

JENN COLE

THE CRY AS POLITICS: GESTURE AND MADNESS IN NINETEENTH- CENTURY FRANCE

How should we understand the modality of this singular presence, by which a life appears to us only through what silences it and twists it into a grimace?

For writing ... is an apparatus too. — Giorgio Agamben

IN *MEANS WITHOUT END: Notes on Politics*, Giorgio Agamben begins a chapter on the power of gesture by describing French physician Gilles de la Tourette's catalogue of the footsteps of a patient—probably an epileptic—whose body quaked and staggered with the muscular pathologies common to people diagnosed as hysterics in the nineteenth century. Agamben goes on to cite Jean-Martin Charcot's well-known Tuesday Lecture Series in order to argue that gesture and stammering are likely expressions of philosophy and the most fitting site of politics. It is troubling to read about Tourette and Charcot as examples of those who “knew” and cared about gesture.¹ When one researches the field of hysteria as invented at the Salpêtrière hospital under the direction of Charcot, one finds tormented bodies, heavily steeped in gesture and documented excessively, relentlessly, in states of traumatic memory or spectacular performances of real suffering.

A more attentive analysis of the Tuesday Lecture Series does correspond to Agamben's notions of gesture as the site of politics. However, when one looks carefully at the Tuesday Lectures, one finds that it is not Charcot who should be lauded for his appreciation of bodily gesture; rather, it is the female patient whose use of gesture is decidedly political

¹ Giorgio Agamben, *Means Without End: Notes on Politics* (Minneapolis: University of Minnesota Press, 2000), 49–52.

and resistant to dominant power structures, firmly throwing a wrench into the anthropological machine of the era.²

Agamben's *Means Without End: Notes on Politics* can be read as a series of notes on the idea that state power is founded on the legislative tyranny of citizenship, but also as a prescriptive text about the efficacy of a politics based on possibility and gesture. According to Agamben, gesture is not non-linguistic, but is closely tied to language.³ Gesture, he suggests, also exists for itself; Agamben cites physician and poet Burckhard Friedrich Kommerel who argues that even the unwitnessed face mimics, gesturing with the potential for communication, but not necessarily to that end. Like the person who finds herself facially expressing grief or triumph alongside the film star, though this empathic mimicking is purposeless, gesture often "seems to tell the story of solitary moments." In his analysis of Kommerel, Agamben writes that gesture is "the other side of language," and humankind's "speechless dwelling in language."⁴ For Agamben, gesture is intimately tied to the inexpressible. Its purpose is not the communication of an idea or the figuration of a thought. Thus, gesture, as opposed to action or speech, is bedfellows with potentiality or means rather than ends. Agamben, turning to Aristotle, writes that "gesture then breaks with the false alternative between ends and means ... and presents instead means that, *as such*, evade the orbit of mediality without becoming, for this reason, ends."⁵ In this way:

Nothing is more misleading for an understanding of gesture, therefore, than representing, on the one hand, a sphere of means as addressing a goal (for example, marching seen as a means of moving the body from point A to point B) and, on the other hand, a separate and superior sphere of gesture as a movement that has its ends in itself (for example, dance seen as an aesthetic dimension) *The gesture is the exhibition of a mediality: it is the process of making a means visible as such.*⁶

² Giorgio Agamben, *The Open: Man and Animal* (Stanford: Stanford University Press, 2004), 33–38.

³ Giorgio Agamben, *Potentialities* (Stanford: Stanford University Press, 1999), 77.

⁴ *Potentialities*, 78.

⁵ *Means Without End*, 57.

⁶ *Means Without End*, 58.

Gesture is expression without complete exposure, expression without arrival at a particular end. In gesture, so much saying takes place—without saying anything in particular. Like a speech impediment, gesture simultaneously draws attention to the unexpressed elements of speech and the taking place of language. We can “call ‘gesture,’” Agamben writes in *Profanations*, “what remains unexpressed in each expressive act.”⁷ If we take seriously Agamben’s claim that gesture relates implicitly to the inexpressible, and that gesture is integral to being-in-language, then any act of writing or speech contains momentary catches in the seeming fluidity of language—and by extension, speaking itself is to stammer.

