Modern & Contemporary France

ISSN: 0963-9489 (Print) 1469-9869 (Online) Journal homepage: www.tandfonline.com/journals/cmcf20

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To cite this article: Mary Kelly (29 Jun 2026): Marguerite Delorme's depiction of lung decortication, 1894, Modern & Contemporary France, DOI: 10.1080/09639489.2026.2677061

To link to this article: https://doi.org/10.1080/09639489.2026.2677061

MODERN & CONTEMPORARY FRANCE
https://doi.org/10.1080/09639489.2026.2677061

Routledge
Taylor & Francis Group

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ABSTRACT

On 9 September 1893 the French physician Professor Edmond Delorme first performed pulmonary decortication surgery to treat empyema at Val-de-Grâce military hospital in Paris. Including crude forms of early anaesthesia, this moment of discovery was captured by his daughter the painter Marguerite Delorme (1876–1946) in *Professor Edmond Delorme (1847–1929) Describing Lung Decortication to Trainee Doctors of the Val-de-Grâce, 1894* (1897) (herein after *Val-de-Grâce, 1894*). Although medical painting was a well-established practice, works located in military hospitals were highly unusual. In 1894, Val-de-Grâce was both a military hospital and a teaching facility with an all-male medical studentship. That the painting was created by a woman artist in such a masculine space makes this depiction of historical surgery and anaesthesia practices rarer still. Adopting a gendered lens for the purpose of offering new insights into the area of medical painting, the author will use *Val-de-Grâce, 1894* to create a bridge between medical and art practices. Such high-art medical subject matter was generally inaccessible to women artists during the nineteenth century and, on creating the painting, Delorme interrupted male medical spaces by claiming a female space in the operating theatre of Val-de-Grâce. Pushing this gendered discussion even further, the study will explore how *Val-de-Grâce, 1894* subverts the Foucauldian concept of the medical gaze.

RÉSUMÉ

La première décortication pulmonaire pour traiter l'empyème pleural fut réalisée à l'hôpital militaire du Val-de-Grâce à Paris le 9 septembre 1893 par le Professeur Edmond Delorme, un chirurgien français. Réalisée avec des méthodes d'anesthésie rudimentaires, cette opération clé dans la recherche médicale fut immortalisée par sa fille, la peintre Marguerite Delorme (1876–1946) dans sa peinture *Delorme décrivant la décortication pulmonaire aux stagiaires du Val-de-Grâce, 1894* (1897) (citation par la suite *Val-de-Grâce, 1894*). Les représentations médicales en peinture n'étaient pas inhabituelles, en revanche peu représentaient les hôpitaux militaires. En 1894, le Val-de-Grâce était un hôpital militaire et un lieu d'enseignement réservé aux hommes. Le fait que cette peinture fut réalisée par une artiste femme dans ce lieu éminemment masculin renforce l'aspect exceptionnel de cette représentation historique de chirurgie et d'anesthésie. Je vais utiliser *Val-de-Grâce, 1894*, pour associer l'analyse du médical et de l'artistique en examinant la peinture médicale

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à travers le prisme du genre, afin d'en tirer de nouveaux éléments d'analyse. Les sujets médicaux aussi complexes étaient de manière générale peu accessibles aux artistes femmes durant le dix-neuvième siècle. Lorsqu'elle réalisa cette peinture, Delorme créant un espace féminin dans la salle d'opération du Val-de-Grâce, elle a empiété sur l'espace médical masculin. Cette étude explorera plus en profondeur la question du genre en analysant comment *Val-de-Grâce, 1894* subvertit le regard médical foucaldien.

On 9 September 1893 the French physician Professor Edmond Delorme first performed pulmonary decortication surgery to treat empyema at the Val-de-Grâce military hospital in Paris (Delorme 1894, 94–96; Light and Less 2008, 8). Including crude forms of early anaesthesia, this moment of discovery was captured by his daughter the French painter Marguerite Delorme (1876–1946) in *Professor Edmond Delorme (1847–1929) Describing Lung Decortication to Trainee Doctors of the Val-de-Grâce, 1894* (1897) (herein after *Val-de-Grâce, 1894*) (Figure 1). Although medical painting was a well-established practice, works located in military hospitals were highly unusual. The painting in focus provides a visual glimpse into the all-male medical training practices at Val-de-Grâce military hospital in Paris ca. 1894, specifically pulmonary decortication and historical practices of anaesthesia.

Figure 1. Marguerite Delorme (1876–1946), *Professor Edmond Delorme (1847–1929) Describing Lung Decortication to Trainee Doctors of the Val-de-Grâce, 1894*, 1897, Oil on Canvas, 75 cm x 110 cm. Musée du Service de Santé des Armées, Paris. Image courtesy of Musée du Service de Santé des Armées, Paris.

By applying a gendered lens to this important work, I aim to offer fresh insight into the field of medical painting. That is, *Val-de-Grâce, 1894* not only marks a milestone in medical endeavour, but it also illustrates how the artist's female gaze subverts the medical gaze. By doing so, it provides a counter narrative to the power structures later famously analysed by Michel Foucault in 1963.

Pulmonary decortication is a surgical procedure used to remove abnormal fibrous tissue which has formed on the surface of the lungs, chest wall or diaphragm. The surgery is performed for the purpose of restoration of lung expansion and removing sources of infection (Bhimji and Mosenifar 2024). The procedure is just one treatment for pleural disorders, which affect 'the tissue that covers the outside of the lungs and lines the inside' of the chest cavity.[1] Pleural disorders were common in soldiers owing to communal living conditions, the persistent threat of tuberculosis and even injury to the chest during battle. While practices of thoracic drainage can be traced back to the Ancient Greeks, Professor Delorme performed the first decortication surgery in 1893—thereby attributing this breakthrough to French medical science. However, in 1947, the physicians Paul C. Samson and Thomas H. Burford incorrectly claimed that the first decortication was performed on 7 October 1893 by the American physician George Ryerson Fowler (1848–1906) (Samson and Burford 1947, 127). On 9 September 1893, Delorme performed a more advanced version of decortication preceding Fowler by one month. As the latter was the first to publish on his surgery in the American weekly journal *Medical Record* in November/December 1893 he is accredited (Fowler 1893, 838–839).

