell, and Pascal Blanchard make clear, although there had long been Black and mixed-race people of color living in Paris, this community expanded after the second abolition of slavery in 1848, and became larger and more visible as the century progressed.²⁸ Religious diversity, too, was present in *fin-de-siècle* Paris.

26 | Philip E. Ogden and Paul E. White (eds.), *Migrants in Modern France: Population Mobility in the Late Nineteenth and Twentieth Centuries*, London, Unwin Hyman, 1989, p. 42-45; Gary Cross, *Immigrant Workers in Industrial France: The Making of a New Laboring Class*, Philadelphia, Temple University Press, 1983, p. 21-27; Elisa Camiscioli, *Reproducing the French Race*, op. cit., p. 25, p. 59-63; Tyler Stovall, "The Color Line," art. cit., p. 740-741; Ian Coller, "The Making of Arab Paris," in *Arab France: Islam and the Making of Modern Europe, 1798-1831*, Berkeley, University of California Press, 2011; Clifford Rosenberg, *Policing Paris: The Origins of Modern Immigration Control between the Wars*, Ithaca, Cornell University Press, 2006, p. 109. As Camiscioli has recently argued, scholarship on immigration to France prior to 1945 has frequently glossed over questions about how race and ethnicity, including the role of "whiteness" (*la race blanche*), mattered in thinking about immigration in the Third Republic. As she insists, the categories some historians have used to talk about immigrants, such as "foreign labour" ("*main d'œuvre étrangère*"), obscure how racial hierarchies shaped thinking about European versus colonial immigrants, as well as the differences that may have been perceived among European immigrants. See Elisa Camiscioli, "Race Making," art. cit., p. 55.

27 | Immigrants arriving during the war included both soldiers (often conscripted) as well people seeking work. Stovall emphasizes that "hundreds of thousands from West Africa, North Africa, and Indochina fought and died on French battlefields." Camiscioli reports that approximately 662,000 workers immigrated to France during the war. "Official sources," she notes, "counted 78,566 Algerians, 48,995 Indochinese, 36,941 Chinese, 35,506 Moroccans, 18,249 Tunisians, and 4,546 Madagascans. As for the approximately 330,000 European workers who came to France during the war, the majority were Spaniards, along with some Portuguese, Italians, and Greeks." Elisa Camiscioli, *Reproducing the French Race*, op. cit., p. 55; Tyler Stovall, "The Color Line," art. cit., p. 741.

28 | Denise Murrell, *Posing Modernity*, op. cit., p. 9; Robin Mitchell, *Vénus Noire: Black Women and Colonial Fantasies in Nineteenth-Century France*, Athens, University of Georgia Press, 2020, p. 109; Pascal Blanchard et al., *La France noire: Présences et migrations des Afriques, des Amériques et de l'Océan Indien en France*, Paris, La Découverte, 2011, p. 44-45, p. 57-90; Pap Ndiaye, *La condition noire: Essai sur une minorité française*, Paris, Calmann-Lévy, 2008, p. 126; Tyler Stovall, "Solidarity or Difference? African Americans and the Making of Black France," in Sylvain Pattieu, Emmanuelle Sibeud, and Tyler Stovall (eds.), *The Black Populations of France: Histories from Metropole to Colony*, Lincoln, University of Nebraska Press, 2021, p. 192, p. 194. As Olivette Otele argues, although there have long been Black people living in Europe, relatively few historical projects have sought to understand their experiences, especially those of individuals who lived and died before the First World War. As scholars like Mitchell have emphasized, this historiographic absence can be partly tied to popular erasures that mythologize France before the early 20th century as a "white space." Similarly, Darcy Grimaldo Grigsby has clarified how the prevalence of white/black binaries within histories of race and racialization obscures the experiences of the many Creole people—who may have been white, Black, or mixed-race—who lived in 19th-century France. See Olivette Otele, *African Europeans: An Untold History*, London, Hurst & Company, 2020, p. 1; Nathan H. Dize and Robin Mitchell, "Vénus Noire: An Interview with Robin Mitchell," *Age of Revolutions*, August 31, 2020; Bry Reed and Robin Mitchell, "Uncovering France: An Interview with Robin Mitchell," *Black Women's Studies Association*