Agamben’s work lends itself to an analysis of nineteenth-century medical practices. His work on Foucault’s investigation of the status of the author in relation to criminal photographs (*Profanations*) and his invocation of the Tuesday Lecture Series (*Means Without End*) allude to modern rationalist practices and medical spectacle, and also to Foucauldian notions of power in relation to discourse. However, where, in the first example, Agamben addresses the absence upon which articulacy is founded—the criminal in the photograph and the author in the text who writes about him—in the second, Charcot and Tourette’s systemic documentation of pathological gestures is lauded for its attention to the often forgotten gesture, with a surprising lack of examination of the muteness on which the medical forefathers’ fame was founded.

As Director at the Salpêtrière hospital in the late nineteenth century, Charcot compiled the largest archive on female hysteria in the Western world. That archive—which included photography, illustration and public performances—aimed to rationalize the hysterical body. It also served to popularize hysteria by adding an allure of spectacle to the medical documentation. Thus, in *Invention of Hysteria*, Didi-Huberman depicts the lecture series at the Salpêtrière amphitheatre as eerily paradoxical: the “starlet” Augustine performing her symptoms under hypnosis or by way of electric shock, and Charcot methodically describing her body’s articulations with a medical gloss.

During the Tuesday Lecture Series, the patient’s body gesticulated wildly while her performance was literally narrated by Charcot, the self-professed great patriarch of medicine, popularly called the “Napoleon of

⁷ Giorgio Agamben, *Profanations* (New York: Zone Books, 2007), 66.

the Neurosis.”⁸ Charcot and Augustine’s audience was predominantly male and upper-class. In an era marked by the popularization of medical and anthropological scientific spectacle, the audience was, not surprisingly, made up of as many extra-medical elites as medical professionals. Physicians and medical students, as well as journalists, authors, personal friends of Charcot, painters, philosophers and politicians attended the famous hysteria shows.⁹ While the Tuesday Lecture Series presents a poignant site through which to investigate articulacy as it works in tandem with muteness, it is also worth noting that the broader project of Charcot and the doctors at the Salpêtrière was to categorize, chart, name, and regulate the hysteric’s gestures. In a paradoxical move—for hysteria was, symptomatically, distinctly bodily, gestural—Charcot enacted his “medical dream” of relegating the “case’ into a two-dimensional space of simultaneity and tabulation, into an outline against a ground of Cartesian coordinates.”¹⁰ He was proud to be “in possession of a kind of *living pathological museum*.”¹¹

As part of his wider project of rationalizing the irrational body, Charcot created a synoptic table¹² that recorded and typified the wildest movements of the “hysterical” female body. Everything was charted, from postures to excretions and temperatures, from menstrual cycles to the “cries from the alcohol flames used in ‘thermocautery’.”¹³ But what does it mean to chart a cry?

In *Madness and Civilization*, Foucault argues that the discourse of reason is covertly predicated upon the silence of madness. In the book, which he characterizes as an “archaeology of that silence,” he writes:

In the serene world of mental illness, modern man no longer communicates with the madman, on the one hand, the man of reason delegates the physician to madness, thereby authorizing a relation only through the abstract universality of disease ... As for a common language, there is no such thing;

⁸ Debora Silverman, *Art Nouveau in Fin-de-Siècle France: Politics, Pathology and Style* (Berkeley: University of California Press, 1989), 100.

⁹ Goetz, Bonduelle and Gelfand, *Charcot: Constructing Neurology* (New York: Oxford University Press, 1995), 253–47.

¹⁰ Didi-Huberman, *Invention of Hysteria; Charcot and the Photographic Iconography of the Salpêtrière* (Cambridge: MIT Press, 1982), 25.

¹¹ *Invention of Hysteria*, 281.

¹² *Invention of Hysteria*, 118.

¹³ *Invention of Hysteria*, 179.

or rather, there is no such thing any longer; the constitution of madness as a mental illness, at the end of the eighteenth century, affords the evidence of a broken dialogue, posits the separation as already effected, and thrusts into oblivion all those stammered, imperfect words without fixed syntax in which the exchange between madness and reason was made. The language of psychiatry, which is a monologue of reason *about* madness, has been established only on the basis of such a silence.¹⁴

Madness lives in a dual relation to reason. The rational discourse about madness can only speak on behalf of madness by silencing it. Contrarily, madness lives grafted onto reason, comes to light only via its own silencing. Charcot's iconographic project, and the Tuesday Lecture Series in which he commented on hysteria while the female patient's body in pain gained only the most brief and superficial recognition, presents a case of speech that relies on muteness. Even now, Augustine remains mute in as much as she is only visible to us through documents constructed and compiled by physicians who thought of her as a case, an hysteric. And yet, Augustine's cry complicates the notion that the physician speaks while the patient is mute because the ungraspable quality of this inarticulate utterance disrupts the conventional power structures of medical discourse. The patient's cry has a force to which articulacy cannot attend.