In 1989, in her groundbreaking work on the representation of gender in science and medicine, Ludmilla Jordanova called for historians of medicine and science to challenge and rethink the field in terms of gender. The author claims that there is a need to 'unpack the processes through which "naturalization" takes place, whereby ideas, theories, experiences, languages, and so on, take on the quality of being "natural", permitting the veiling of their customary, conventional and social characteristics' (Jordanova 1989, 5). Considering art history's primary focus on medical paintings made by male artists and the lack of research on women artists' surgical scenes before the 1920s, Jordanova's call is still important today.[2] The most well-known and celebrated medical and surgical scenes in European and American art history before the 1920s were painted by male artists. Examples include *The Anatomy Lesson of Dr Nicolaes Tulp* (1632) by the Dutch painter Rembrandt van Rijn (1606–69); *Interior with a Surgeon Attending to a Wound in a Man's Side* (ca. 1722) by the Flemish artist Johan Joseph Horemans (1689–1759); *The Gross Clinic* (1876) and *The Agnew Clinic* (1889) by the American artist Thomas Eakins (1844–1916); the illustrations of 'hysteria' in the 1887 text *The Demoniacs in Art* by the French anatomical painter Paul Richer (1849–1933); *Before the Operation* (1887) by the French artist Henri Gervex (1852–1929) and *Theodor Billroth Operating* (ca. 1890) by the Austrian artist Adalbert Franz Seligmann (1862–1945) to name but a few.[3] The paintings mentioned and many others comprise depictions of all-male clinical teams and the few women depicted in some of these celebrated paintings are for the most part stripped of agency. For example, in Horemans' work, a woman appears as the swooning spectator and Richer's illustrations focus predominantly on 'hysteria' in women—both works embodying the trope of the 'hysterical woman'. In the nineteenth century, 'hysteria' served as a fluid diagnostic label rather than a specific disease, a 'catch-all' diagnosis for a wide spectrum of psychological and physical symptoms predominantly prescribed to women

(Tasca et al. 2012, 110–119). Furthermore, while Eakins' work depicts a woman recoiling in disgust, Gervex has classicised and objectified a female patient by presenting her naked form as a mere sexual object for the voyeuristic gaze. In reference to such medical eroticism, Natasha Ruiz-Gómez rightly states that female patients' 'state of undress signifies their nakedness, rather than their nudity, which was associated with an aesthetic ideal' (Ruiz-Gómez 2025, 190). The foregoing examples employ patriarchal gendered ideas about women as, for example, either emotionally and physically incapable or 'specimens of hysteria' or as sexual objects. More broadly, historical medical scenes also used women's bodies as a symbol of family life, which strengthened national morality (Jordanova 1989, 26). That *Val-de-Grâce, 1894* was created by a woman artist in such a masculine space makes this depiction of historical surgery and anaesthesia practices rarer still. Such high-art medical subject matter was generally inaccessible to women artists during the nineteenth century and, on creating her painting, Margurite Delorme broke professional and gendered boundaries placed on women artists in France. Responding to Jordanova's caution, this study will analyse Delorme's painting as a meeting site for the medical gaze and the female gaze.

In *The Birth of the Clinic*, published in 1963, Michel Foucault introduces the concept of the medical gaze, a paradigm shift at the turn of the nineteenth century where clinicians began prioritising biological data over the patient's lived experience. Describing a conventional medical way of seeing, the gaze reduces the patient to a specimen or 'sick body' that requires analyses, diagnosis and treatment. By treating the body as a map, the medical gaze penetrates the skin and enters the tissue via testing. In this process the patient becomes a mechanical entity—an object rather than a subject—therefore the clinician establishes a power imbalance rooted in specialised knowledge. Foucault argues that this approach emerged within the modern clinic as broader socio-political shifts replaced holistic, narrative-based healing with an objective, biological management of the 'sick body' (Foucault 2003, ix–xix, 7–21, 88–123).

By contrast, the female gaze, the antithesis to the male patriarchal and artistic gaze, was simply described in 2000 by the French film director and photographer Agnès Varda when she stated that '[t]he first feminist gesture is to say: "OK, they're looking at me. But I'm looking at them." The act of deciding to look, of deciding that the world is not defined by how people see me [as a woman], but how I see them' (Mandy and Varda, 2000). Rooted in second-wave feminism, foundational texts for feminist gaze theory include Hélène Cixous's (1976) 'The Laugh of the Medusa' and Laura Mulvey's 'Visual Pleasure and Narrative Cinema'—both published in 1975. Referring to the male gaze in film Mulvey explains that, customarily, the male director or painter controlled the way the female was depicted and perceived; this gaze reduces women to passive objects created by the active male. Mulvey contends that in this 'traditional exhibitionist role women are simultaneously looked at and displayed, with their appearance coded for strong visual … to-be-looked-at-ness' (Mulvey 1975, 11). Responding to the 'rediscovery' of women artists in art historical and feminist interventionist projects since the 1970s, the female gaze on the other hand places emphasis on women and artists as active subjects in their own right as opposed to mere passive objects for the male gaze. The core principle of the idea is to ensure that women are endowed with agency via an ownership and control of their own bodies and lived experiences as well as their shared histories with other women. Most women artists throughout history—including Delorme—organically embraced this way

of seeing by imbedding the female artist's gaze into their composition and, subsequently, they strategically used it to create deeper gendered and female-led meaning in their works of art.[4] By synthesising the framework of the medical gaze and female gaze, this study will explore how *Val-de-Grâce, 1894* subverts the conventional gendered 'naturalization' process inherent in the canon of nineteenth-century medical painting.

It is pertinent that Delorme's privileged background bypassed the usual gendered barriers to the Val-de-Grâce military hospital. She was also the daughter of Leonie Antoni (1853–1944) and her father, Professor Delorme, was a high-ranking member of the French National Society of Surgery and the Society of Military Medicine, as well as President of the French Academy of Medicine (Birth Certificate M. Delorme, No. 275). This immersion in a masculine medical environment was transformative, providing the 'from life' access necessary to develop her medical subject matter. A highly celebrated artist in her day, yet only recently rediscovered in the History of Art, in 1889 and 1890, when Delorme was only 14 and 15 years old, she exhibited with l'Union des Femmes Peintres et Sculpteurs in Paris (the Union) (Sánchez 2010a, 457). In 1881 the women artists of Paris reacted to the male dominated art world. Joining together in unity, 41 women artists founded the Union —a congregation of female artistic voices that endeavoured to breakthrough limiting artistic, social and professional boundaries fixed on women. In January 1882 the 41 founding members of the Union exhibited at the first Salon de Femmes (Sánchez 2010a, 1261). By 1896 there were 450 active female members in the organisation. While feminism and its variations was a fundamental movement in late nineteenth-century Paris, it must be stated that not all members of the Union identified with the feminist movement. In a nineteenth-century context, the activities of the Union cannot be generalised as feminist activity (Garb 1994, 45; Goldberg Moses 1984, 7–8). Thus, I remain mindful in this study not to refer to Delorme as a feminist. It is, however, fitting to state that the members of the Union, including Delorme, believed in the promotion of women's social and political well-being and, importantly, women's modernity and advancements and their recognition as professional artists, as well as their right to attend the state-sponsored École nationale supérieure des beaux-arts (Kelly 2021, 52).