The city had long been home to a significant Jewish community, which included people born in France and/or with a lengthy ancestral connection to France, as well as more recent Eastern European immigrants.²⁹ Muslims, too, made up a small but present community in 19th-century Paris.³⁰

The northeastern quadrant of the city—home to the neighborhoods most readily served by the hôpital Saint-Louis – has been identified as hosting a particularly diverse community. This diversity has been connected in part to myriad 19th-century commercial and infrastructural shifts in this quarter that produced and sustained working-class jobs.³¹ Early in the century, gypsum mining and the production of plaster of Paris, processes and materials key to burgeoning construction in the city's center, were sited in the geographic zones that would later become the 18th and 19th arrondissements. This included a major quarry on the site of the contemporary Parc des Buttes-Chaumont.³² Similarly, the 96-mile Canal de l'Ourcq, which snakes through the 19th arrondissement and joins the Canal Saint-Martin in the 10th, was functionally transformed by mid-century to serve the needs of industry. Danièle Chadych and Dominique Leborgne estimate that in 1841, what would become the 19th arrondissement had as much commercial barge traffic as the port at Le Havre.³³ The construction of the Gare du Nord (1846) and the Gare de l'Est (1849) in the future 10th arrondissement amplified the district's role in industry and transportation. Many people migrating to Paris, whether from elsewhere in France or abroad, would have passed through these stations. As Julie Kleinman contends, French authorities' anxieties about immigration, social mixing, and the racial and ethnic difference of both travelers and workers can be located within the Gare du Nord's very planning and

Blog, February 15, 2020; Darcy Grimaldo Grigsby, *Creole: Portraits of France's Foreign Relations During the Long Nineteenth Century*, University Park, Pennsylvania State University Press, 2022.

29 | Nimisha Barton, *Reproductive Citizens: Gender, Immigration, and the State in Modern France, 1880-1945*, Ithaca, Cornell University Press, 2020, p. 15; Nancy L. Green, *The Pletzl of Paris: Jewish Immigrant Workers in the Belle Epoque*, New York, Holmes & Meier, 1986; Wendy Brown, "Tolerance as Supplement: the 'Jewish Question' and the 'Woman Question'," *Regulating Aversion: Tolerance in the Age of Identity and Empire*, Princeton, Princeton University Press, 2006, p. 48-77.

30 | Naomi Davidson, *Only Muslim*, op. cit., p. 28; Ian Coller, "Arab France: Mobility and Community in Early-Nineteenth-Century Paris and Marseille," *French Historical Studies*, vol. 29, no. 3, 2006, p. 433-456.

31 | Elisa Camiscioli, *Reproducing the French Race*, op. cit., p. 25; Tyler Stovall, "From Red Belt to Black Belt: Race, Class, and Urban Marginality in Twentieth-Century Paris," in Sue Peabody and Tyler Stovall (eds.), *The Color of Liberty: Histories of Race in France*, Durham, Duke University Press, 2003, p. 352-353.

32 | Andrew Newman, *Landscape of Discontent: Urban Sustainability in Immigrant Paris*, Minneapolis, University of Minnesota Press, 2015, p. 10-12.

33 | Danielle Chadych and Dominique Leborgne, *Atlas de Paris: Évolution d'un paysage urbain*, Paris, Éditions Parigramme, 2022, p. 150; Andrew Newman, *Landscape of Discontent*, op. cit., p. 12.

construction.³⁴ While the Haussmannization of Paris in the 1850s and 1860s certainly transformed the city center, the northeasterly railways emerged as crucial hubs for the movement of construction materials and laborers, many of whom were newly arrived migrants.³⁵

To be clear, it is not my aim to suggest that the racial-, ethnic-, religious-, or class-based diversity described here maps neatly onto skin pigmentation. Furthermore, the precise demography of Paris's and Saint-Louis's 10th arrondissement *quartiers* between 1867 and the 1940s (especially in the decades before WWI) can never be precisely ascertained. Yet given the above descriptions, it seems unlikely, if not impossible, that the chromatic homogeneity of the Saint-Louis moulages reflects the skin tones of its surrounding community or of the patients who were seen at the hospital. For even *if* most patients modelled at Saint-Louis had a paler skin pigmentation, we would *still* expect to see variation, perhaps as many shades of color as there were patients.