Just what were the Tuesday Lectures like? Contemporary scholars describe the events as a great puppeteering of the female body, with Charcot as the master puppeteer. Didi-Huberman's account of the Tuesday Lecture Series begins as follows:

And this was Charcot's great clinical and pedagogical promise, continually renewed: 'In a moment I will give you a first-hand experience, so to speak, of this pain; I will help you to recognize all its characteristics'—how?—'by presenting you five patients'—and he would have them enter the stage of his amphitheatre.¹⁵

¹⁴ Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason* (New York: Vintage Books, 1973), x–xi.

¹⁵ *Invention of Hysteria*, 8.

On stage, the hysteric's body was continually harmed in order to produce symptoms of hysteria for medico-spectacular ends: "The body was called on by caresses, even gropes, electroshocks, and penetration,"¹⁶ provocations to induce symptoms then described by the doctor. After having one of his colleagues hypnotize a patient, Charcot might hypnotically suggest pains to her. Contorting, seizing, falling into paralysis, and hallucinating to the delight of spectators in the nature of a fairground show, the woman on stage was a spectacle of pain alongside Charcot's explanatory presentation.

In reference to the hypnotized patient Augustine, Charcot says (in the true form of a ringmaster): "What we have here before our eyes is truly, in all its simplicity, the man-machine dreamed up by La Mettrie!"¹⁷ He further remarks that he has yet another trick; her body can be articulated at will:

Her head is pressed against the back of a chair, then the muscles of her back, thighs and legs are rubbed, and her feet are placed on a second chair: the rigid body remains in this position for a rather long time ... it is possible to place a weight of 40 kilograms on the stomach without causing the body to bend.¹⁸

For the purposes of the "show," female patients at the Salpêtrière were expertly manipulated into hysterical attacks, based on the traumatic experiences from which their symptoms most likely stemmed. In a public performance, Augustine would *actually experience* as the pain of traumatic memory, a helpless emotional and physical pain. In this situation:

in front of everyone, on stage, in front of the lens, there could be a replay of the 'shameful action,' the 'affair,' the 'abuse' ... here, a rape And is it hard not to imagine that Augustine, through her memory of such assaults, must have found it terrifying to see the faces of the public all around her, undressing each of her *attitudes passionelles* over and over?¹⁹

The descriptions are troubling, and the mobilization of psychiatric power (here, in the practice of neurology) based on the muteness of the subject,

¹⁶ *Invention of Hysteria*, 181.

¹⁷ *Invention of Hysteria*, 186.

¹⁸ *Invention of Hysteria*, 192.

¹⁹ *Invention of Hysteria*, 161.

who despite her wildly articulating body, is systematically silenced, seems obvious in Didi-Huberman's descriptions. However, one also wonders if the common reading of these medical spectacles as puppetry is too simple.

In an era marked by a "spirit of encyclopaedism,"²⁰ each failed attempt to capture and interpret the hysterical body must have frustrated the Salpêtrière physicians: quite simply, the indeterminability residing in the relentlessly gesturing body of the hysteric subverted the apparatuses that tried to capture it.

According to Foucault, late eighteenth- and nineteenth-century medical practice was typically determined by looking, "revealing through gaze and language what had previously been below and beyond (its) domain."²¹ Alongside an historical account of cutting through the skulls of children to examine their brains, which Foucault identifies as the exemplary event in the dawn of modern medicine obsessed with looking, Foucault notes (no less graphically):

Medical rationality plunges into the marvellous density of perception The eye becomes the depository and source of clarity; it has the power to bring a truth to light; as it opens, the eye first opens the truth; a flexion that marks the transition from the world of classic clarity—from the 'enlightenment'—to the nineteenth century The gaze is no longer reductive, it is, rather, that which establishes the individual in his irreducible quality. And thus it becomes possible to organize a rational language around it. The *object* of discourse may equally well be a *subject*, without the figures of objectivity being in any way altered One could at last hold a scientifically structured discourse about an individual.²²

Foucault's account describes what is supposed to have happened in medicine, the realm of reason. And certainly, rational medical practice found qualitative similarities from body to body, reducing the subject to his/her visible parts. However, the hysterical body was a deviant body. While looking was integral to the empirical medical process, one can sense its blatant inadequacy in the following example wherein an intern describes Charcot's analytical process:

²⁰ Raymond Corbey, "Ethnographic Showcases, 1870–1930," *Cultural Anthropology* 29 (1993): 340.