This article is broken into three parts. It will begin by presenting Delorme's artist biography. Following this the second part will conduct a visual analysis of gendered spaces in *Val-de-Grâce, 1894*. This more extensive section aims to establish how the artist, using various artistic techniques and subject matter, interrupted male medical spaces by claiming a female space in the operating and teaching theatre of the Val-de-Grâce military hospital. It will also show how the artwork in focus aided in establishing Professor Delorme's discovery rights to pulmonary decortication surgery. The third and final part explores the painting's significance, arguing that Delorme's female gaze interrupts the conventional male, medical gaze located in nineteenth-century painting.

Marguerite Anne-Rose Delorme (1876–1946): a brief artist biography[5]

Delorme was born on 10 September 1876 in Lunéville, France and she died on 26 July 1946 in Lille (Birth Certificate Marguerite Delorme, N° 275). She was a painter of French and Moroccan naturalist genre scenes. From the few known paintings by the artist, evidence shows that her subject matter includes scenes of modern French and North African women, Breton peasantry, French and North African landscapes, as well as one

known example of medical practice in France. Little detail is known about Delorme's life and artistic travels; however, it is clear from her paintings that she did travel to Tunisia (Tunis) and Morocco (Fez, Marrakech and Casablanca) during the early twentieth century.[6] Delorme began her artistic path very early in life. She studied fine art in Paris under the French artist and noted art critic Luc-Olivier Merson (1846–1920); she also studied under the French artist Louis-Joseph-Raphaël Collin (1850–1916) and the well-known French Orientalist Paul Leroy (1860–1942).[7] In 1889 and 1890 she exhibited with the Union (Sánchez, 457). On analysing her oeuvre and its female-dominated subject matter in its entirety, it is clear that Delorme was concerned with the modern world of women during the *fin-de-siècle*. Her association to the Union combined with a deep focus on subjects concerning women's modernity demonstrates that the artist was sensitive to the issues surrounding women's social and political advancements and, importantly, their recognition as professional artists in France and beyond.

A regular exhibitor at the Salon de le société des artistes français, which was the official government sponsored Salon in Paris, Delorme first began competing in its prestigious competitions in 1895. During the official Salon of 1897 she received an honourable mention from a jury of her peers for *Val-de-Grâce, 1894* (Salon de la société des artistes français, 8.ES.1. M. Delorme). This high honour demonstrates that the jury of the official Salon not only recognised Delorme's artistic talent, but that they also deemed the painting in focus as an important and noteworthy work of art. Furthermore, in 1901, the Salon jury awarded the artist a bronze medal of honour for her competing works (Bénézit 2026, ref. Delorme). Referring to Delorme's attention to naturalism and 'truth' in painting, in 1899 Merson wrote in *Le monde illustré* that:

> La Vérité, elle fait aussi l'un des mérites de la peinture de Mlle Delorme, *Eglise de Baconnes* . . . elle [la Vérité] remplit la petite enceinte, très austère . . . . Mais je vois Mlle Delorme en bon chemin pour nous fournir bientôt les témoignages sérieux d'un talent vraiment supérieur. (Merson 1899, 499)

Again, in 1900 in reference to Delorme's *Before the Bath*, Merson stated that

> *Avant le Bain*, est d'une invention originale . . . Le modelé souple et attentif des nus, la facture très intelligente des bibelots, la couleur qui se contente d'être vraie, une fine pointe d'esprit naturel perçant partout, font de cet ensemble et de ces détails une pièce bien capable d'accomplir un joli chemin parmi les connaisseurs et les autres. (Merson 1900, 251)

Although Delorme's known works are dominated by Orientalist scenes, between 1910 and 1912 she painted Breton landscapes and peasantry such as *The Laundry at St-Pol de Léon* (ca. 1910–12) (Salon de la société des artistes français, ref. 8.ES.1 M. Delorme). In 1921 and 1926 the artist exhibited at the Exposition de la Société Coloniale des Artistes Français (Grand Palais, Paris). At the 1921 exhibition she showed five Orientalist paintings for which she was awarded the Prix de la Compagnie Générale Transatlantique. In 1922 she exhibited at the Exposition National Coloniale de Marseille (Sánchez 2010b, 163). The artist also exhibited with the Société des Peintres Orientalistes Français and at the 1935 Salon de la France d'Outre-Mer in Paris (Sánchez 2008, 70). On winning the Compagnie Générale Transatlantique, Delorme embarked on her first voyage to Morocco on 4 September 1921. In 1924 she was honoured with a solo exhibition at the Galerie Devambez in Paris.[8] Galerie Devambez, which first opened in 1897 at 43 Boulevard

Malesherbes, exhibited works of art by many renowned artists who were active in Paris during the early twentieth century such as Claude Monet (1840–1926), Mary Cassatt (1844–1926), Paul Signac (1863–1935), Henri Matisse (1869–1954) and Pablo Picasso (1881–1973).[9] In her 1924 exhibition at the gallery Delorme showed 60 Orientalist works that represented her experiences in Morocco (Mallick, 265). In response to the exhibition, providing an interesting reading of Delorme's approach to painting women, the distinguished French art critic Arsène Alexandre stated:

> Déjà très connue et très appréciée pour ses fins portraits parisiens, pour ses dessins pleins de légèreté et d'esprit d'après les ouvrières de nos ateliers, pour la grâce avec laquelle cette élève de Luc-Olivier Merson interprétait la jeune fille modern . . . . Elle a obtenu, et nous offre, ce à quoi aucun des plus remarquables artistes qui étaient allés au Maroc ne pouvait prétendre, l'étude et la pénétration de la femme, si jalousement et si religieusement cachée là-bas . . . . Il lui a fallu de beaux et patients exercices de mémoire, et ainsi a-t-elle donné en même temps qu'une moisson de tout point réussie, un exemple excellent de méthode dont plus d'un artiste du sexe 'fort' pourrait faire son profit. (Alexandre (1924); Mallick (2011), 265)

Although Delorme returned to France regularly, Morocco became her home until July 1946—she resided in Fez, Casablanca, Rabat and Marrakech (Mallick 2011, 261–268). Throughout her career in France and Morocco, Delorme sketched and 'documented' the 'truth' of the subject matter she encountered, recording her subjects by sketching from life—after which she created her finished oil paintings in her studio.[10] This approach would have been standard practice for many naturalist artists during this time and this was also Delorme's artistic approach when she painted *Val-de-Grâce, 1894* in 1897.