What might account for this discrepancy in representation? For one, patients of color and/or immigrant patients may have been less likely to seek out institutional care at Saint-Louis, or actively encouraged to seek care elsewhere based on their identity. In 1925, although so-called “foreigners” comprised 10% of the Parisian population, they only made up 8% of the city's hospital patients.³⁶ Indeed, the case of the planning and administration of the Hôpital franco-musulman in the 1920s and 1930s illuminates one facet of this history, especially when taken in conjunction with French-trained physicians' racialization of the bodies of North African subjects, whom they often assumed to be Muslim. Following the construction of the hospital in Bobigny, physicians actively directed North African patients there while denying them access to other hospitals in the city, effectively segregating care.³⁷ Although the majority of clinical experiences-cum-moulages under consideration in the present study took place in the decades immediately preceding these examples, the construction of separate hospitals for North and West African soldiers in France during WWI suggests earlier precedents for this pattern.³⁸ Yet Saint-Louis seems to upend these trends:

34 | Julie Kleinman, *Adventure Capital: Migration and the Making of an African Hub in Paris*, Oakland, University of California Press, 2019, p. 26.

35 | Andrew Newman, *Landscape of Discontent*, op. cit., p. 12-14; Leslie Paige Moch, *Moving Europeans: Migration in Western Europe Since 1650*, 2nd ed., Bloomington, Indiana University Press, 2003, p. 129-130.

36 | Clifford Rosenberg, *Policing Paris*, op. cit., p. 175.

37 | As Naomi Davidson argues, many Muslim patients “did everything in their power” to avoid receiving care at the Hôpital franco-musulman. While some patients believed that this segregated space offered inferior care, others sought to resist their medical assignment into the category of “Muslim,” “Arab,” and/or “North African.” Naomi Davidson, *Only Muslim*, op. cit., p. 74-76.

38 | Chris Rominger, “Nursing Transgressions, Exploring Difference: North Africans in French Medical Spaces During World War I,” *International Journal for Middle East Studies*, vol. 50, no. 4,

in contrast to the statistics on the city's hospital system at large, "foreigners" were *over*-represented at Saint-Louis in 1925, comprising 20% of patients seeking treatment for syphilis.³⁹ Representing Saint-Louis before the Commission sur les malades étrangers dans les hôpitaux, Édouard Jeanselme argued that adjusting to account for gender disparities among recent immigrants—who were mostly single men—might yield a figure as high as 34.4%.⁴⁰

Might material limitations and/or production techniques account for the repeated use of light ochre coloring across many of the museums' models, especially the 80% of models produced before 1910? Audiences at public lectures at which I have discussed this research have evoked Dorison's hypothesis, asking if *mouleurs* may have made the base mixture consistent across models in order to save time or money—resources heavily tapped by model making. Although Saint-Louis's *mouleurs*, including Baretta, largely kept their precise formulations and techniques hidden from view (citing them as trade secrets), publications detailing possible recipes and formulas for model-making circulated in the medical press, especially after the 1889 First International Congress of Dermatology and Syphilology. Several texts suggest using a basic recipe for unaffected skin of several parts white to yellow wax along with some red and sometimes blue pigments (carmine and cobalt) to suggest vitality, proffering a pale coloration as the default skin tone.⁴¹ Yet moulages were time- and labor-intensive, and *mouleurs* dedicated significant attention to the crafting of each individual model. And it *was* possible to create a wide range of colors with both natural and synthetic pigments, such as orpiment, realgar, chrome yellow, verdigris, iron oxide, lead oxide, charcoal, and ochre, materials already at hand in the *mouleur's* studio, where they were used to precisely mimic a wide range of rashes and chancres.⁴² Even if these material realities *were* at play—that is to say, even if this chromatic homogeneity largely resulted from the consistent use of a base formula to represent skin that was unaffected by dermatological symptoms—this act speaks to the priorities of both *mouleur* and patron. Within a system of artistic production that asked makers to lend particular care and effort to the naturalistic imitation of the represented subject, especially around the issue of color, noticing and re-presenting patients' skin tones was not a priority.

2018, p. 691-713.