²¹ Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception* (New York: Vintage Books, 1994), xii.

²² *The Birth of the Clinic*, vxiii–iv.

He sits down near a bare table and immediately has the patient to be studied brought in. The patient is then completely stripped. The intern reads the 'observation,' while the Master listens attentively. Then there is a long silence during which he gazes; he gazes at the patient and drums his fingers on the table Then he instructs the patient to move in a certain way, makes her speak, asks for her reflexes to be measured, for her sensitivity to be measured. And again he falls silent, Charcot's mysterious silence. Finally he brings in a second patient, examines her like the first, call for a third and still, without a word, compares them.²³

The predominance of medical visuality is strikingly obvious in the case of Charcot and his medical colleagues, but the presumptuousness of the physician who defined hysteria was, I will suggest, occasionally, if not consistently, undermined because looking, charting and naming were insufficient in the face of such an incoherent condition.

Hysteria produced a host of bizarre symptoms, including "amnesia, paralysis, anaesthesia, contractions and spasms."²⁴ Also, the illness itself had no discernable or consistent anatomical base. According to Didi-Huberman, "[N]o one could truly discover where the cause of hysteria was embedded."²⁵ Hysteria was hugely enigmatic. Even if its source was, say, a traumatic event, the traumatic memory itself was fragmented and indeterminable based on hysterical symptomatology.²⁶

Despite Charcot's repeated assertion that the body was under his command, there were mistakes: there are several reported cases of the hypnotic infliction of symptoms going awry, and of women on Charcot's stage producing symptoms that could not be effaced for several days, even after treatments of electroshock, magnetism, ether administration, up to 36 hours of ovarian compression, and so on.²⁷

²³ *Invention of Hysteria*, 22.

²⁴ *Art-Nouveau*, 83.

²⁵ *Invention of Hysteria*, 70.

²⁶ *Invention of Hysteria*, 159. Note that only one doctor at the Salpêtrière recorded the fragmented verbal accounts of patients in hysterical attack, attempting to fix a mnemonic narrative from the inarticulate utterances. This was Desiré-Magloire Bourneville. Later, Freud would develop a relationship to patient language that was attentive precisely to the crossing-up of signs and referents, in the body and in language. Freud's methodology did not involve the rectifying of language, but rather the analysis of language that applied equally to the logic of dreams.

²⁷ *Invention of Hysteria*, 254.

Charcot still insisted, “It’s not something out of a novel: *hysteria has its laws* I can assure you that it has ‘the regularity of a mechanism’.”²⁸ He was evidently trying to turn the body on and off at will, to make it speak and be silent according to his desire. In torture, Elaine Scarry writes, this is a common strategy.²⁹ In fact, Scarry’s *The Body in Pain*, though it deals more often with war and torture than medical spectacle, reads strikingly in accordance with the Tuesday Lecture Series. For instance, she writes, “[In torture] it is in part the obsessive display of agency that permits one person’s body to be translated into another person’s voice, that allows real human pain to be converted into a regime’s fiction of power.”³⁰ Charcot’s strategic translation of the female patient’s body into a medical discourse so seemingly powerful that he could suggest that the body had total mechanistic regularity fits Scarry’s description, but the truth of Charcot’s claim was undermined by the patient herself. The “irreducible unpredictability”³¹ of the hysterical body meant that hysteria could take forms that did not follow a singular line of reason. Tabulation and explicative narration, in this case, could not fully capture the hysterical body.

Indeed, as Elaine Scarry demonstrates, the pain of the other is never accessible to those witnessing it. Pain is defined by its unsharability.³² She asserts that, “to witness the moment when pain causes a reversion to the pre-language of cries and groans is to witness the destruction of language.”³³ While I would argue that screaming is part of language, not coming before or having the capacity to destroy language, Scarry’s argument is compelling: crying out demonstrates to the witness the totally personal experience of pain, a pain so acutely sensed that the ability to form words is dissolved while the person watching, not in pain, is still fully enclosed within the possibility of articulate utterance.