Val-de-Grâce, 1894: a visual analysis of gendered spaces

Formally a Benedictine abbey, the Val-de-Grâce religious order was founded in 1621 by Queen Anne of Austria, the wife of King Louis XIII. The architectural structure of Val-de-Grâce, including the Baroque church as well as the vertical extensions and the large rectangular cloister, was completed in 1669 (Ayers 2004, 113–115). The Val-de-Grâce hospital emerged from the French Revolution. In 1793, it was decided by the newly formed Republic that the deconsecrated abbey would be converted into a military hospital where wounded French soldiers were to be treated. In May 1796 the Military Medical School of Val-de-Grâce was established. Historically Paris was considered a centre of excellence in medical developments and, throughout the nineteenth century, Val-de-Grâce quickly became an important institution for the advancement of various medical surgeries as well as the training of all-male medical officers for the French Army (Kaufman 2016, 51). For example, in 1820 the Scottish physician James Clark (1788–1870) claimed that Val-de-Grâce was 'a very extensive hospital' and the medical developments—specifically the work of François-Joseph-Victor Broussais (1772–1838)—were especially advanced in treating fever and dysentery in military patients (Clark 1820, 160–165). On 9 August 1850 Val-de-Grâce formally became known as École d'Application du Service de Santé Militaire and the French Physician Michel Lévy (1809–72) was appointed director on 8 May 1856 until his death in 1872 (Ferrandis 2009, 277).[11]

Val-de-Grâce, 1894 depicts a scene from an operating and teaching theatre in the military hospital. A male patient is lying in supine position on an operating table with

his face turned away from the viewer, leaving the crown of the patient's head along with the back of his neck, shoulders, arms and torso visible. His lower body, which is covered with a white sheet, is foreshortened and it descends into the scene enhancing the pictorial depth of the painting. This unusual angle demonstrates the artist's skill in depicting the human body in an otherwise confined space. Surrounding the patient are four male figures: Professor Delorme, the surgeon and primary figure, is standing and shown in a half profile view. To the centre right of the canvas is the anaesthetist—whose downward tilted head draws the viewer's eye to the anaesthetic medications he is mixing and about to administer to the patient. Two additional and seated male medical practitioners are shown, each gripping one of the patient's lower arms as they monitor the heart rate via the pulse on the wrist. In the background another male figure appears to be assisting the operation either as a pharmacist, indicated by the apothecary objects above him, or perhaps he is preparing the surgical instruments.

This central configuration consisting of a male patient and the all-male medical practitioners is painted with a mastery of light and shadow on white. That is, this central scene is enveloped in white materials including the sterilised sheets which cover the operating table, the doctors' gowns as well as the sheet on the floor. Light streams into the central scene from the window on the left, which subsequently explains the unusual angle of the patient's body: he is positioned this way for additional access to light during the surgery.[12] Delorme's attention to naturalism in painting drew the admiration of her contemporaries. I recall here Merson's words in 1899 about 'truth' and merit in Delorme's painting practices and her ability to insert 'truth' in small, very austere, space (Merson 1899, 499). At the same time, dark shadows engulf the upper right of the canvas as well as the foreground and this use of chiaroscuro further highlights the central surgical and teaching scene. In addition, with his back to the window, Professor Delorme's face is in shadow while the top of his head, shoulder, arm and hand are illuminated by light. This shrewd artistic use of light and shadow enhances Professor Delorme's teaching gesture, subsequently elevating his esteemed professorial status in the painting and affirming his senior leadership role at Val-de-Grâce for the viewer.

For example, in 1877 he became Professor of Operative Medicine at Val-de-Grâce and, in 1888, was appointed Professor of Clinical Surgery. In 1897, he became Head of the Surgical Services for the French Army and assumed Directorship of the military hospitals at Vincennes, Versailles and Châlons. In recognition of his medical service in the military, the French government awarded Professor Delorme a Knighthood of the Legion of Honour (1847) followed by Officer of the Legion of Honour (1899) and the Supreme Order of Commander of the Legion of Honour (1909) (Legion of Honour for Edmond Delorme 1847–1929, ref. 47196). He made numerous groundbreaking contributions to the field of surgery, specifically in the general treatment of war injuries including lung decortication, fractures and treatment of the nervous system (Kumar and Anand 2024). His contribution to surgery was recognised by the eponymous 'Delorme's Procedure for a Rectal Prolapse'. In addition, Professor Delorme is recognised for introducing the concept of antisepsis into French military medicine. *Val-de-Grâce, 1894* presents not only a glimpse into his leading practices in lung decortication at the hospital, but the use of objects in the painting point to aspects of the surgical process about to take place as well as the surgeon's adoption of antisepsis. For example, the sink and towel on the right used by the medical staff to wash their hands, the importance of which was heightened from the

mid-nineteenth century after germ theory was pioneered through the work of the French chemist and microbiologist Louis Pasteur (1822–95), the British surgeon Joseph Lister (1827–1912) and the German physician and microbiologist Robert Koch (1843–1910) (Gaynes 2023, 143–234). Other prominent objects in the scene are the saucepan and stove on the windowsill, perhaps used for sterilisation purposes or the preparation of medicines; or the bowl on the floor, presumably used for medical waste. However, the most prominent object in the scene is the patient's chair in the foreground left, which hints to the viewer that—post surgery—the patient will be carried from the operating theatre to a ward (or Salle) in the wider hospital. Due to its function of carrying the patient from one part of the hospital to another, it signifies passage to another physical space in Val-de-Grâce, thus consciously (or perhaps even subconsciously) creating for the viewer a heighted sense of the hospital's large scale. The chair serves as a semiotic apparatus that greatly enhances the viewer's perception of space in the painting: much more exists beyond the picture frame. Celebrated for his medical and professional leadership Professor Delorme was appointed the Head of Health Services for the French Army in 1903 and, the same year, he also became the Director of Val-de-Grâce (Delorme 1899/ McGill 1985, 544).

