



Bayreuth and the Salpêtrière 1876-2026: 150 Years of Seeing Differently

(Editorial)

Francesco Brigo¹

¹ Innovation, Research and Teaching Service, Teaching Hospital of the Paracelsus Medical Private University (PMU), Azienda Sanitaria dell'Alto Adige, Bolzano, Italy.

Corresponding Author:

Francesco Brigo - ORCID: 0000-0003-0928-157

E-mail address: dr.francescobrigo@gmail.com

The year 2026 marks a double anniversary: the 150th year since the first Wagnerian festival in Bayreuth (*Bayreuther Festspiele*), featuring the inaugural complete staging of the *Ring des Nibelungen*, and the publication of the first volume of the *Iconographie photographique de la Salpêtrière* (Bourneville and Regnard, 1876). At first glance, these events seem to inhabit entirely separate worlds, one musical, the other medical. Yet a closer look reveals hidden parallels that invite reflection.

Already in 1883, the French newspaper *Le Figaro* drew an unexpected comparison between Richard Wagner (1813-1883) and Jean-Martin Charcot (1825-1893), calling both “great showmen”. The journalist Félix Platel (1832-1888), writing as *Ignotus*, Anonymus, remarked: “Charcot has monopolized hysteria. He astonishes men. He frightens women... He advanced science in the manner of Wagner, the great musical ham [*grand cabotin*]” (Platel 1883). At first, the analogy may seem odd, but it captures something essential: both men transformed their respective fields by reshaping the conditions of spectatorship.

A few years later, in 1888, the philosopher Friedrich Nietzsche (1844-1900) published *Der Fall Wagner*, a ferocious critique of the composer. Although writing in German, Nietzsche used a French phrase to deliver his verdict: *Wagner est une névrose* (Nietzsche 1888). In this pamphlet, Wagner appears as a hypnotic figure, a sort of snake charmer who captivates his audience and feeds on their emotional energy (Sommer 2015). Nietzsche was familiar with Charles Féré’s (1852–1907) research on hysteria and hypnosis, and even without naming the famous French physician, the parallel he draws is unmistakable (Brigo 2025; Marshall 2025).

This parallel becomes clearer when we consider Wagner’s radical reconfiguration of theatrical experience. He did not simply compose operas; he reinvented the very conditions of musical perception. In Bayreuth, he designed a theatre for total immersion: the orchestra hidden in the pit, the auditorium darkened, the spectator’s gaze fixed exclusively on the stage (Spotts 1994).

This was a dramatic departure from the traditional opera house, which functioned as a social arena as much as an artistic one. Remarkably, with Wagner, architecture changed because the theory of musical drama changed. And it is no coincidence that *theatre* and *theory* share the same Greek root, *theaomai*, “to see.”

Here the connection with Charcot becomes particularly suggestive. Charcot, too, in a sense built a theatre—an anatomico-clinical theatre—where architecture, staging, and the choreography of bodies were all designed to discipline and direct the observer’s gaze. His lectures were theatrical not in terms of aesthetic performance, but because they were structured around the act of seeing (Didi-Huberman 1982). The patient’s body became the stage on which disease manifested itself (Figure 1). As Sigmund Freud (1856-1939) noted, Charcot was a *visuel*, a man of vision (Freud 1893). His demonstrations were not spectacles for their own sake; they served as the visual scaffolding through which he constructed and communicated theory. Once again: theatre and theory.

Continuing along this path of etymological and metalinguistic resonance, the Latin *spectare* (an intensive form of *specio*, “to look”) gives us *speculum* (mirror), *spectaculum* (spectacle), and *spectrum* (spectre) (Principe 2018). The first term reminds us that every act of seeing mirrors the observer’s point of view; vision is never neutral. Charcot’s gaze upon his patients differed profoundly from the medical gaze that preceded him. Much has been written about the spectacular dimension of the Salpêtrière (Didi-Huberman 1982; Marshall 2016; Brigo 2025), yet it is equally revealing to consider the parallel between the anatomical theatre—not as a site for dissecting corpses, but for the *in vivo* dissection of symptoms—and the theatre as an architectural space for artistic performance.

