

# Joel-Peter Witkin and Dr Stanley B. Burns

## A Language of Body Parts

Rachelle A. Denner

Since the time when man's mind first busied itself with subjects beyond his own self-preservation and the satisfaction of his bodily appetites, the anomalous and curious have been of exceptional and persistent fascination to him; and especially is this true of the construction and functions of the human body. Possibly, indeed, it was the anomalous that was largely instrumental in arousing in the savage the attention, thought, and investigation that were finally to develop into the body of organized truth which we now call Science. (George M. Gould and Walter L. Pyle, 'Prefatory and Introductory', *Anomalies and Curiosities of Medicine*, New York: Julian Press, 1896)

In the nineteenth century, medicine emerged as one of the most mysterious and authoritative interpreters of the human body.<sup>1</sup> Medicine relies on dissected, dismembered or diseased body parts for discursive expression and self-representation.<sup>2</sup> Photography is a most effective tool for medicine's representation of the human body. Certainly, 'bodily appetites' (appetites of the body for the body) were satisfied prior to the invention of photography; however, photography working for medicine provides a unique kind of visual scopophilic satisfaction unmatched by any other representational strategy. Medicine defines the normal and the abnormal, and photographic representation effectively differentiates these categories. Indeed, the representation of deformity and deviance by medicine as pathological serves as the foundation for a scientific 'body of organized truth'. Examples of the belief in the expressiveness of deformity and anomaly can be found throughout history, as can human fascination with death and decay. A deviant or dead body allows the viewer to gaze in a way that the 'normal', living body does not. Photographs of pathologically defined bodies are part of an extended historical desire to see the body of the other be that other dead, diseased or simply different.

A contemporary fine art trend of 'post-mortem' photography<sup>3</sup> (and art in general)<sup>4</sup> reflects and even interrogates these medicalized, scientific modes of viewing the human body. Historically since the time of Galen, anatomists and artists worked side by side to understand and represent the revealed (naked and dissected) human body. Photography, at least psychologically, is linked to what initially existed in front of the lens. Medicine uses photography to freeze the medical interpretation of a body. The actual body that existed in the moment of photographic exposure disappears, but the photograph remains. Remaining with the actual photographic object is the potential for a medical generation of meaning about the body in the photograph as if the photograph were equivalent to the actual body. Ultimately, the medical interpretation of a body seems to be supported by legitimate 'proof' as long as the photograph is extant.

In this essay, I explore the power structures in both art and

medicine that allow bodies to represent something other than, and independent of, the person who inhabits them. I am specifically interested in the body as it is defined as a pathological category and how this categorical determination creates a point of general access. This admittance allows both medicine and photography to use the body as a group of components for a visual language wholly separate from the body as container of individual. To illustrate this, I examine the collaboration of Joel-Peter Witkin, a photographer, and Stanley Burns, a physician and collector of medical photography. Stanley Burns, MD, an ophthalmologist, maintains a large private collection of historical photographs,<sup>5</sup> including 'over 40000 original medical photographs'<sup>6</sup> produced between 1840 and 1920. Witkin is a contemporary artist who uses pathologically defined bodies and photography for artistic expression.

Dr Burns's collection of historic medical photographs and the contemporary art work of Joel-Peter Witkin disperse photographs of bodies and body parts in the service of narratives outside individual physical identification. Individually, both Burns and Witkin disseminate photographic representations of bodies as components of a complex structure of visual communication unique to their discursive practices. Witkin does this for fine art and Burns for medicine. Invoking the aesthetic authority of fine art, Witkin, the artist, selected the medical images for the second published volume from the Burns Archive, *Masterpieces of Medical Photography* (1987).<sup>7</sup> Invoking the interpretive authority of medicine, Stanley Burns, the physician, wrote the narrative caption for each of the photographs selected by Witkin.

According to Witkin, his introduction to the Burns Archive came about when he was looking at images of war in a government archive:

My hope was to find unknown photographic masterpieces from the American Civil War and publish the images in a book that would show the lunacy of hatred. After searching through thousands of photographs of mutilation and death, I was informed that my selections were not all original prints. The originals were part of a private collection of medical photographs belonging to Doctor Burns of New York City.<sup>8</sup>

Burns's writing and medical photographs from his archive are also included in Witkin's *Harm's Way, Lust & Madness, Murder & Mayhem* (1994),<sup>9</sup> which is a survey of photographs of murder scenes and sexual and physical deviations and curiosities.<sup>10</sup>

In their collaborative efforts, the image selection process is governed by Witkin, while the textual narrative of the selected images is provided by Burns. The artist makes the aesthetic decisions, assessing the value of the photographic surface, and the doctor finalizes the diagnosis, explaining the purported medical significance of the photographed body. Dr Burns constructs himself as the scientific (and therefore supposedly objective) authority in

defining the meaning of the images. As both the keeper and displayer of these images, Burns maintains authority over the cultural construction of the objects and indeed over the bodies that are the subjects of the photographic objects. Witkin, the established photographic artist, assumes the position of determining the images that qualify as 'masterpiece' while Dr Burns, the physician, assumes the role of interpreting the images for popular consumption. In his own work, Witkin benefits from the assumption of science as objective observer of the body and renders the supposed objective lens of photography into a seeming window onto the mutated tableaux of his photographic world of displayed difference.

The medicalized human body is socially constructed, yet seamlessly naturalized; we perceive medical meaning as inherent to a body rather than applied to a body. Furthermore, the body's construction is based on medical definitions of normal and abnormal as they can be apprehended through visual signs. The medicalization of a body occurs when the medical narrative of that body assumes primacy over personal, familial, historical, political or other potential narratives. The subjectivity of the body, along with the process of representing it, is obscured by photographic conventions which are themselves self-effacing. The body, through the aesthetic of medical portrayal (an aesthetic of objectivity), seems to possess inherent meaning that is, in actuality, applied by medical narrative. Rather than the photographed body signifying a person embodied, through the process and result of medicalization, the body becomes a phantasm. This phantasmic photographic body serves as a signifier of death, disease and deviation.