39 | Clifford Rosenberg, *Policing Paris*, op. cit., p. 175.

40 | Édouard Jeanselme, quoted in Cazeneuve *et al.*, "Rapport de la Commission sur les malades étrangers dans les hôpitaux," *Bulletin de l'Académie de Médecine*, vol. 95, no. 3, January 19, 1926, p. 67.

41 | J. F. Shamberg and J. F. Wallis, "Wax Models—Their Preparation and Uses," *University of Pennsylvania Medical Bulletin*, vol. 14, 1901, p. 263-264; Léon Gatineau, *La céroplastique: Manuel à l'usage des dermatologistes et chirurgien-dentistes*, Paris, C. Ash, Sons & Co., 1914, p. 54.

42 | Gérard Tilles, "Histoire des bibliothèques," art. cit., p. 209-211.

The dermatological case study at the hôpital Saint-Louis

I posit that more than the material routinization of production, or the possible homogeneity of Saint-Louis patients' skin tones, *mouleurs'* generic attention—or is it inattention?—to the pigmentation of the healthy skin contained within moulages allows us to better understand the verbal and visual rhetorics of the medical case study in the years around 1900. These logics are of no small consequence: selecting case studies for preservation in wax required doctors to ask which subjects and bodies were typical and which were peculiar; which encounters warranted extended and repeated examination in the burgeoning fields of dermatology and/or colonial medicine; and which patients warranted which kinds of attention and care, and under what conditions.⁴³ As J. Andrew Mendelsohn argues, by the 19th century, the medical case study emerged from a specific clinical encounter which, through publication, also became generalized. "Cases," Mendelsohn writes, "therefore are what medicine has preserved best, made accessible, and revisited."⁴⁴ This superlative of "best" gestures toward a key feature of the 19th-century case study for Mendelsohn: its status as both "common" and "remarkable."⁴⁵ Cases were no longer the awesome or the exceedingly rare example enmeshed within the same epistemic frameworks that structured collecting for the early modern *Wunderkammer*, but rather the typical and the instructive. Indeed, the physicians at Saint-Louis thought of their models in this way. In the preface to a 1904 atlas reproducing a number of Saint-Louis moulages, Ernest Gaucher remarked: "The current tendency in teaching is not through words, but by examples; the student above all asks for object lessons [*leçons de choses*]. If there is one branch of medicine where instruction through sight is particularly necessary, it is surely dermatology."⁴⁶ Key among these objects are the moulages of Saint-Louis.⁴⁷ Another atlas, this one focusing primarily on Baretta's models, emphasizes how these images "chiefly represent *typical* cases while most atlases exemplify *rare* cases only," and make visible "the fruits of experience stored in this unrivalled collection."⁴⁸

43 | For a compelling discussion of moulages collections, medical professionalism, and physicians' authority, as well as the value physician patrons placed on these collections, see Mary Hunter, "Effroyable réalisme," art. cit, p. 43-58 and *The Face of Medicine*, op. cit., p. 138-165.

44 | J. Andrew Mendelsohn, "Empiricism in the Library: Medicine's Case Histories," in Lorraine Daston (ed.), *Science in the Archives: Pasts, Presents, Futures*, Chicago, University of Chicago Press, 2017, p. 87.

45 | *Ibid.*, p. 99-100.

46 | Gaucher, quoted in Eduard Jacobi, *Atlas des maladies de peau et des principales maladies vénériennes à l'usage des médecins praticiens et des étudiants*, Paris, Octave Doin, 1904, p. i.

47 | *Ibid.*, p. ii.

48 | Ernest Besnier, "Publishers' Preface to the Second Edition," n.p., *Italics in the original*.



Figure 3. Jules Baretta, Moulage no. 2373. Syphilide papuleuse folliculaire du genou. Nègre âgé de 22 ans, 1904, bee's wax, resin, textile, plaster, and other materials. Credits: F.Marin, P.Simon/Musée des moulages, Hôpital Saint-Louis, Assistance Publique-Hôpitaux de Paris.