The surgeon published the records of his pioneering decortication surgery in the French journal *Gazette des Hôpitaux, Civils et Militaires* on 25 January 1894. His patient was a young French soldier who was suffering from tuberculous empyema. The surgeon performed a decortication where he removed the visceral pleura in order to re-expand the soldier's lungs. As recorded by Professor Delorme:

> Le nommé M . . . vingt-quatre ans, soldat à la 23e section d'ouvriers, est atteint, en mai 1893, d'une pleurésie gauche dont la marche insidieuse et les signes atténués font penser à une pleurésie tuberculeuse. Après un traitement de quelques mois à l'hôpital de Vincennes, cet homme est envoyé en convalescence, mais, à son retour, il ne peut reprendre son service et il entre à l'hôpital du Val-de-Grâce, un mois après (août 1893), où il subit l'opération de l'empyème (septembre 1893) . . . . Le soir de l'opération, la température fut de 36.8. M . . . demande à manger et à boire. Respiration calme, normale, pouls 80; quelques vomissements, un peu de toux; pas de choc. Le lendemain, température 36.3 le matin, 38.5 le soir; respiration un peu rapide, pansement souillé. Je lève ce dernier, la plaie est sèche, le drain ne fournit aucune sécrétion; la pointe du cœur bat à sa place, sonorité à la percussion dans tout le côté gauche sans tympanisme. Le murmure respiratoire s'entend très bien; pouls bon, M . . . demande à manger du fromage blanc. Le troisième jour, température 36.5 le matin, 38 le soir (elle était de 39.5 avant l'opération), 26 inspirations à la minute, pouls 110, calme; M . . . demande à manger. Le quatrième jour même état. Je termine là cette observation forcément, et j'en conclus: Qu'il est possible et facile de libérer tout un poumon de la fausse membrane qui l'entoure, alors même que l'opération est faite longtemps après le début de l'empyème. (Delorme 1894, 94–96)

The term 'decortication' was later applied to the surgery by Professor Delorme in 1896 (Samson and Burford 1947, 127). Even though she completed the final oil painting in 1897, it is interesting to note that Marguerite Delorme included the date '1894' in the title of her painting. This latter date acts as record of her father's groundbreaking surgical work and 1894 publication: the painting is concrete visual evidence of his achievements in medicine. Furthermore, the painting not only visually associates Professor Delorme with the decortication technique, but, through the use of a professorial air in the configuration, the work also presents him as the authoritative surgeon in the area. It is here that the artist

first employs the medical gaze in the scene. In this case, art is aiding in establishing discovery rights and attempting to safeguard this important surgery in respiratory medicine as a triumph for the French.

Once Professor Delorme's professorial air and teaching gesture in *Val-de-Grâce, 1894* is recognised, only then will the viewer become aware of the second use of the medical gaze in the scene: the theatre-style seating on the right which was routinely filled with trainee medical officers. The artist has portrayed the students scientifically studying the 'sick body'. By placing the theatre-style seating and medical students to the right Delorme breaks the frame of the composition. This strategic artistic technique builds a more complex arrangement of subject matter. The open floor in the foreground meets with the edge of the theatre-style seating on the right, which subsequently leads the viewer's eye into the work via a shrinking linear perspective. The artist merely hints to a large audience of seated students, painting only one male figure in half-profile view and the left arm of another as well as a hint of another male student's head and shoulders in the distance. This configuration combined with the broken frame technique gives the illusion of a large teaching theatre filled with an all-male medical studentship. Subsequently, in the viewer's mind the scene spills into an imagined space on the right beyond the picture frame—a specified space which is reserved for and embodied by male trainee doctors. The education of women was not permitted in this space.

In the newly formed Republic women were not afforded equal conditions to that of men. Complex socio-cultural expectations were placed on all French citizens relating to the values of education, hierarchy and practices of the family as well as a menagerie of other social pressures; however, the shaping of a new French identity was categorically informed by patriarchal ideas about gendered roles in society and the home. The expectations placed on French women were entirely different to that of men: women were not presented with the status of free citizenship (Holmes and Tarr 2026, 4). The Napoleonic Code of 1804 bestowed upon husbands an authority over their wives and children. The Code was informed by, for example, the Enlightenment thinker Jean-Jacques Rousseau (1712–78) and his views on 'The Education of Girls' from 1762. Rousseau's deeply patriarchal values had a major negative impact on women's education and social standing in France throughout the late eighteenth and nineteenth centuries. He affirmed for French society that:

> On the good constitution of mothers depends in the first instance on that of their children; on the care of women depends the first education of men; on women also depend our manners, our passions, our tastes, our pleasures, and even our happiness. Thus the whole education of women ought to be relative to men. To please them, to be useful to them, to win their love and esteem, to bring them up when young, to tend to them when grown, to advise and console them, and to make life sweet and pleasant for them; these are the duties of women at all times, and what they ought to learn from infancy. (Rousseau 1762/ Frost and Archer, 220–221/ Kelly 2021, 74)

However, even in light of such social and educational barriers, at the same time, women embraced and used for their own socio-cultural and political progressions the ideals of the Republic, which elevated the values of liberty and equality—all of which shaped French modernity throughout the nineteenth century. Consequently, via inherently

unique, active and female-driven processes, women from across French society claimed for themselves political and social agency (Holmes and Tarr 2006, 5).

While there were no opportunities at Val-de-Grâce for the training of female doctors during the nineteenth century, women did occupy nursing positions in this military hospital. For example, in 1874 Florence S. Lees (1840–1922), an English pioneer of district nursing, wrote the *Handbook for Hospital Sisters* in which she made a record about her training experience at Val-de-Grâce.

> THEORETICAL COURSE OF INSTRUCTION OF 'INFIRMIERS DE VISITE' [VISITING NURSES], INTRODUCED ABOUT 1848.
>
> I was present at the Val-de-Grâce whilst this special instruction was being given, and attended regularly the school for infirmiers [nurses] during this time. It lasted eight weeks, and the pupils consisted of 70 of the most intelligent orderlies who had been working in the wards of the Val-de-Grâce as assistant nurses, or infirmiers, for the last ten months before they were allowed to receive any special theoretical instruction. This was as follows—
>
> The first fifteen days were occupied in learning abbreviations, signs, and the more common diets or medicines given. At the end of that time, those who were dull, carless, or indolent, were dismissed and the others were permitted to remain the rest of the time, 41 days. Any found deficient at the end of that time, were not permitted to pass, and were dismissed altogether. Half of the most intelligent of those who passed were sent to the different Salles, where they followed the visit, and kept a 'cahier de visite', making the 'relevés' or totals after it, for the Dépense, Pharmacie, and Tisanerie. At the end of the fifteen days, they receive their 'grade' and the 'embroidered collar', &c. [etc.] and were sent to different hospitals. (Lees, 54–55)[13]

While one initial reading of *Val-de-Grâce, 1894* is informed by a duality of male spaces that are arranged simply within a hierarchy: the active all-male surgical and professorial or teaching space in dialogue with an alternative, yet also active, all-male trainee or learning space. These are not, however, the only gendered spaces in the picture. Drawing on the values of liberty and equality the artist creates for herself a prominent female space in this medical scene.