The body, as medicalized, bears no definite relationship to the person who inhabits (or once inhabited) that body. Medicine renders bodies medical in a manner that presents the body as a surface for pathological data — the sign of difference. Witkin arranges these signs of difference and adds the touch of artistic still life to create a world in which the medicalized body becomes aesthetically elegant. The medicalization of the human being fragments the body into discrete units of reproducible meaning — what I will term visual morphemes. These morphemes are components of a photographic language of medically defined body parts (i.e. dismembered and dissected bodies, diseased body parts, and amputated limbs or the body of an amputee) and are combined by Witkin to allegorize the normal and the pathological. A culture of 'bodily appetites' for the body of *difference* presupposed with *meaning* clothes Witkin's imagery in justified trilliation — it empowers the viewer with trust and belief in the sophistication of his or her desire to see. Witkin gives us permission to look.

The published medical photographs from the Burns Archive comprise three categories<sup>11</sup> of 'medical'<sup>12</sup> images, which I label the *practical*, the *justified* and the *specular*. The *practical* is a category of images that are created during the course of the practice of medicine (such as X-rays) and are used as a tool in diagnosis or effecting treatment. The *justified* category describes photographs, such as the side-by-side before/after treatment photograph, that illustrate, celebrate or justify medical treatment. The *specular* category represents photographs which have no discernible clinical value in medicine, but rather serve to represent medicine's authority over dead bodies or those bodies which fall outside normalized modes of physical existence — those bodies which visibly display death and/or medically defined abnormality.<sup>13</sup> The *specular* photographs are classified as such because they satisfy a visual appetite for bodies and body parts; they are non-clinical, and defy their supple assertion of disinterested scientific inquiry.

The *specular* category includes images made during medical contact with a medical subject, such as images of people deemed visually interesting because of their display of pathology. Also included are images of 'abnormal' subjects appropriated by medicine (placeiment in medical historical archives such as Burns's), an appropriation that can be identified as such by virtue of the fact that they were initially commissioned by the photographed subjects themselves: many nineteenth century 'freaks' commissioned and sold photographs of themselves and their body parts.

The resultant visual morphemes in photography provide not

only medical but also popular access to particular bodies (or body parts) without the burden of the specificity of that body's subjectivity. Here I examine the disposition of the imaged body in culture by examining the cultural authorities that assign meaning to the imaged body: medicine, as evidenced by Burns's ownership of the medicalized body (the photographs that he owns), and art, as evidenced by Witkin's use of the medicalized body for artistic production (the photographs that he creates). The collaboration of these two men in the production of an object for commercial distribution, the photographic book, provides popular access to the medicalized body. Witkin and Burns, by dispersing the medicalized photographed body as visual morphemes, extend to popular culture the possibility of experiencing a body without having to *be* that body. It is by examining the congruities of these seemingly disparate photographic practices — medical illustration and fine art — that we may begin to understand cultural 'bodily appetites'.

To satiate its appetite for bodies, medical discourse utilizes photography to legitimize and disseminate the reformation of bodies and body parts into meaningful medical signs: body part meaning is legitimized by medicine as inherent to the body and has only to be visually apprehended by the practised viewer. The photograph functions for medicine as a seemingly transparent medium through which to see and interpret the body's surface. The assumption that no interpretive action has taken place in the act of making the photograph must be suspended to reveal the cultural position of the medicalized body. The visual morphemes of the medicalized body have wide currency in film and video culture and mirror Witkin's photographic production. For instance, the Nine Inch Nails video for the song 'Closer' was such an exact copy of Witkin imagery that Witkin filed suit against its director Mark Romanek.<sup>14</sup> This repeated use of a singular kind of body representation illustrates the pervasive infiltration of medicine as a mode of determining meaning for the human body. These visual morphemes also serve a somatic signifying function.<sup>15</sup> In addition to expressing pathology and difference, this function denies the subjectivity of the individual photographed in the (supposedly higher) service of pathological display. Photographing a body 'objectively' to portray a medical category assumes the possibility of a viewer who can read the somatic sign. While there is no absolute relationship between the phantasm of the body in a photograph and its assigned pathology or difference, photography effaces the phenomenal distinction and posits a direct correlation between image and object. If we unbind the represented body from the disease, it becomes apparent that somatic signs are *applied to* rather than *inherent in* the pathologically defined photographed body. The purported lack of interpretation during the act of making the image leads to an overdetermined interpretation of the photographic object. The assumption that the body is a display of readable pathology, and that the photograph is its objective recorder, forces the viewer to interpret the body pathologically, *as if they were interpreting that body* and not a photograph.

Lorraine Daston and Peter Galison have explained the term 'objectivity' as a historical construction, asserting that 'In modern objectivity mixes rather than integrates disparate components, which are historically and conceptually distinct'.<sup>16</sup> Daston and Galison historicize an important component of the concept of objectivity explained by what they term 'mechanical' or 'non-interventionist' objectivity. Mechanical objectivity is an idea that developed at the end of the nineteenth and into the early twentieth century and includes photography as one of its tools. 'Mechanical' or 'non-interventionist' objectivity is the aspiration for self-discipline and restraint:

Although mechanical objectivity effaces some features of the scientist, it demands other traits; it has a positive as well as a negative sense. In its negative sense, this ideal of objectivity attempts to eliminate the mediating presence of the observer: some versions of this ideal ren in the judgments that select the phenomena, while others disparage the senses that register the phenomena, and still others ward off the theories and hypotheses that distort the phenomena. In its positive sense,

mechanical objectivity requires painstaking care and exactitude, infinite patience, unflagging perseverance, preternatural sensory acuity, and an insatiable appetite for work. The phenomena never sleep and neither should the observer; neither fatigue nor carelessness excuse a lapse in attention that smears a measurement or omits a detail; the vastness and variety of nature require that observations and measurement, endlessly repeated around the clock ...<sup>17</sup>

Given the demands of objectivity, it seems obvious that photography would come to play an important role in presenting information in medicine. Indeed, medicine, as it developed in the nineteenth century, came to rely a great deal on machines or devices that could supposedly preserve their observations and enhance the senses of the physician.<sup>18</sup> Daston and Gabson acknowledge the importance of photography as a mechanically 'objective' mode of representation. They state that, by the turn of the century, 'the photograph did wield a powerful ideological force as the very symbol of neutral, exquisitely detailed truth. Even if people by then knew better, there remained in the photograph an ineradicable glow of veracity'.<sup>19</sup> The notion that the photograph is somehow capable of presenting an unmediated truth continues to pervade popular perceptions of representations produced by lens optics.