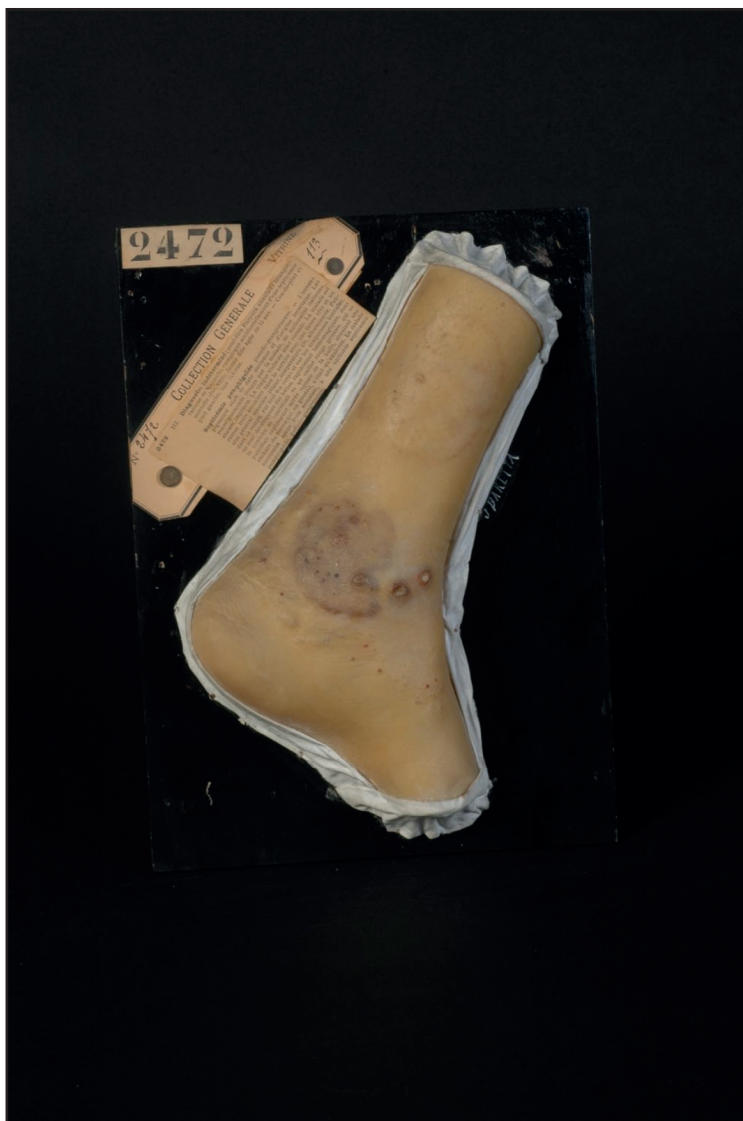


Figure 4. Jules Baretta, Moulage no. 2472. Diagnostic indéterminé, 1906, bee's wax, resin, textile, plaster, and other materials. Credits: F.Marin, P.Simon/Musée des moulages, Hôpital Saint-Louis, Assistance Publique-Hôpitaux de Paris.

But which patients did physicians consider to be typical—or typical enough—as they created case studies? And in what disciplinary or epistemological contexts? Put another way, we might ask: who was worthy of what kind of objectification? Because, in the end, casting patients’ bodies enacts a reification, a specimen-ification. Close attention to when, how, where, and why Saint-Louis’s patrons and *mouleurs* visually and textually invoked patients’ identities reveals that they thought deeply about “race” (which could comprehend patients’ ethnicities, their status as native-born or immigrant, and/or the color of their skin, among other aspects of their identity) when selecting “object lessons” to preserve in wax. We should recall that each moulage includes a textual label. Almost universally, these labels reveal: the disease pictured, the body part represented, an inventory number, the vitrine number, and the name of the physician-patron. While slightly less common, the vast majority of these labels also indicate some aspects of patient identity, namely: age, sex, and occupation. Conversely, patients’ race, ethnicity, or immigration status are recorded only rarely, although their appearance is telling. Indeed, French ethnicities, where patients also have pale complexions, are largely unremarked. Conversely, Blackness; African, Asian, or southern European ethnicities; and/or immigrant identities are highlighted visually and textually, by the use of different pigmentation for healthy skin and in the labels appended to each model.