Delorme has inserted a female space in *Val-de-Grâce, 1894* using two artistic techniques: firstly, through the female painter's perspective—the female gaze—and, secondly, by creating a second breakage of the frame. Delorme took ownership of the open space in the painting's foreground as *her* space, as the female space; consequently, this becomes the central vantage point for the female gaze. It is through the filter of this female embodied space that the painting's gendered metanarrative reveals itself. That is, the painting can be read as a French woman 'entering' into this male space and claiming *her* space. A key point to acknowledge in this approach to the painting is that the viewer is witnessing the perspective of the female artist: we are seeing through Delorme's eyes and, therefore, the essence of this work is the female gaze. From the horizontal line of view, one can only surmise that the artist was perhaps positioned at an easel where she captured her reference sketches from life. The expanding open floor in the foreground has two simultaneous yet, at the same time, diametrically opposed functions. Firstly, the dark expanse of floor functions as a spatial barrier, distancing the artist/viewer from the unfolding medical surgery and teaching scene. From the shrinking linear perspective, the floor flows from beneath the surgical scene through the painting towards the artist's space where it eventually widens and breaks the frame. With such technical mastery the

floor also creates a 'bridge' and a flowing path between the duality of male spaces (medical teaching and learning scene). Delorme claims the artist's space as a female space. Now, the function of this second breaking of the painting's frame comes into play: it provides access to an imagined space beyond the picture frame into which both the male and female spaces can enter by 'sliding' off the canvas—in doing so, the gendered spaces mixed together.

This gendered theoretical approach to the breaking of the artistic frame was embraced in the 1970s by the pioneering American feminist artist Carolee Schneemann (1939–2019). Schneemann best described her rationale for rupturing the frame in art practice when she stated: 'Where the frame breaks—the edge, the fracture—you [women] paint, and you write. You perform, you film, and you write' (Schneemann and Nitoslawska, 2012). The artistic breaking of the frame is an established art historical concept where the artist and viewer can connect with the imaginary or the physical space in order to construct for themselves an alternative space to act through thought or practice. In 1972, Leo Steinberg explored 'spacemaking devices' in Pablo Picasso's *Les Demoiselles d'Avignon* (1907) by claiming that the sharp object in the picture foreground impales the canvas, subsequently linking 'two discontinuous systems; space this side of the picture couples with the depicted scene' (Steinberg 1988, 15, 47). However, women artists and theorists greatly advanced this 'spacemaking device' and cultivated an imagined space coupled with physical space for the safeguarding and progression of women's agency, freedom of expression and artistic professions. This gendered spatial concept can also be applied to Delorme's *Val-de-Grâce, 1894*, because the breaking of the frame combined with the strategic artistic configuration of gendered spaces and objects galvanise *the viewer* (historical or contemporary) to imagine and act without censorship or set historical 'rules' about women in nineteenth-century Paris. Many women in history, Delorme being a case in point within the professional artistic community, found ways to manoeuvre around the social and gendered marginalisations of their time to create unique female-driven approaches for advancements in their professional careers. Delorme had to master several complex techniques to compete with her male counterparts and her female perspective is evident in her use of frame breakage. The symbolism of the chair combined with the all-powerful female gaze 'carries' the viewer to the imagined space beyond the picture frame—a free space where the viewer can contemplate the role of gender and power during the late nineteenth-century. This organically leads to a pivotal enquiry regarding the power dynamics at play: how, then, did Delorme exert her artistic influence within this female-coded space?

Subverting *le regard médical*[14]

The convergence of the medical gaze and the female gaze in the History of Art reveals a fascinating tension in how power is negotiated and the artistic subject is characterised. While both terms draw on the gaze to describe 'ways of seeing', their ideological functions are diametrically opposed. The medical gaze is a modern clinical reduction that transforms the person/subject into a specimen/object; by contrast the female gaze is an act of gendered reclamation in art that restores the othered female body/object to the status of a self-determined woman/artist/subject. While the medical gaze is inherently hierarchical, the female gaze is interventionist. Where the former maps and mechanises the body, the

latter treats it as a vessel of unique lived experience. The medical gaze prioritises order and logic, whereas the female gaze embraces the messiness of people's realities. Ultimately, while the medical gaze strips the patient of unique subjectivity, the female gaze insists on the body as a primary site of self-agency.

Exploring first the medical gaze on women in art, in 1887 a collaboration between the French neurologist Dr Jean Marie Charcot (1825–93) and the artist Richer resulted in the publication of *The Demoniacs in Art*—a well-known account on the intersection between art and 'the great hysterical neurosis' otherwise known as 'hysteria'. Although Charcot argued that 'hysteria' was not exclusively a female affliction, the visual 'evidence' presented in his acclaimed text—as well as in wider productions of nineteenth-century medical art—contradicts his claims by reinforcing a gendered narrative (Kemp and Wallace 2000, 176; Harris 2005, 472). For example, this gendered inconsistency is evident in *A Clinical Lesson with Doctor Charcot at the Salpêtrière* (1887) (herein after *A Clinical Lesson*) by the French painter Pierre Aristide André Brouillet (1857–1914), which presents a conventional juxtaposition of the medical gaze and the male gaze (Figure 2). The painting depicts Charcot demonstrating the effects of hypnosis on a female patient suffering from 'hysteria'. Set against the backdrop of an all-male medical audience, the scene illustrates the clinical objectification central to the nineteenth-century medical gaze. Embodying scientific authority, Charcot serves as the primary focal point in the painting: his medical gaze is detached and analytical. To him, the female patient, Marie 'Blanche' Wittman (1859–1913)—who has collapsed under hypnosis—is reduced to a 'sick body', a mere map of symptoms to be decoded. In addition to Charcot, the semi-circle of

Figure 2. Pierre Aristide André Brouillet (1857–1914), *A Clinical Lesson with Doctor Charcot at the Salpêtrière*, 1887, oil on canvas, 430 x 290 cm, Musée d'Histoire de la Médecine – Direction Générale des Bibliothèques et des Musées – Université Paris Cité. Public Domain.

male medical students and colleagues, a motif often depicted in medical painting, including Delorme's work, is also looking at and studying the 'specimen'.

Operating in tandem with the medical gaze, the painter's male gaze manifests in the form of the female patient's classicised body and the slipping of her garments from her torso, which accentuates her neck and chest. Her swooning posture invites an act of voyeurism that blurs the line between clinical observation and female objectification (Timpano 2021, 25–26). The male gaze is further reinforced in the roles of the female matron and nurse on the right, who provide a sense of immediate physical care to the patient. Their heightened proximity to the patient highlights the gendered division of labour, falsely implying that men used the mind to diagnose and treat while women provided manual support. Unlike the spatial function of the chair in Delorme's *Val-de-Grâce, 1894*, the partial view of the stretcher in *A Clinical Lesson* serves as an apparatus used by the matron to catch the swooning patient. In addition, further imposing the medical gaze, a painting by Richer in the background illustrates a woman collapsed in a convulsion of 'hysteria'—exhibiting a posture known as *arc de cercle*. The illustration's back-bending pose acts as a diagnostic mirror, supposedly reflecting the physical and mental ailments of the patient in the foreground (Harris 2005, 471). The intersection of the medical gaze with the male gaze strips the female patient of her unique subjectivity. Instead, she becomes a physical embodiment of a pre-existing medical category—codified by the *arc de cercle*—and an objectified female body that is simultaneously a clinical and erotic object.