The camera image, as it functions in medical discourse, demands that interpretation is completed between image and receiver and *not* at the time of film exposure. This assures its 'objectivity'. It also assumes a viewer capable of 'reading' the image. Interpretive intervention at the time of exposure would render the image subjective or reflexive of a subjective interaction between photographer and photographed. Mechanical objectivity, as explained by Daston and Gabson, morally insists that interpretation take place only between image and viewer.<sup>20</sup> In medicine, this guarantees the erasure of the subjectivity of the body photographed (and coincidentally that of the medical photographer). This presumption of 'objectivity' assures a body or body part functions only as the medium of its pathology or difference.

It is my contention that a variant of mechanical objectivity has now been assigned to all viewing systems that depend on the photographic apparatus (a lens focusing a planar image) such as photography, cinema and video. Burns exploits this and Witkin plays games with it. In contemporary culture, photographic representation has allowed a mode of depicting which is not realism, but in fact a (post realism) hypo-realism. Hypo-realism allows, through mechanical lens representations, the experience of the represented to seem as if it is actual physical interaction. We are not so naive as to be unaware of the artificial quality of mechanical lens representations (i.e. the photograph of our mother is not actually our mother). However, the lens is similar enough to the perceptions of the human eye to allow a certain chosen ignorance of the conventions of the lens. We experience its representations as if they were real, but without the physical interaction required of the real. In effect, the mechanical lens releases us from the obligations of real interactions without denying the satisfaction of our visual desires.

The acceptance of the camera lens as an equivalent to the 'mind's eye' nearly permits the eradication of a conscious understanding of photographic representational mediation; it authorizes the camera to function as an extension of actual experience (it acts like *one* of our eyes). Hypo-realism is a performance of the medical photographs in the Burns archive that is unburdened by any index of the act of representation. It is the perceived effacement of the object's (the photographed body) and the photographer's subjectivity and an exaggeration of the viewer's subjectivity. The process allows us to exist externally in a 'pre-ocdpsal' or non intersubjective mode of internalized objects that function only for the satisfaction of our own 'bodily appetites' for visual pleasure.

In day-to-day existence, we are not able to function without some small acknowledgement of others' subjectivity. The subjectivity of others impinges upon our own; it requires us to act not only with our own desires in mind, but also with regard to those of others. Photography, because of its specific representational power

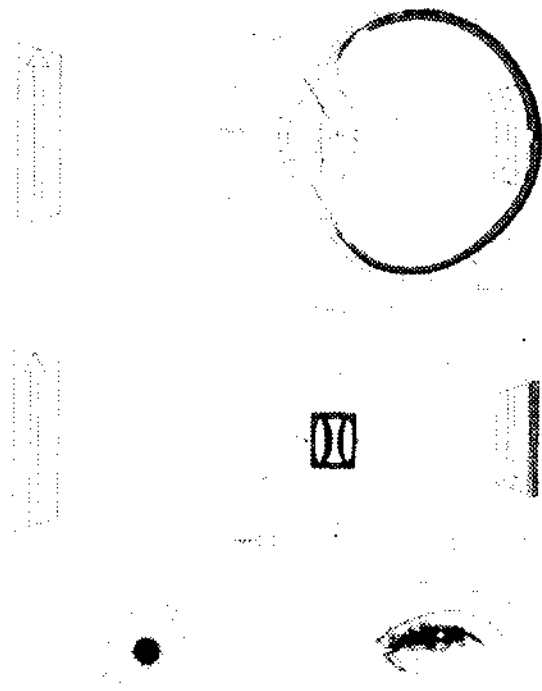


Figure 1. 'Figure 9-4, similarity between the optics of the eye and of a camera', from Robert M. Berne and Matthew N. Levy, *Physiology*, 3rd edn, St Louis, Baltimore, Boston, Chicago, London, Philadelphia, Sydney, Toronto: Mosby Year Book 1993, 144. Courtesy of the publisher.

(as we accept lens optics as an unproblematic surrogate for our own eye(s)), provides a seeming silent window onto the 'real,' both allowing us to 'see' and protecting us from interaction. Effectively, it allows us to exist in the comfortable space of the hypo-real, satiating our appetites for bodies without the burden of intersubjectivity. Medicine, in its authority over the biological 'real', renders narrative and physical access to bodies. In conjunction, these two categories produce an experience of the real without the self-opsessive problems of the real — thus, producing the hypo-real experience.

In contemporary American culture, photographic representation has become a normalized mode of seeing to the extent that it often replaces actual physical eye contact. The photographic representation, in the imagination, need not be distinguished significantly from a mental representation created by physical contact with a subject. Camera and lens reduce view and focus to a single point. In a standard medical school physiology textbook, the function of the eye is equated with the function of the camera and lens, the text asserting that '[l]ight from a visual target passes through the nodal point of the lens and produces a reversed image on the retina, just as in a camera. The retina can be regarded as similar to film in the sense of capturing visual images ...'<sup>21</sup> (figure 1). Indeed, the mechanical lens is constructed as being more effective than the human eye in that it eliminates extraneous sensual information and fixes the position of both observation and focus.

### The Cultural Currency of the Severed Head

Published in *Alastropieces* is a photograph from 1905 which Burns calls 'Dissected Head in Soup Plate' (figure 2). Burns, in his caption, explains:

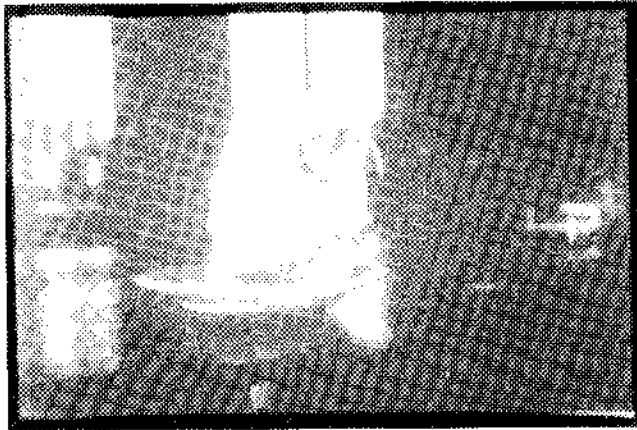


Figure 2. Howard Brundage, MD (Columbus, Ohio). *Dissected Head in Soup Plate*, silver gelatine. 7 x 5 inches, 1905. Stanley B. Burns, MD, and the Burns Archive.