Moulages 1286, 2373, 2472, and 368 illuminate this pattern (figs. 3 and 4). Baretta made the first three models for the general collection at the request of at least two different physicians (Hallopeau and Gaucher), while Fournier commissioned Jumelin to make moulage 368. They represent three different nosological categories: secondary syphilis, erythema and pernio, and undetermined conditions. All four were made between 1886 and 1906.⁴⁹ Visual study of the healthy skin pictured in each model reveals a departure not only from the pale ocher skin tone that predominates Baretta’s moulages, but also from one another: four different base skin tones are represented across these models. They are also among a very small number in the general collection, apart from vitrines associated with so-called tropical diseases, that include any mention of the patient’s race or ethnicity. The labels on moulages 1286, 2373, and 368 use racializing language to describe these patients’ Blackness. Compared to contemporary moulages depicting patients who have not been racialized, the labels include little additional information. For example, none of these labels indicate an occupation, which was fairly common practice for models made

49 | Within the Bibliothèques de l’Université Paris-Cité database, moulage 368 is listed as *sans date*. Alfred Fournier references the model as part of the Saint-Louis collections in 1899, clarifying its production and exhibition prior to this date. See Edmond Fournier, *Traité de la syphilis*, fascicule II, Paris, J. Rueff, 1899, p. 451.

between 1886 and 1906. Similarly, while the majority of contemporary labels indicate the patient's gender through the inclusion of *homme* or *femme*, such language is absent here; it is only the endings of racist and denigrating adjectives that gesture toward these patients' genders. These patients have been presented as "vestibular subject[s] of culture" in the sense Hortense Spillers elaborates in her formative studies of Black femininity—bodies located outside French conceptions of masculinity and femininity and made to bear the production of culture, here reduced to racial typologies as they intersect with pathology.⁵⁰ Conversely, the label attached to moulage 2472 offers an abundance of information, significantly more than average; indeed, the text materially exceeds the boundaries of the main label, expanding far beyond into the space of the painted black board (fig. 4). The text describes the patient as a young woman who spent three weeks at Saint-Louis before succumbing to septicemia, during which time physicians struggled to understand her medical history: "The information given by the patient, of Italian nationality, was imprecise."⁵¹ Here, the interjection of "Italian nationality" confirms her immigrant status at a moment of anti-Italian xenophobia, and when French social hygienists, ethnographers, and eugenicists were debating the "whiteness" of Italians.⁵² At the same time, the label's language seems to offer her migrant status as a kind of absolution for the physicians who could not cure her: "the information" she supplied, after all, "was imprecise."

In vitrine 7, dedicated to so-called tropical diseases (nosologically labelled "Dermatoses of hot regions. Exotic ulcers"), physicians' attention to race, ethnicity, and nativity shifts. This vitrine includes a number of models that follow the pattern described above, arguably a disproportionate number compared to the larger collections.⁵³ But it is also here that physicians obliquely visualize Frenchness. Moulages 1422, 1613, and 2003, made between 1889 and 1898, offer telling examples. These models' base skin tones match the generic pale ocher used by Baretta across the museum. The text attached to each model emphasizes patients' travel outside of metropolitan France, information largely absent from other vitrines throughout the museum: "contracted in Panama" (1422), "coming

50 | Hortense Spillers, "An Order on Constancy': Notes on Brooks and the Feminine," *Black, White, and in Color: Essays on American Literature and Culture*, Chicago, University of Chicago Press, 2003, p. 149. See also *Id.*, Spillers, "Mama's Baby, Papa's Maybe," art. cit., p. 67 and "Interstices: a Small Drama of Words," in *Black, White, and in Color*, op. cit., p. 155.

51 | Author unknown, text attached to moulage 2472, Jules Baretta, 1906, Musée des Moulages, Hôpital Saint-Louis, Paris.

52 | Tyler Stovall, "Color Line," art. cit., p. 741; Elisa Camiscioli, *Reproducing the French Race*, op. cit., p. 11-13.