The cry, then, can function as an assertion of autonomous alterity. As Agamben suggests, gesture exists for itself, sometimes defiantly. And here is the exemplary crux: Charcot’s cool-headed, aloof manner on a stage otherwise filled with wild gestures seemed only interruptible, Didi-Huberman tells us,

²⁸ *Invention of Hysteria*, 77.

²⁹ Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World* (New York: Oxford University Press, 1985), 54.

³⁰ *The Body in Pain*, 18.

³¹ *Invention of Hysteria*, 74.

³² *The Body in Pain*, 4.

³³ *The Body in Pain*, 6.

by the cry of the patient. A raw, visceral cry resisted reasonable explanation or medical categorization and acted as what Didi-Huberman refers to as “the show stopper.” The cry caused Charcot to stutter, to stumble in his otherwise smooth, rational discourse. He did not expect or script the cry:

A hysterogenic point has just been pressed again and the epileptic attack is now being reproduced. The patient occasionally bites her tongue, though not often. Here now, is the famous *arc de circle* so often described.

(The patient suddenly cries: “Mama, I’m afraid!”)

Now come the *attitudes passionelles*; if we allow things to continue, we will encounter the epileptiform attack again. There is a kind of resolution, followed by a sort of contracture. This is occasionally an auxiliary phenomenon of the attacks.

(The patient cries, “Ah! Mama!”)

You can see how hysterics scream. One might say that it’s much ado about nothing.³⁴

Within the asylum spectacle, the female body became visibly malleable under the direction of Charcot, but the regime of visibility and strict categorization, under careful scrutiny of this passage, begins to crack.

It is easy to read Charcot’s dismissal—“One might say that it’s much ado about nothing”—as discomfort and slight embarrassment. Even in a body subdued by ether or hypnosis, the human cry could still surface, rattling the scaffolds of reason and tablatore. The Lecture Series was, “in part, the obsessive display of agency that permits one person’s body to be translated into another person’s voice, that allows real human pain to be converted into a regime’s fiction of power.”³⁵ But on the other hand, didn’t real human pain pierce through the spectacle in the moment of the cry?

The cry’s force lies in its being the most personal assertion, an enigma that cannot be reduced to or by exposition. In an otherwise startlingly well-orchestrated display of the female body in pain, the cry was a “show-stopper,” interrupting the smooth flow of reasonable discourse. What does this subversive event have to do with politics, with the silence of madness on which reason predicates itself, or with gesture?

³⁴ *Invention of Hysteria*, 262.

³⁵ *The Body in Pain*, 18.

Physicians during the nineteenth-century rise of empiricism studied the mad gesture and the impediment within speech, but these were brought to light via rationalism and organized under its rubric, heavily interpreted through a systematic reduction and erasure. Most importantly, inarticulacy was always located *elsewhere*, belonging to madness or unreason. Medical-psychiatric science relied not only on the silence of its objects of study, but also a silence about the muteness within its own discourse. The cry uncovers this covert strategy.

Inarticulacy is a subversive intervention into an articulate discourse that asks for passive acceptance of its constative force, a force based on a false claim to ability and superiority. Discursive reason explains, uncovers, and demonstrates. Reason's relationship to language is positivistic. Utterance, after all, sits etymologically in the outing of something concealed. The connection between *utter* and "total" and "complete" seems to come from the thirteenth-century English usage whereupon *utterly* originally meant "sincerely, outspokenly" as in honestly, with complete sincerity or openness/outer-ness. To speak or say derives in part from *utern* "to turn out, show, speak," from *uter* "outer," formed from *ut* "out;" partly from the verb *outen* "to disclose."³⁶

In empirical thought, the conflation of seeing with knowing produces the valuation of saying over not saying, sight over blindness, clarity over obscurity, and precision over mystery—binaries that a politics of gesture wants to unhinge. The hysteric's bodily gesture, the speech impediment, the stammer, and the cry all share in common a resistance to the simplicity of exposure. As gesture can be understood as the underside to language, Foucault suggests that the silence of madness is the underside to reason. However, what about madness' persistent resistance to silence? And what of its own unearthing of the hidden relationship at work in psychiatric discourse's claims to total exposure? The forms of madness performed and documented at the Salpêtrière consistently manifested themselves in fragmented speech, cries and gestures. In several ways, the cry that caused Charcot to falter can be read as an act of resistance to the assertive and violent discourse of reason: in the Augustine example, *madness is speaking, too*, and its refusal to adopt the language of those who try to master it is conveniently, if not strategically, subversive.