For centuries physicians painstakingly dissected, painted and injected anatomical specimens to demonstrate normal and pathological anatomy. Some dissections took years. Prominent physicians collected such specimens in 'medical museums' and passed them from generation to generation.

This turn of the century photograph depicts one such specimen from the anatomy lab of a Columbus medical institution. A head, its posterior portion displayed to show bone, brain and blood vessel relationships, sits in a soup bowl.<sup>22</sup>

While the face once identified a man, it is now only part of a complex surface displaying revealed veins and scientific knowledge, but the image also alludes to the story of Salome,<sup>23</sup> which overwhelms the specificity of the man's head while enhancing the role of the knowledgeable viewer.

The image of the severed head is not unique to photography: Géricault painted heads and severed limbs of guillotined bodies after the anatomists had their way with them. What is unique to photography is the supposed erasure of the medium and act of representation. One account of Géricault's representations of severed heads and limbs asserts that these images actually allude to Géricault's 'interest in the theme of capital punishment',<sup>24</sup> and disagrees with the notion that the content in these images has been dismissed.<sup>25</sup>

The fact that Géricault painted said images is important; in photographs of severed heads, such as the one illustrated, the emphasis is placed by Dr Burns on the act of dissecting the head, not of photographing it. This allows the viewer to experience the anatomist's dissected head without perceived mediation; our immediate perception is of this dissected head in a soup bowl and not of a photograph of any other dissected head in a soup bowl. Thus, while meaning is determined in the Géricault paintings by assigning narratives to artistic activity ('With their bloody gashes brutally exhibited, their eyes rolling in anguish, their features distorted in pain, Géricault's depictions of beheaded victims, drawn or painted, can only be understood in this context of impassioned debate, in which scientific, humanitarian, and political discourses mingled and intersected ...'),<sup>26</sup> meaning is assigned directly to the body or body part in medical photography ('For centuries physicians painstakingly dissected, painted and injected anatomical specimens to demonstrate normal and pathological anatomy ...'),<sup>27</sup> allowing the severed head to function as a visual morpheme. The severed, dissected head becomes a unit of meaning in a language of body parts.

The (art) work, however, is still located in the head, not in the making of the image. The photograph proudly and transparently offers the completed dissection made by this physician, presumably for the delectation of other physicians. Despite the fact that we are shown the face of this head that once belonged to a man, the subjectivity of that man is gone. We see an anguished expression by a head that demonstrably can have no capability of 'motivating'



Figure 3. Joel Peter Witkin, *Head of a Dead Man, Mexico*, hand-painted silver gelatine. 25 1/4 x 32 3/4 inches, 1990. Courtesy Fraenkel Gallery, San Francisco.

that expression. The anatomist facilitates the experience of this object and the photograph erases responsibility for the head's identity. The only 'face' is on the anatomist's production. Presumably, this head is readable by other anatomists; thus the necessity of the activity and preservation of it, as it were. This photograph would have functioned as the objective record of the anatomist's activities in a better and more versatile (reproducible) form than formaldehyde.

While a physician might necessarily and successfully override the subjectivity of the patient in actual physical interaction, in general day-to-day activity the subjectivity of others cannot be easily erased.<sup>28</sup> Intersubjectivity requires that we understand our interactions with others in terms of the others' subjectivity and not reduce the other to object. Internally (or intra-personally), we relate to others as self-objects, objects that are representations of others, but externally our interpersonal experiences are an interplay of our own subjectivity with others' subjectivity.<sup>29</sup> Obviously, the interpersonal world can become more difficult to navigate as it contains things out of our control; intra-personal activity allows the existence of everything in relation to the subject and is much more comfortable. Photography, especially of human bodies, allows a kind of intra-personal activity in the external 'real' world. In effect, visual morphemes, which take their ultimate form in photographs, allow us to experience medicalized bodies as internal objects to our own self as subject.

The visual morpheme of the severed head makes numerous appearances in the work of Joel-Peter Witkin (figure 3).<sup>30</sup> It is, perhaps, not coincidence that Witkin's photograph of a severed head resembles the one photographed in 1905. Witkin's portrayal of the severed head is sanctioned not only by medicine, but also by the history of art and photography. In a drawing study made after the photograph (figure 4), Witkin portrays himself as the photographer with a halo of prominent names from the history of photography: Arbus, Sander, Weegee, Atget, Daguerre, Nègre. These canonical figures from photography's history (all of whom had interesting photographic interactions with the human body) assert Witkin's fictive stance of innocence, or at least participation in a lineage of photographic innocence, in photographing the head. He pretends that he did not do anything, necessarily: the head already existed. Witkin seems to insist that he just happened to be there with a camera. But, in the darkroom, he interacts with the representation of the head much more overtly. This is evident in his overworking of the surface of the photographic print. His anxiety about the separation of the body from the head is apparent in the drawing of the body, just outside (and under) what is framed in the photograph. The curtain to the right in the drawing enforces

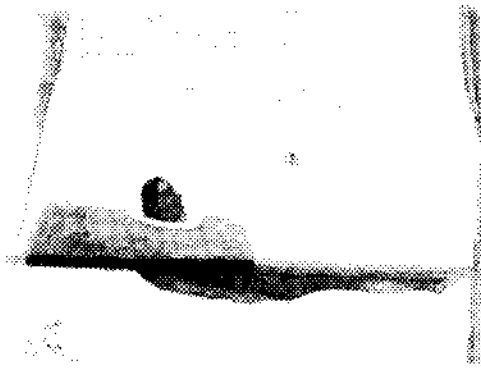


Figure 4. Joel-Peter Witkin, Drawing from *Head of a Dead Man, Alexia*, pastel on paper, 21/2 x 28 inches, 1991. Courtesy Fraenkel Gallery, San Francisco.

the idea of the tableaux that critics seem so excited to invoke when discussing Witkin's production.