53 | Examples include moulages 771 and 2425.

from Gafsa” (1613), “Gabonese ulcer on an explorer” (2003).⁵⁴ These geographic qualifiers obliquely reinscribe patients’ Frenchness, their diseases having only been occasioned by time spent in supposedly insalubrious climates. Published case reports confirm this. The patient represented in moulage 1613, for example, undertook a “prolonged stay” in Algeria and Tunisia, while the patient represented in moulage 2003 “left for the colonies”—diction that implies origins in the metropole.⁵⁵ Indeed, in a published case study citing moulage 2003, Gaucher underlines that returning to France resulted in a cure: although the sore persisted throughout the patient’s time in “equatorial Africa,” it “*healed very rapidly as soon as the patient had changed climate.*”⁵⁶ Although the physicians largely invisibilize hegemonic identities (namely Frenchness and whiteness) throughout the museum, they come into focus here, largely in juxtaposition with diseases framed as “exotic”: language signaling “hot” climates functions as *explanans* for the French body’s experience of tropical disease.

Across these examples, the white French body is articulated as the universal framework through which to study health and illness.⁵⁷ Although largely unspoken, the homogeneity of patients’ base skin tones across the museum visually reinscribes this universality. In a literal sense, despite the museum’s display of a fragmented, almost shattered body, the shared coloration of so many of the models has the effect of suggesting a kind of unity, a quintessential, or “typical,” patient. The erasure of diverse skin tones that might still be read as “white” across these models amplifies this effect: despite careful attention to particular pathologies, the specificity of *this* body, *this* person, has been flattened and abstracted through chromatic homogeneity. Read alongside late 19th-century thinking about the medical case study, these moulages affirm the white, French body as particularly worthy of study for dermatologists as they prepare for their day-to-day work in the clinic. At the same time, the use of different base skin tones to almost solely represent patients of color and recent immigrants, as in moulages 1286, 2373, 2472, and 368, visually emphasizes these patients’ difference. Although they sometimes appear in the same vitrines as other models, their chromatic difference (which emerges more clearly against the flattened and abstracted homogeneity of the other models’ coloration) excises them from the

54 | Author unknown, text attached to: moulage 1422, made in 1889; moulage 1613, made in 1890; and moulage 2003, made in 1898. All by Jules Baretta, Musée des moulages, Hôpital Saint-Louis, Paris.

55 | Henri Hallopeau, “Sur les caractères différentiels des cicatrices consécutives aux boutons des pays chauds et des cicatrices d’origine syphilitique,” *Bulletin de la Société française de dermatologie et de syphiligraphie*, no. 2, 1891, p. 278; Ernest Gaucher, “Ulcère gabonais: son identité avec le clou de Biskra,” *Bulletin de la Société française de dermatologie et de syphiligraphie*, no. 9, 1898, p. 365.

56 | Ernest Gaucher, “Ulcère gabonais,” p. 365. Emphasis in the original.

57 | For a recent discussion of the universal body at the nexus of French scientific and medical technopolitics and empire building, see Aro Velvet, *Pasteur’s Empire*, op. cit.

sphere of the “typical” or the universal, except in the case of emergent colonial medicine. This is especially the case for moulages representing Black patients, whom physicians have reduced to a racial type, and who are simultaneously hypervisible and invisible in the museum.⁵⁸

These representational choices matter for French history and beyond in both the past and the present. Saint-Louis’s over-representation of light skin tones is far from unique, and the museum’s influence as a teaching collection is not limited to the past. For one, the Saint-Louis models, in particular, inspired the creation of analogous collections across the globe following the First International Congress of Dermatology and Syphilology held at the museum in 1889. Upon seeing the collections, many physicians purchased Baretta-cast copies for their own institutions, literally locating the Saint-Louis moulages at the crux of numerous 19th- and 20th- century teaching collections.⁵⁹ This museum and *these* models thus had an outsized influence on generations of dermatologists, both inside and outside France. In Paris, the Saint-Louis moulages remained prevalent teaching tools much longer than has previously been recognized. To offer two barometers of this longevity, the Assistance publique kept a *mouleur* on staff until 1965, and French medical educators continued to use the collections as dermatological teaching tools well into the 21st century: as recently as 2022, in fact.⁶⁰ Recent evaluations of textbooks and medical literature reveal that more than 100 years after Baretta made his last model, the predominance of pale skin tones remains in dermatological teaching tools as well as medical literature.⁶¹ As dermatologists Antoine Mahé and Ousmane Faye