³⁶ *Oxford English Dictionary* (2nd ed.), s.v. "Utter."

The real fact that the cry expresses pain, and that the phenomenological state that precedes the cry is not simply one of political agency should not be forgotten. Pain and the cries it provokes are intensely personal—however, this is, in the face of the spectacular apparatus of capture, profoundly disruptive. That the cry can provoke the political disruption of ordinary, dominant speech should be studied, but that writing is its own apparatus of capture must always be taken into account. One wants to let the cry be absolutely personal, to leave it be, but a gentle interrogation into the cry’s subversive dimensions is, I think, worth pursuing.

Here, Antonin Artaud is helpful. In addition to being a playwright, poet, director, and actor, Artaud was a theorist and public practitioner of the cry, who famously declared that that “no one in Europe knows how to scream anymore.”³⁷ Given that he was deported from Ireland, forcibly straightjacketed, and interned at a French psychiatric hospital, one wants to take his screams and his thoughts on screaming seriously. Artaud wanted to liberate theatre from its subjugation to rational dialogue and its stultifying dependence on text. His book, *The Theatre and Its Double*, not only criticizes modern theatre for being “truncated” and “dead,”³⁸ but the text itself reads madly as it describes the possibility for a new, bodily language, rife with “sudden cries” and “gyrations and turns which leave no portion of the stage unutilized.”³⁹ To the extent that that bodily “language” is comparable to the bodily phenomena on display during the Tuesday Lectures, it begs the question: What is the force of the cry in the face of a language that seeks to categorize and control?

When Artaud writes the following, one feels oneself in the churning realm of inarticulacy, mobilized against the stagnant authority of positivist speech, and believes in the force of the broken utterance:

To make metaphysics out of a spoken language is to make language express what it usually does not express: this is to make use of it in a new, exceptional, and unaccustomed fashion; to reveal its possibilities of physical shock, to actively divide and distribute it in space; to handle intonations in an absolutely concrete manner, restoring their power to tear asunder and

³⁷ Antonin Artaud, *The Theatre and its Double* (New York: Grove Press, 1958), 141.

³⁸ *The Theatre and Its Double*, 44.

³⁹ *The Theatre and Its Double*, 57.

to really manifest something; to turn against language and its basely utilitarian, one could even say alimentary, sources ...⁴⁰

Artaud's project to rescue theatre by shock required the *mobilization* of the cry. Recognizing the cry's force against the utility of dialogic language, Artaud aimed to undermine the straightforward utterance with the manifestation of an ambiguous *something*. To cry out is not to be understood. This is precisely its power. Within the cry is the indeterminability of the gesture, making language express that which it does not normally express. The cry means, but without arriving at a *particular* meaning. It disrupts the utilitarian and resists capture. It is a vocalization from a different order. But can the cry "tear asunder" and "really manifest" something?

Perhaps the answer can be located in the example at hand. Charcot could not sustain the medical monologue about Augustine once she cried out. The cry stopped the show because reason could no longer affect a pure and simple translation from one voice to another. The script and its hierarchy were thus subverted. Charcot could not make Augustine's body speak exactly according to his will because Augustine herself was speaking—in an utterly surprising manner. The simple translation from madness to reason, to reason's advantage, relies on the total silence of madness, and in some ways to its wilful acceptance of the implicit hierarchy. It must show itself as madness, as a case of hysteria, but not particularly or personally inflected. But when madness is not silent, and when it doesn't attempt to explain itself, but rather exhibits itself as precisely inexplicable and radically ulterior, it ruptures reason's ability to maintain its unquestioning power over the mad person. The content of the cry cannot be determined, measured against standards of reason, or debated. The cry is not "up for debate." It just *happens*, is performative without being accessibly constative in any way. It is, thus, pure means.

There are examples of silent resistance by patients at the Salpêtrière—sometimes, in the mug-shot style photographs of criminals, asylum interns would turn or look away from the camera. There are reports of patients withholding their symptoms in order to punish Charcot for mistreatment or misconduct.⁴¹ These defensive gestures are not without merit. The cry,

⁴⁰ Cited in A. Weiss, "Radio, Death, and the Devil," in *The Wireless Imagination: Sound, Radio, and the Avant-Garde*, ed. Kahn and Whitehead (Cambridge: MIT Press, 1992), 8.