About Witkin's earlier photograph, *The Kiss (Le Baiser)* (figure 5), the criticism states over and over again that Witkin did not cut the head in half – the pathologist did. It is medicine, ultimately, that allows Witkin access to these visual morphemes, but his structuring of these morphemes is self-consciously and excessively artistic. Careful contemplation of Witkin's work in terms of its transcendence of its subject-matter is presented by aesthetes as a sign of sophistication.<sup>31</sup> Meaning inherent in the visual morphemes of the medicalized body is assumed because of the medical provision of the material. The construction of these visual morphemes into artistic products is reinforced by Witkin's hand work on the surface of the print and his evocation of the canon of art history.<sup>32</sup>

### Grafts and Elisions (or Cut and Paste)

In an overworked trope, Witkin uses medically provided body parts by incorporating them into his still lifes. With the authority



Figure 5. Joel-Peter Witkin, *The Kiss (Le Baiser)*, New Mexico, toned silver gelatine, 20 x 16 inches, 1982. Courtesy Fraenkel Gallery, San Francisco.



Figure 6. Byron Reed (Kokomo, Indiana). *Dissection Scene*, mrytype from a daguerreotype, c.844, 81/2 x 61/2 inches. Stanley B. Burns, MD, and the Burns Archive.

over the body of both art and medicine, Witkin is able to render severed limbs equivalent to fruit. Yet, an artist renders fruit in his still lifes with brush and paint, while it would seem that Witkin simply 'records', with the aid of his mechanical eye, medicine's biological waste arranged in a pleasing composition. While art validates his composition, medicine validates his materials. His overworking of the arrangements of the materials and the surface of the prints is compensatory and alleviates the potential discomfit of the grotesque. We can stare openly at these pieces of bodies because, after all, they are composed in the higher narrative service of artistic expression.

Dr Burns's collection of images also contains material of the potentially grotesque, but this grotesque is mediated by the physician's gaze. With the comfort of the knowledge that the images were made for 'medical' purposes, we can stare openly. A depiction of medicine's biological waste is published (selected by Witkin and captioned by Burns) as a 'masterpiece'. In a synecdochic representation, a photograph of a pile of amputated limbs called 'A Morning's Work' comes to signify the devastation of the Civil War. We are offered a window onto a pile of limbs that signify the bodies without them. Bodies without limbs are a consequence of war, injury, death and dissection. The body parts are interpreted as signifiers of war, injury, death and dissection.

With the proper authority a body can be given a different life after death: it can bear and support meaning as the object of inquiry. In a dissection photograph (circa 1844, an early daguerreotype), three anatomists demonstrate their mastery over their object (figure 6). They stand poised with instruments (trying, unsuccessfully, to remain as still as the corpse for the length of the exposure), fully clothed over the opened, naked cadaver. The face of the cadaver, unlike those of the anatomists, however, no longer belongs to the subject, but to medicine. According to Burns, the dissection cadaver was an important marker of medical knowledge:

During the nineteenth and early twentieth centuries having a photographic portrait taken with one's dissection cadaver became an initiation rite of medical practice. This type of 'occupational photograph' is the most commonly seen of physicians/students at work. The knowledge of anatomy separated physicians from lay persons, and the photographs provided evidence of a student's entrance into the profession.<sup>33</sup>

Here again, we are presented with the evidentiary value expected of photography. We are 'seeing' the students with their cadaver, photography being a transparent support of information through time and space. As it exists as the object of medical inquiry, the



Figure 7. Joel-Peter Witkin, *Glassman, New Mexico* toned silver gelatin, 36 × 32 inches, 1994. Courtesy Fraenkel Gallery, San Francisco.

dead body becomes medicalized and muddled with medical meaning. The repeated representation of dead bodies and body parts as medical material takes as its viewing subject not only physicians, but also a properly educated popular culture (only inasmuch as it recognizes medical authority in determining meaning). We know that physicians have the need (or a desire approved by need) to open bodies and this activity is socially sanctioned for them. As a culture, we have a desire to see what the doctor (be it anatomist, surgeon, pathologist, or coroner) finds and are willing to accept the authority of the medical narrative in exchange for permission to look.

In Witkin's *Glassman, New Mexico* (figure 7), the object (the actual shape and tone of the photographic print) Witkin creates bears a resemblance to the nineteenth-century post-mortem photograph. However, while the nineteenth-century practice supported the memory of the subject to those still living (again affirming the readability of the surface of the human body as represented photographically), Witkin's image only points to the autopsy he aestheticizes the body's function as the object of medicine. We can not recognize (we see it, but we do not know it) the face, but we can recognize the long line of stitches spanning the torso—the mark of the doctor's gaze. While the nineteenth-century post-mortem photograph at least alluded to intersubjectivity (those commissioning the image related on some level to the person in life as a subject), Witkin's post-mortem image allows the viewer to indulge in the visual spectacle without any oppressive knowledge of the corpse as subject.

Medicine's pervasive power over the body also extends to the living. Consider the experience of Lucy Grealy, a woman who suffered from bone cancer of the jaw as a child. She narrates her experience of herself as a photographic object, both socially and medically:

Zoos lenses, fancy flash systems, perfect focus — these cameras probably were worth more than the ponies instigating the pictures. A physical sense of dread came over me as soon

as I spotted the thickly padded case, heard the sound of the zipper, noted the ridiculous, almost surgical protection provided by the fitted foam compartment. I'd automatically hold the pony's halter, careful to keep his head tight and high in case he suddenly decided to pull down for a bite of lawn. I'd expertly turn my own head away, pretending I was only just then aware of something more important off to the side. I'd tilt away at exactly the same angle each time, my hair falling in a perfect sheet of camouflage between me and the camera. I stood there perfectly still, just as I had sat for countless medical photographs: full face, turn to the left, the right, now a three-quarter shot to the left. I took a certain pride in knowing the routine so well. I've even seen some of these medical photographs in publications. Curiously, those sterile, bright photos are easy for me to look at. For one thing, I know that only doctors look at them, and perhaps I'm even slightly proud that I'm such an interesting case, worthy of documentation. Or maybe I do not really think it is me sitting there, *Case 3, figure 6-A*.