58 | It is, in part, the flattening of skin tones across so many models that contributes to the hypervisibility of patients of color in the museum’s collections. Conversely, Georges Thibierge and Émile Leredde’s incorrect assertion that the museum had no moulages representing Black patients in 1891 speaks to these patients’ invisibility. Scholars including Robin Mitchell and Anne Cheng have tracked an analogous tension between hypervisibility and invisibility in the lives of Black women in 19th- and 20th-century France. See Georges Thibierge and Émile Leredde, “Note sur un cas de lichen de Wilson chez une négresse,” *Bulletin de la Société française de dermatologie et de syphiligraphie*, vol. 2, November 1891, p. 406; Robin Mitchell, *Vénus Noire*, op. cit.; Anne Cheng, *Second Skin*, op. cit.

59 | Copies of Baretta and Jumelin moulages appear in collections in Boston, Philadelphia, and New Orleans, in the United States; in Toronto and Montreal in Canada; and in Bonn and Frankfurt in Germany, among other places. See Lawrence C. Parish *et al.*, “Wax Models in Dermatology,” *Transactions & Studies of the College of Physicians of Philadelphia*, vol. 13, no. 1, 1991, p. 35-52, and e-mail communications with Dr Richard Fraser, Director of the Maude Abbott Museum, December 3, 2015.

60 | Directeur of the Administration générale de l’Assistance publique à Paris, “Résiliation: Contrat de Littere,” June 11, 1965, 826W27, Archives de l’Assistance publique – Hôpitaux de Paris, Paris; e-mail communication with Sylvie Dorison, February 26, 2024.

61 | See, for example, Savannah Alvarado and Hao Feng, “Representation of Dark Skin Images of Common Dermatologic Conditions in Educational Resources: A Cross-Sectional Analysis,” *Journal of the American Academy of Dermatology*, vol. 84, no. 5, 2021, p. 1427-1431; Susan Burgin, Ncoza Dlova, and Lowell Goldsmith, “Dermatological Education for the 21st Century: Prioritizing Diversity,” *British Journal of Dermatology*, vol. 184, no. 4, 2021, p. 740-741; Patricia Louie and Rima

write in the 2022 foreword of *Dermatologie de la diversité*, they were partly motivated to organize their volume to meet “the demands of populations who may feel neglected by a specialty overwhelmingly dedicated to the study of ‘white skin.’”⁶² As dermatologists and activists have insisted, skin color can affect how symptoms look, whether they point to a skin disease or more general conditions; the predominance of light skin tones in training materials and research thus fails to equip physicians to treat patients of color, all within a clinical setting already shaped by systemic racism.⁶³ A recent meta-study of English language articles (published globally) describing the cutaneous signs of Covid-19, for example, found that 92% of the published photographs portrayed light skin tones. In the early stages of the pandemic, the accurate detection of these rashes could have meant the difference between life and death.⁶⁴ These contemporary examples, I want to emphasize, bear the residue of dermatology’s 19th-century history. They demand that we recognize how the politics of the 19th-century dermatological case study continue to refract into the present, shaping what bodies, what persons, can stand as universal or “typical”—read otherwise, for the category of human—and what bodies, what persons, are seen as worthy of a particular kind of attention and care.

Wilkes, “Representations of Race and Skin Tone in Medical Textbook Imagery,” *Social Science & Medicine*, no. 202, 2018, p. 38-42; Britney N. Wilson *et al.*, “Assessment of Skin of Color and Diversity and Inclusion Content of Dermatologic Published Literature: An Analysis and Call to Action,” *International Journal of Women’s Dermatology*, vol. 7, no. 4, 2021, p. 391-397.

62 | Antoine Mahé and Ousmane Faye (eds.), *Dermatologie de la diversité*, Issy-les-Moulineaux, Elsevier-Masson, 2022, p. xvii.

63 | See Roni Caryn Rabin, “Dermatology has a Problem with Skin Color,” *New York Times*, August 30, 2020; Neil Singh, “Decolonising Dermatology: Why Black and Brown Skin Need Better Treatment,” *The Guardian*, August 13, 2020.

64 | Jenna Lester *et al.*, “Absence of Images of Skin of Colour in Publications of COVID-19 Skin Manifestations,” *British Journal of Dermatology*, vol. 183, no. 3, 2020, p. 593.