⁴¹ *Invention of Hysteria*, 54.

however, is not an offensive retreat but is rather an advance against medical discourse. It may say: “You can hear me but you can’t explain me. I’m in immeasurable pain and the pain is my own, unknowable to you. This body is mine and not yours—see how I can set it screaming.” It also may say anything else. The beautiful volatility of the cry is that we will never know.

The aural potency of the political rebellion in the cry that sounds without saying is, in some ways, linked to Charcot’s stammer—not his muteness, but his wanting to say and simultaneously being unable to do so. The possibility for the cry to truly disrupt, to truly intervene in the spectacle of power is evidenced, I think, in Charcot’s non-reply. For a moment, the madwoman’s vocal gesture infects the asylum director, translates his voice into her own, shows the inadequacy of language and its taking place without explicative power. When Charcot begins to stammer, the yelling patient hears a voice call back in its own impeded way. Reason is overtaken by the muteness on which it relies for its unquestioned authority. The cry generates a momentary transfer of political power.

Stammer is etymologically linked to stumble, a verbal knocking around without the clean lines of destination and itinerary. To stumble is to come upon by chance. It is also to smash into things. The *Oxford English Dictionary* defines stumble as “[t]o knock or jostle *against* (a person or thing) involuntarily.”⁴² It is reason’s surprise and shame at having been surprised in front of complicit witnesses that solidifies Charcot’s stammer—he is nervous because the ruse of the compensatory drama has been momentarily exposed. For a moment, “all those stammered, imperfect words without fixed syntax in which the exchange between madness and reason was made,” formerly “thrust into oblivion,” show themselves.⁴³

The stammer is, like the cry, expressive—both not enough and excessive at the same time. It is part of language, but a part that we often don’t see, a part that makes us question language itself. The cry and the stutter are speech’s gestures, a long way from the “true statements” of the logical positivists. And, as they took place in that intriguing Tuesday Lecture, the cry and the stammer are both political. The cry, because it is a site of individual agency, and the most frustrating means by which to intervene into rational speech, resisting reason’s usual means of capture by asserting itself as ut-

⁴² *Oxford English Dictionary* (3rd ed.), s.v. stumble.

⁴³ *Madness and Civilization*, x–xi.

terly uncapturable. The stammer is a site of politics in that it presents gaps in which it seems that nothing is said but in which a different kind of saying happens. The stammer demonstrates a force of saying precisely in its “lack.” In its failure to arrive, finally, in its failure to declare straightforwardly, the stammer achieves a force that shares in common the alterity of the patient-other and her cry. It is an involuntary response, a real response to a real provocation.

Stammering is performatively related to indeterminability, uncertainty and even dissatisfaction. The stutter produces these conditions. Where the unknowable is preferable to presumptions that one can know, the stammer achieves something that articulate speech, under the command of a well-honed tongue, cannot. To be rendered speechless in the face of the human cry is to perform according to the cry’s logic, is to speak the gesture covertly underlying the language of reason. By stammering in response to Augustine, Charcot, provoked by the force of her ungraspable utterance, spoke a similar language of inarticulacy.

Augustine and the patients at the Salpêtrière are evident to us in only the least adequate ways, via the extensive photographic documentation of their capture within the domain of reason. In lecture transcripts and photographic documents, the lives of the mad “shine blindingly” but “with a dark light.”⁴⁴ They are relentlessly documented but still opaque.

The cry is not the same as the speech impediment, though it does inhabit a similar space of inarticulacy. Inarticulacy, importantly, is not the same as silence, nor is it the opposite of forthright utterance. The gestures of the cry and the stammer are part of utterance, are always at the heart of language. The Tuesday Lecture Series presents a material example of Foucault’s theory of psychiatric power resting on the silence of madness, but only in a limited way. As we have seen, the violent capture of madwomen in France in the nineteenth century, and their internment, concealment and revelation through the violence of intrusive photography and cruel medical spectacle, can be read easily according to Foucault’s notions of power. However, the silence upon which Charcot’s power was supposedly predicated was sometimes not so quiet. Sometimes, the madwoman wailed, and her expression halted, if only for a moment, the smooth flow of translation from her gestural body to the medical spectacle of discursive power. Her cry was

⁴⁴ *Profanations*, 67.

politically subversive, suffused with a paradoxical agency. The possibility for surprise was the condition of her hysteria, and *her* relationship to gesture, in the end, is the site for a politics of potentiality.