Once, when my doctor left me waiting too long in his examining room, I leaped through my file, which I knew was strictly off-limits. I was thrilled to find a whole section of slides housed in a clear plastic folder. Removing one, I lifted it up to fluorescent light, stared for a moment, then carefully, calmly replaced it. It was a photograph taken of me on the operating table. Most of the skin of the right side of my face had been pulled over and back, exposing something with the general shape of a face and neck but with the color and consistency of raw steak. A clamp gleamed off to the side, holding something unidentifiable in place. I wasn't particularly bothered; I've always had a fascination with gore, and had it been someone else, I'd have stared endlessly. But I simply put the slide in its slot and made a mental note not to look at slides from my file again, ever ...<sup>32</sup>

Grealy's admission that she would have 'stared endlessly' had the image been someone else thus indicates the ease with which photography allows access to subjects as objects. However, in this case, she was looking at herself — it is difficult, if not impossible, to see oneself as an object. Existence as a medical object is not, moreover, predicated on death, but on difference. It is difference that defines us and photography facilitates the perception of alterity without the encumbrance of intersubjectivity.

## Carnival

A constant visual morpheme in the published selection from Burn's collection is the image of the freak. But these nineteenth-century photographs were not necessarily originally produced for medical consumption. For instance, a photograph of a man named Eugene Berry published in *Hunt's Fly*, circa 1885, is an artifact of self-sufficiency: 'Mr Berry profited from his abnormality by exhibiting himself at side shows and selling photographs of himself ...'<sup>33</sup> The historical cultural appetite for the body of the freak is well documented.<sup>34</sup> Nancy Russo defines the freak as a spectacle and the spectacle as a way in which subjects become objects:

A spectacle, by definition, requires sight lines and distance. Audiences do not meet up face to face or mask to mask with the spectacle of freaks. Freaks are, by definition, apart, as beings to be viewed. In the traditional sideshow, they are often caged and most often they are silent while a Barker narrates their exotic lives. Also, given the history of freaks in the nineteenth and twentieth century (as medical discoveries and exhibitions defined the limits of the normal), it must be remembered that it was the discourse of biology which constituted their status as performers of the objective bodily 'truth'. Modern biology and empirical social science constituted them as 'read' ...<sup>35</sup>

Russo describes a cultural construction of the freak in the nineteenth

and twentieth centuries that constrains the freak as 'biologically real' as opposed to earlier historic constructions of freaks as 'divine monsters'. While the category of freak defines the body as specular culturally, social mores demand that we not stare (outside the boundaries of the sideshow). The photograph permits us to stare openly.

Medical photography, in some instances, offers an opportunity for the physician to visually preserve biologically defined oddities. A nineteenth century journal created specifically for the dissemination of visual morphemes of medically defined curiosities, *The Photographic Review of Medicine*, enjoyed a short run (1871-72). According to Burns, the journal was 'devoted to publishing monthly photographs and case reports of rare, unusual, or interesting cases' and 'presented the most fascinating pictures of the extremes of disease'.<sup>26</sup> These specular photographs of extremes were made only to meet the bodily appetites, originally, of 'the physician. But now, as they are disseminated in popular culture, they meet a broader visual desire for the abnormal. Medicine provides visual access where previously there may have been none. If some curiosities of the nineteenth century made a living by exhibiting themselves and selling the photographs of themselves, other biologically determined freaks did not and were not interested in the broad cultural dissemination of themselves as the medium of disease. Yet, under the authority of the physician, these people were photographed: 'an orthodox Jew with an unusual disease sets aside his religion's doctrines, allowing himself to be photographed in order for an expert consultation to be implemented. A physician attempts to identify social misfits by noting their tattoos. The diseased and deformed are identified and educated ...'.<sup>27</sup> Thus, photographs transparently mediate an understanding of the pathological body, and medicine has the authority to demand that all other considerations accede to its own representational needs.

It is this transformation, this representational turn, which facilitates for Burns the acceptance of mechanical lens optics as the supposed mechanical extension of our own eye. Witkin distorts this culturally assumed caetera position in his overly dramatized, aestheticized scenes that seem to take place in front of our eye(s).

Witkin simply puts the mark of high art onto the already medicalized body. He utilizes medicine's visual morphemes, adding compositional props from the tradition of art, to make his own creations. Compare a nineteenth century image of Siamese twins from the Burns Archive (figure 8) with Witkin's *Siamese Twins, New Mexico* (figure 9). Witkin's image is quite similar to the medical display with the addition of 'artsy' and sexualized accoutrements: the bird, the flowers, the masks, and the slips. A basic assumption underlies both images: these bodies, as medicalized visual morphemes, have an inherent meaning. The important point is not the intersubjectivity of the photographic act, but rather the potential for the visual consumption of these bodies.

Ultimately, photography provides stable subject positions for its viewers. The constant negotiation of intersubjectivity in 'real' life is seamlessly mediated by mechanical lens representations. The idea of objectivity and its sanction of the mechanical lens privileges interpretation between viewer and photograph based on the fictionous presumption that no interpretation occurred at the moment of film exposure. Thus, the viewer is the only subject, allowing photographed bodies to exist easily as objects for the viewing subject. Photography relieves the viewing subject of the circumstance of intersubjectivity, permitting an untempered gratification of the visual desire for the body of the other. It is this process with which Witkin ultimately toys.

Through the collaboration of Witkin and Burns in the production of cultural objects, the authorities of both photography and medicine are combined to authenticate and further control the human body as an object of meaning. The body is a powerful cultural symbol; photography and medicine both can arrest anxiety about the mutability of this cultural symbol. Medicine and photography, in different ways, fix the body; medicine by applying narratives in such a way that they become embedded on the body's



Figure 8. '(A) The Carolina twins, Milne and Christie Smith, born July, 1851, were connected by a band at the ileum (termed at the time pygopagus symmetros). Anatomically they had one vulva, one vagina, and one anus; their medical problem stemmed from a vaginal fistula to the bowel, an attempt to form a second anus. They made a very good living as a sideshow attraction.' from Burns, 'Early Medical Photography in America, VII', *New York State Journal of Medicine* (July 1981), 1238. Stanley B. Burns, MD, and the Burns Archive.