As noted, nineteenth-century medical painting is dominated by all-male clinical figures and painters, while the sparse inclusion of women typically entails a divestment of agency. Female figures are reduced to manual labours or swooning spectators and naked objects for the voyeuristic male, medical gaze; the latter state characterised as the naked rather than the nude in art (Ruiz-Gómez 2025, 190). Such depictions reinforce patriarchal tropes that oscillate between the framing of the female subject as a fragile victim or a 'specimen of hysteria' or a sexualised object. In *Val-de-Grâce, 1894* Delorme also adopts the medical gaze by centring Professor Delorme as the authoritative surgeon within an exclusively all-male medical, teaching and learning space. One could argue that this scientific gaze is further reinforced by the reduction of the male patient to a faceless 'sick body'—the clinical 'specimen' awaiting decoding—combined with the meticulous rendering of surgical instruments necessary for the decortication. However, I argue that Delorme subverts the traditional medical gaze in two distinct ways: first, by restoring agency to the military patient and, second, by projecting her own authorial presence through the lens of the female gaze.

In examining Delorme's restoration of agency to the patient, there is a striking symmetry between the clinical scrutiny of the medical gaze and the creative process of making art. Foucault asserts that the medical gaze is far more than a visual act; rather it is a 'plurisensorial structure' that organises the invisible into a spatial reality:

> The medical gaze embraces more than is said by the word 'gaze' alone. It contains within a single structure different sensorial fields. The sight/touch/hearing trinity defines a perceptual configuration in which the inaccessible illness is tracked down by markers, gauged in depth, drawn to the surface . . . . A gaze that touches, hears, and, moreover, not by essence or necessity, sees. (Foucault 2003, 164)

For the clinician, this haptic gaze is a diagnostic tool used to map the 'sick body'. Delorme adopts a similar methodology in her art practice for a different end. Like the physician, the artist 'sees' the subject through a multisensory engagement—including touching the canvas and materials as well as hearing the knowledge required for embodiment. Yet Delorme departs from the conventional medical gaze by infusing the scene with sensorial emotion, embedding the subject's 'honourable story' within the work. In her portrayal of the French soldier suffering from tuberculous pleurisy, Delorme transcends mere anatomical observation. Instead, she employs the sacred-secular crossover typical of nineteenth-century history painting, shrewdly appropriating the conventions of the Academy that excluded her. In doing so, the artist has disrupted the anonymity of the medical gaze by cloaking the patient in the visual language and iconography of the divine—which suggest a Christlike connotation. For example, the white linens enveloping the patient evoke the Shroud of Turin, while the medical practitioners' careful handling of the patient's limbs during the anaesthesia mirrors the sombre choreography of Christ's Decent from the Cross. The prostrate, semi-nude figure surrounded by clinicians adopts the tragic posture of the Pietà surrounded by mourners. Furthermore, the light streaming into the otherwise dark, stage-like setting acts as a 'divine' spotlight, illuminating the central scene as a site of martyrdom rather than mere surgery. By casting the soldier as a martyr, Delorme restores a sense of dignity and agency to *his* body that the medical gaze often strips away. This elevation of the military body was not unique to art practice; it was also mirrored in contemporary medical attitudes. Returning to the theme of 'hysteria', while the diagnosis in women was often dismissed as erratic or socially stigmatised, the condition in male soldiers was frequently framed as 'battle fatigue' or post-traumatic neurosis. Because it was granted a *raison d'être*—an honourable cause—it was viewed as a legitimate, curable affliction (Kemp and Wallace, 176–177). Delorme's *Val-de-Grâce*, *1894* serves as a visual testament to this diagnostic hierarchy, where the male military body is not merely an object of study or an anonymous 'sick body', but rather it is a vessel for French heroism and grace.

Shifting the lens to the female gaze reveals a recalibration of power dynamics and priorities. Here, the female presence in the painting (the artist claiming a female coded space) is not a mere site for medical mapping, but the active author of her own narrative. Delorme's subversion of the medical gaze through the female gaze is, arguably, linked to her training as a 'woman artist'. In 1897 women artists gained entry into the state-sponsored École Nationale Supérieure des Beaux-Arts from which they were previously excluded. Prior to this groundbreaking moment, denying women artists entry into prestigious and state-sponsored artistic institutions limited their access to mandatory life drawing classes, which attempted to place limitations on women's artistic growth—which resulted in fewer commissions and, inevitably, women's elimination from the higher genres of history and medical painting.[15] The nude body was a contentious subject and not easily accessible for many historical women painters. This is not to say that women artists throughout history did not paint nudes. Rather, in the instance of middle-class French women artists in nineteenth-century Paris, like Delorme, they had to remain mindful of publicly protecting their social standing as 'dignified women'—a barrier placed on them by distorted socio-cultural ideologies pertaining to womanhood, femininity, responsibility and modesty. For example, being exposed to the nude body, especially a male nude body, could end in scandal and reputational ruin for some women. In addition

to professional limitations, this is why women artists were generally not permitted access to, or to gaze upon, medical or anatomical subject matter. Delorme, however, was in a unique social position in that she used her father's senior position as both a celebrated surgeon and Head of Surgery of the military hospital as a shield for her reputation—and this gave her access not only to a high-art medical subject matter, but also to a partially nude male model.

Leveraging her female-specific training and social status to navigate a subject matter fraught with gendered sensitivity, Delorme claimed a distinct female artistic space within *Val-de-Grâce, 1894* and proceeded to permeate that space using the practices of the Academy. Through the mechanism of the female gaze—and by embedding herself within the composition—she executes a radical act of artistic and professional reclamation. She does not simply witness the medical theatre; rather, she occupies it, employing the interventionist agency of the female gaze to dismantle the traditional 'sight/touch/hearing' trinity that defines the male medical gaze. Simultaneously, she demonstrated to the art establishment that a 'woman artist' could master academic subjects and techniques. Through her art practice Delorme relaces the detached, clinical scrutiny of the male practitioner with the female gaze that is simultaneously participative and authoritative. By claiming *her* space in both the operating theatre and on the canvas, the artist transcends the role of passive observer to become the primary architect of meaning. This presence represents a profound disruption of the gendered power dynamics inherent in conventional medical painting. Delorme disrupts the legacy of male authority within this genre where female figures were relegated to the margins as passive objects of study, erotic entities or background symbols of manual labour. She effectively subverted this gendered hierarchy by reframing the 'invisible' patient—not through the cold lens of a diagnostic map, but through a lens of shared humanity and artistic intent—-proving that the female gaze can command the very space that once sought to exclude it.