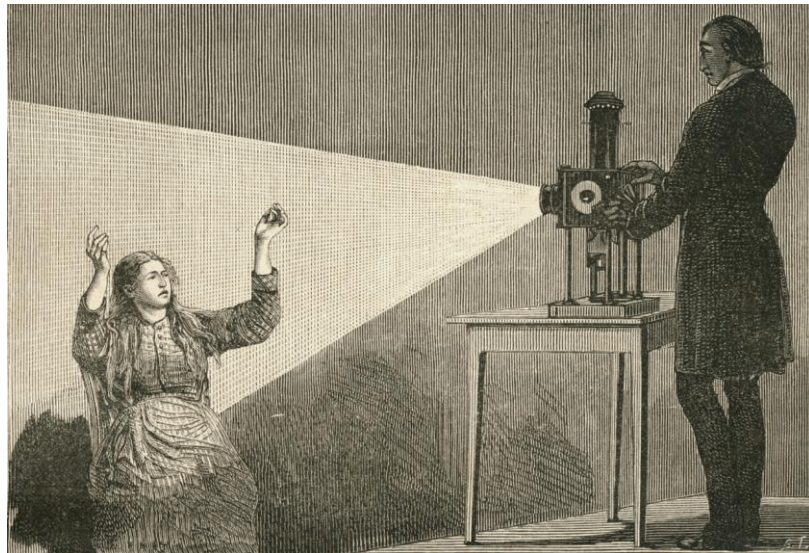


Figure 1. Illustration published in A. Cartaz, *Du somnambulisme et du magnétisme: À propos du cours du Dr Charcot à la Salpêtrière*, *La Nature*, 1879;7(1). The image depicts a Salpêtrière patient in a cataleptic state induced by electric light produced by a projector fitted with an electric source—likely a carbon arc device—during Charcot’s demonstrations on hysteria and hypnosis.



The shared etymology of *spectacle* and *spectre* also illuminates the divergence between Wagner and Charcot. In Wagner's operatic world, the goal was identification between spectator and performer: dissolving the fourth wall through the invisible orchestra and the darkened hall, creating a spectacle that mirrored (*speculum*) reality while enabling what Wagner called *phantasmagoria*, a realm of apparitions (*phantasmata*, spectres) into which the spectator could be drawn, even hypnotized (Wicks 2024). In Nietzsche's reading, Wagner was a sorcerer (Nietzsche 1888).

Charcot the physician, by contrast, did not deal in *phantasmata* but in *phenomena*, a term that shares the same Greek root (*phainomai*, to appear). For Charcot, steeped in positivism, the phenomenon appears like a spectre that must be approached with critical distance. Everything that is seen requires interpretation and explanation, to avoid mistaking a mirage for reality or, in his own words, to "not mistake shadow for the prey" (Charcot 1887), for reality may lie beneath deceptive appearances. If Wagner sought to dissolve the boundary between observer and reality, Charcot sought to preserve it, proposing a mode of looking that, however intrinsically and inevitably subjective, aimed to be objectifying (Veggetti Finzi 1990). Charcot's Salpêtrière became not only a physical space but also a cognitive instrument designed to show, teach and learn by understanding and organizing clinical phenomena.

Hence, Wagner's Bayreuth and Charcot's Salpêtrière reveal two complementary models of modern vision. Wagner transformed theatre into an immersive apparatus that absorbed the viewer into the spectacle; Charcot transformed medicine into a visual discipline that demanded analytical distance. One pursued fusion, the other separation—yet both relied on the same fundamental principle: that seeing is never passive, never innocent, but always epistemologically charged. Every spectacle carries its spectres, every mirror reflects a point of view, and every act of looking shapes the reality it seeks to understand.

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