Figure 9. Joel Peter Witkin, *Siamese Twins, New Mexico*, toned silver gelatine, 28 x 28 inches, 1988. Courtesy Fraenkel Gallery, San Francisco.

surface, and photography by arresting the surface of the body in space and time.

Notes

I would like to gratefully acknowledge and thank Caroline A. Jones for her careful reading of the first incarnation of this essay and for her insightful suggestions, Mäissa Kaafinan for her patient explanations of psychoanalytic and medical concepts, and Kim Siebel and Karen Georgi for their reading and commentary on numerous drafts.

1. See Michel Foucault, *The Birth of the Clinic. An Archaeology of Medical Perception*, trans. A. M. Sheridan Smith, New York: Vintage Books 1975.
2. Dissection of human corpses slowly became acceptable and legal in the mid-nineteenth century with various anatomy acts in Europe and the United States. Histories of medicine recall a period of medical inquiry in the nineteenth century when the acquisition of proper material for study was prohibited or, at the very least, difficult. One history refers to the period during the nineteenth century when the acquisition of investigative material for dissection was illegal and/or difficult as 'heroic', referring, of course, to the measures required to acquire bodies (Arthur M. Lassek, *Human Dissection; Its Drama and Struggle*, Springfield, IL: Thomas 1958). Heroism came into play when those on the quest for scientific information were forced to bypass legal and social sanctions against corpse mutilation and engage grave robbers, or take up the activity themselves, to acquire investigative material. For a critical reading of the medical institution of human dissection, see Ruth Richardson, *Death, Dissection and the Desecrate*, London and New York: Routledge & Kegan Paul 1987, which details the quest for anatomical material in Britain and the passage of the Anatomy Act. She details the 1828 case of Burke and Hare, which serves to illuminate attitudes and practices concerning dissection of human bodies. Burke and Hare, in order to profit by providing a supply of bodies to an anatomist in Edinburgh, committed murder. Richardson uses the Burke and Hare murders to 'locate the intersection of three major themes ... the importance of the corpse and its integrity in popular culture, the emotional detachment of the clinical "scientific" view, and the process whereby the corpse attained the status of an article of trade ...' (p. 132).
3. This term is used by, among others, E. Annie Proulx who asserts that '[s]ince the 1970s, there has been an explosion of photographic interest in images of death and the grotesque, with scores of books and exhibitions of work in the so called "post mortem genre" which embraces the morgue photography of Jeffrey Silverthorne and Rudolph Schafer, police shots of crime victims from early in the century, Rosamund Purcell's exquisite prints of dead animals, skeletons, preserved mummies, Akin & Ludwig's photographs of body parts preserved in museum formaldehyde, Olivia Parker's mementos of death, and the stunning assemblages and fantastic tableaux vivants of Joel Peter Witkin that combine dead human and animal parts with still-living dwarves, hermaphrodites, homosexuals, and transsexuals in complex scenes that make ironic comment on Western aesthetics and culture'. See 'Dead Stuff', in *Apertum* 149, *Dark Days: Mystery, Murder, Mayhem* (Fall 1997), 30. Another term is 'formaldehyde photography'.
4. For instance, the casting of parts of cadavers for the creation of sculptural forms by British artist Anthony Noel Kelly.
5. Dr Burns explained to me that the Burns Collection is the group of historic medical photographs, while the Burns Archive is a collection of copy prints of the collection of photographs. The Archive allows a broad audience access to the images, while the Collection is hidden away for the select few with the financial resources to pay for the pleasure of seeing the originals. This was explained to me by Dr Burns in a lengthy conversation about reproduction fees. He was displeased with scholars whom he said (I paraphrase him here) 'expect to publish works from my collection without offering financial appreciation for my pains to collect the photographs'.
6. Stanley Burns, *The Burns Archive* web site (<http://www.burnsarchive.com/about/intro.html>), 12/98: 'The Burns Medical Collection is generally recognized as America's largest and most comprehensive accumulation of early medical and dental photography. The collection contains over 30,000 original photographs from the 1810-1920 era. Many of these photographs are unique images: Daguerrotypes, Ambrotypes, tintypes and personal albums. Several thousand photos 1920-1996 document modern medical practices including images depicting some of the latest operative procedures. Seven books and hundreds of articles have been produced by the Archive using these photographs. (see *Products and Services*). The Collection holds many unusual sub-categories such as genital mutilation operations and includes the only known photographs of 19th century practicing phrenologists,

blood letting and skull trephination. ... (<http://www.burnsarchive.com/archive/medical.html>).