Until recently, little was known about Delorme's life and oeuvre, because—like many historical woman artists—her exceptional artistic career fell into the shadows of forgotten art history. This article has further positioned Delorme's artistic career within the History of Art by contextualising her painting using the areas of women's studies and the history of medicine as well as military history. Delorme's *Val-de-Grâce, 1894* presents a rare and complex female perspective on medical training practices in the French military around 1894. While an initial reading of the painting is informed by a duality of male medical spaces, looking a little closer the painting's metanarrative begins to unfold. The painting is infused with the artist's subversion of the medical gaze via her female, artistic gaze. Not only did she take for herself a prominent female space in this medical scene, but she also subverted the medical gaze during the nineteenth century. Moving beyond stereotypical scenes of gendered 'grande hysteria' or eroticism, she places 'woman' as the active spectator and creator of art by taking her space in the medical theatre and returning agency to the 'sick body'. Referring again to the importance of this rare painting and its subject matter, the work is also a visual record of Professor Delorme's pioneering work in pulmonary decortication. Today, thanks to Marguerite Delorme's extraordinary painting, the field of respiratory medicine has access to a visual record of where and under what conditions this important French surgical procedure was first performed.

Notes

1. As defined by the National Heart, Lung and Blood Institute (n.d.) in the United States: 'Pleural disorders are conditions that affect the tissue that covers the outside of the lungs and lines the inside of your chest cavity. The tissue is called the pleura, and the thin space between its two layers is called the pleural space. A small amount of fluid fills the pleural space, and when you breathe in and out, this fluid helps the pleural layers glide smoothly against each other. An injury, inflammation, or infection can cause the blood or air to build up in the pleural space and lead to a pleural disorder. There are three types of pleural disorders—pleurisy, pleural effusion, and pneumothorax—and they have varying causes. Pleurisy is inflammation of the pleura. Pleural effusion and pneumothorax occur when an infection, medical condition, or chest injury causes fluid, pus, blood, air, or other gases to build up in the pleural space. Chest pain, shortness of breath, and coughing are common symptoms of all types of pleural disorders, but treatment for pleural disorders varies depending on what type you have and how serious it is. If left untreated, pleural disorders can lead to serious problems, including complete collapse of the lung, shock, or sepsis.'
2. I select the 1920s because during the early twentieth century women artists played an important role in the advancement of surgical scenes in medical art. See for example the work of Dorothy Moss Kay (1886–1964), Dorothy Davison (1889–1984), Barbara Hepworth (1903–75) and Marion Greenwood (1909–70).
3. For a wider discussion on medical art that focuses on anatomy, medicine, anatomical inquiry, public health, and macro-anatomical and medical diagnostics see: Graciano (2019); Bordin and D'Ambrosio (2010).
4. For various discussions on the female gaze in art history see: Balducci (2019); Broude and Garrard (2005); Parker and Pollock (1981); Garb (1994); Pollock (1999); and Nochlin (1988).
5. Delorme's artist biography has been adapted from Kelly (2021, 84).
6. In 2013 Musée du Château de Lunéville, France dedicated a retrospective of Delorme's works, the accompany catalogue confirms the artist's travels to Morocco. See: Mallick, Crassous and Doudou (2013).
7. The specific dates of the artist's professional studies are unknown.
8. I sincerely thank Astrid Mallick for generously sharing information about Delorme's 1924 exhibition at Galerie Devambez. Correspondence on 7 January 2014.
9. For a detailed repertoire of exhibitions held at the Galerie Devambez (1907–26) see Sánchez (2009).
10. This information was taken from a collection of letters written by Delorme between 1924 and 1946. The letters are conserved by Delorme's family. See Mallick (2011, 265).
11. Lévy succeeding Jean-Dominique Alquié (1792–1868) was the first director appointed in 1852.
12. The figure's white shroud and prostrate body also suggest a religious, Christlike connotation. The final section will analyse this scene through the sacred–secular crossover.
13. An excellent visual example of a female nurse at work in Val-de-Grâce can be seen in *Val-de-Grâce Hospital, Paris: The Interior of a Ward* (1918) by the English artist John Hodgson Lobley (1878–1954).
14. I am deeply grateful to the anonymous reviewers of this article for their constructive feedback. Their combined notes were particularly valuable in shaping the analysis of the medical gaze presented here, which strengthened the scholarly rigour of the final manuscript.
15. For extended reading on women artists in Paris and artistic training see: Madeline (2017, 1–10); Kelly (2021, 41).

Acknowledgements

The author would like to sincerely thank the following people and organisations for their generous support during the research, development and writing phases of this study: Michèle Périssère, Conservateur Général du Patrimoine, Musée du Service de Santé des Armées, Paris; Sonja Poncet, Aide de Collection Patrimoniale, Musée d'Histoire de la Médecine, Paris; and the editorial team at *Modern & Contemporary France*. I am very grateful to the anonymous reviewers of this article for their constructive feedback. Their combined notes were particularly valuable in shaping the analysis of the medical gaze, which strengthened the scholarly rigour of the final manuscript. I would like to express my deepest appreciation to Professor Ciara Breathnach, University College Cork; Dr Catherine Lawless, Trinity College Dublin; and Professor Anthony McElligott, University of Limerick for their continued support and academic guidance. A very early draft of this work was presented at the 27th International Congress of History of Science & Technology (ICHST) held in Dunedin, New Zealand, 29 June to 5 July 2025: I wish to thank Dr Adéla Jůnová Macková, Department for the History of the Academy of Sciences, Masaryk Institute and Archive of the Czech Academy of Science, Prague, Czech Republic, for including the work in her fascinating panel. I would also like to extend my gratitude to the Commission on Women and Gender Studies in History of Science, Technology and Medicine, DHST (IUHPST) for funding the initial conference paper; and the School of History, the College of Arts, Celtic Studies and Social Sciences, UCC for funding this research. My thanks also to the Boole Library, UCC and IReL who generously provided funding for Open Access publication.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

This work was funded by the School of History, University College Cork, Ireland and the Commission on Women and Gender Studies in History of Science, Technology and Medicine, DHST (IUHPST). Open Access is funded by UCC & IReL.

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