7. The first published volume from the archive was *Early Medical Photography in America: 1839-1883*, by Stanley Burns, published in 1983. The book is actually a collection of seven essays by Dr Burns that originally appeared in the *New York State Journal of Medicine* from 1979 to 1981. These essays detail Burns's belief in American primacy in the 'medical' use of photography and it marks Burns's entrée into practice as a historian of medical photography.
8. Joel Peter Witkin and Stanley B. Burns, *Mysteries of Medical Photography, Selections from the Burns Archive*, Pasadena, CA: Twelveveers Press 1987, pages not numbered.
9. Joel Peter Witkin, ed., *Hani's Hat, Lust & Madness, Murder & Mayhem*, Santa Fe, NM: Twin Pains Publishers 1991. Medical images from the Burns archive comprise a part of this book and are explained in captions written by Stanley Burns.
10. This collection includes images from the Photographic Collection of the Kinsey Institute, nineteenth-century record cards (with patient photographic portraits and diagnostic notes) from a British mental institution, historical (first decade of the twentieth century) murder scene photographs from the New York City Police Museum, Bertillon identification photography (demonstrative of technique) from late nineteenth-century Paris, and medical photographs from the Burns Collection. It also includes the textual contributions of Eugenia Perry Jans, Stanley B. Burns, James Cramp and Aaron Esman. The book was produced as a fine art book in two limited editions.
11. These categories are, of course, mutable and contingent: Burns's 'medical' photographs can function as members of more than one of the categories or altogether outside the categories.
12. I call these images 'medical' because Dr Burns calls them medical, not because of qualities inherent to the images. Dr Burns categorizes all photographs that have a relationship of any sort to medicine, from portraits of physicians to photomicrographs, as 'medical', and therefore subject to his (or medicine's) narrative authority.
13. I use the term abnormality here as it defines a cultural category, not to naturalize the categories of normal and abnormal or to present them as unproblematic actualities.
14. Sean Picozzi, 'The Art of the Seal', *Sun Sentinel*, 2 February 1997, 1D. Similarly, the film *Soma* (1995) directed by David Fincher utilizes mutilated body imagery that nearly exactly replicates Witkin photographs of the body.
15. A good example of the somatic function of photography in medicine is the photographic production of J.-M. Charcot of the early 1890s. Charcot made photographs of hysterics at the Salpêtrière hospital in Paris that he then showed to the hysterics. Confronted with the visual display of their affect, the hysteric was forced to encounter visually her own behaviour, which was undeniably depicted in the image. Charcot believed that confrontation between the hysteric and her behaviour would eliminate the undesirable affect. For more discussion of the use of photography by Charcot, see Ulrich Baer, 'Photography and Hysteria: Toward a Poetics of the Flash', *The Yale Journal of Criticism* 7:1 (Spring 1994), 41-77; Joan Coyner, 'Play of Dissipat' *Sun*, *October* 18 (fall, 1981), 20-40; and Sander L. Gilman, 'The Image of the Hysteric', in *Hysteria Beyond Freud*, ed. Sander Gilman, Berkeley: University of California Press 1993, 345-451. Later, in the invention of the 'talking cure', Freud denies the capacity of readable visual signs in discerning and curing psychological illness. He describes instead the function of the doctor as an interpretive authority who interprets and orders the patients' utterances into a cohesive narrative form to effect a cure.
16. Lorraine Daston and Peter Galison, 'The Image of Objectivity', *Representations* 40 (Fall 1992), 82.
17. *Ibid.*, 82-83.
18. For a discussion of the development of a growth of dependence on technological tools for medical inquiry, see Stanley Joel Reiser, *Medicine and the Reign of Technology*, Cambridge: Cambridge University Press 1978.
19. Daston and Galison, 111.
20. *Ibid.*, 100.
21. Robert M. Berne and Matthew N. Levy, *Physiology*, 3rd edn (St Louis, Baltimore, Boston, Chicago, London, Philadelphia, Sydney, Toronto, Mosby Year Book 1993), 144.
22. Witkin and Burns, pages not numbered.
23. Certainly, the reference to Salome raises a more complicated set of issues, which fall outside the scope of this paper.
24. Nina Athanassoglou-Kallmyer, 'Général's Severed Heads and Imitis: The Politics and Aesthetics of the Suffolk', *1st Bulletin* 124:4 (December 1992), 603.

25. For my purposes here, the important abstraction in this position is the assigned narrative of the act of painting. In order to make the argument, careful attention is paid to the history of the guillotine in France, to anatomy and anatomists, and to the act of utilizing the surrounding social scene in artistic production.
26. *Ibid.*, 609.
27. Witkin and Burns, *Mistepieces*, pages not numbered.
28. When it is erased, it is pathological, as in the case of the serial killer. The current fascination with serial killers could be understood in a way similar to an understanding of photography of medicalized bodies. The erasure of the others' subjectivity relates back to an infantile, narcissistic existence in which all others exist as objects to our own subjectivity. Most obviously, the mother exists as an object to meet our basic survival needs. In the case of experiencing the serial killer through the mediation of the media, we are spared the actuality of the heinous action and are allowed to experience the thrill of the violence without consequence. This simple explanation may account for the union of photography, crime, murder, medicine and deviant sexuality in volumes such as Witkin's *Hann's Way* and *Dark Days: Mystery, Murder, Mayhem*, *Aperture* magazine 149 (Fall 1997).
29. My ideas about intersubjectivity are informed by the psychoanalytic theories of object relations as defined by Fairbairn and his followers. My rudimentary understanding of these theories has been facilitated by the much more complex explanations of Melissa L. Kaufman (MEd/PhD candidate, Boston University) and the following texts: Jessica Benjamin, *Like Subjects, Love Objects: Essays on Recognition and Sexual Difference* (New Haven and London: Yale University Press 1995); James S. Grotstein and Donald B. Rumsley, eds, *Fairbairn and the Origin of Object Relations* (New York and London: Guilford Press 1994); and Robert Rogers, *Self and Other: Object Relations in Psychoanalysis and Literature* (New York and London: New York University Press 1992).
30. Witkin, in one of his apocryphal narratives (titled by his mother), tells the story of his experience as a witness to a decapitation. He claims that when he was a young boy, he witnessed a car accident in which a small girl's head was severed and rolled to a stop at his feet.
31. An apocryphal story about Richard Gere, a collector of Witkin's work, states that Gere brings people to his apartment to gauge their personalities by their reactions to the Witkin photographs on his wall.
32. For the art historical influences on Witkin's images, see Germano Celant, 'Joel Peter Witkin: Photography between Flesh and Spirit', in *Witkin*, Zurich, Berlin, New York: Scala 1995, 9–11. Celant compares Odilon Redon's *Head of Martyr*, 1877 to Witkin's *Head of a Dead Man*, and, of course, Brancusi's *La Basor*, 1910–15 to Witkin's *The Kiss (Le Baiser)*.
33. Witkin and Burns, pages not numbered.
34. Lucy Grealy, *Autobiography of a Face*, Boston, New York: Houghton Mifflin 1991, 11–12.
35. Stanley B. Burns, 'Caption 13', in *Hann's Way*, pages not numbered.
36. See for instance, Rosemarie Garland Thomson, ed.,  *Freakery: Cultural Spectacles of the Extraordinary Body*, New York: New York University Press 1996; Susan Stewart, *On Longing: Narratives of the Mimetic, the Gigantic, the Souvenir, the Collection*, Durham and London: Duke University Press 1993; and Nancy Rasso, *The Female Gynoptic: Risk, Excess and Modernity*, New York and London: Routledge 1994.
37. Russo, 79–80.
38. Stanley Burns, 'Early Medical Photography in America. VII. American Medical publications with Photographs', *New York State Journal of Medicine* (July 1981), 1238.
39. Burns, *Hann's Way*, pages not numbered.