

Holy Horror: Medicine, Martyrs, and the Photographic Image 1860–1910

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Founded on the practice of dissection and its accompanying document, the anatomical illustration, formal study of the body has always been an interdisciplinary endeavour, involving scientific methods of systematic examination and artistic techniques of production. Some of the earliest known examples are those produced by Leonardo da Vinci (1452–1519), which are characterized by an acute graphic precision, fragmentation, and lack of social or emotional context — features that seem to capture the scientific ideal of objectivity, and have since become recognizable conventions of those images of the body constructed as medical.¹ Leonardo's anatomical notebooks, however, were lost after his death, and this influence was not fully realized until their rediscovery at the turn of the nineteenth century.²

The intervening years saw the flourishing, across Europe, of the illustrated anatomy — a genre of printed book often lavishly produced, and conceived around images of both the internal and external workings of human physiology. Although hugely varied in style, these volumes unified the visions of science, religion, and art concerning the wonders of creation and mysteries of death and, with a varied audience, their content functioned in multiple ways: as instruction manuals for surgeons, as educational material for the cultural elite, as art in their aesthetic allure, and as spiritual and emotional musings on mortality and the afterlife.³

This integrated approach to the study of the body, and its understanding of medical knowledge as part of a diverse social and cultural fabric, was to dominate the next two centuries. It was not until the late eighteenth century that anatomical illustration began to develop an impassive, literal

¹ As Sander L. Gilman has discussed, Leonardo's first attempts at anatomical imaging were in many ways visual representations of theoretical (that is, verbal) discourse regarding the human body and its functions, derived from texts including those of Plato, Aristotle, and the fourteenth-century anatomist Mondino: see Sander L. Gilman, *Disease and Representation: Images of Illness from Madness to Aids* (Ithaca: Cornell University Press, 1988), pp. 53–57.

² See Benjamin A. Rifkin, Michael J. Ackerman, and Judith Folkenberg, *Human Anatomy: Depicting the Body from the Renaissance to Today* (London: Thames & Hudson, 2011), p. 10.

³ For a detailed discussion of early anatomical tomes, with reference to specific examples, see Rifkin, Ackerman, and Folkenberg, pp. 7–67.

appearance, as the nascent discipline of pathology, with its need to classify diseases and to examine their effects on specific types of tissue, began to demand images that explored afflicted body parts in singular detail. Ever-increasing numbers of medical students meant there were also changes in the format of publications, since the luxurious, folio volumes of the past were no longer practical. Their need was rather for smaller and cheaper editions, that could be ‘lugged around in a satchel and propped against a cadaver on the mortuary table’.⁴ Such influences meant that the typical nineteenth-century illustrated anatomy was an intricately rendered display of discrete body parts, with no environmental or social context, and no intentional ethical sentiment — a style exemplified by Henry Gray’s *Anatomy, Descriptive and Surgical* (1858), in which the physically, emotionally, and mentally integrated being of Renaissance humanism becomes ‘a collage of tissues’ viewed with the pragmatic detachment of the medical gaze (Barnett, p. 27).

The discovery of photography at this point in the history of medical images would seem to offer a means of advancing the tendency towards an impartial, objectified idea of the body, since the automated eye of the camera is an apparently neutral observer, free from the flaws and prejudices that affect the human endeavour of handmade illustration.⁵ However, as Richard Barnett points out, this view of photography was always an erroneous one, since from its earliest years the camera had been used to stage deceptions and record untruths — spirit photographs being a well-known example (p. 34). Rather than simply being a tool for recording visual data, the photograph was more accurately a forum in which empirical enquiry, imagination, and aesthetics could interact and combine in novel ways.

Like the illustrated anatomy, medical photographs emerged from a complex of scientific, artistic, and religious influences and aims. Their function as medical data and information is validated by the camera’s capacity to accurately record; yet at the same time the production techniques of portraiture — the use of pose, props, facial expression, and dress, as well as aesthetic manipulations such as lighting and framing — are always evident. I want to contend that this artistic aspect made early medical photographs not only a means of documenting different types of affliction, but also a way of considering the nature of suffering, and offering reflections on mortality. As a site of such spiritual musing, early medical photography is more closely aligned with the multifunctionality of the first

⁴ Richard Barnett, *The Sick Rose; or, Disease and the Art of Medical Illustration* (London: Thames & Hudson, 2014), p. 29.

⁵ While experiments in photography were being conducted from the 1820s, the official public inception, of both the daguerreotype and calotype processes, was not until 1839. See Helmut Gernsheim, *The History of Photography from the Camera Obscura to the Beginning of the Modern Era* (London: Thames & Hudson, 1969), pp. 155–84.

anatomical images, and recovers a metaphysical significance that had all but disappeared from scientific illustrations of the body.

The pervasive matter of disease and bodily torment is what urges the artistic interpretation of medical subjects towards religious themes and concepts: specifically the figure of the martyr, it being the traditional icon of physical desecration and suffering in Christian history and mythology, and thus in Western cultures in general. This article will demonstrate visual correspondences between early medical photographs and antecedent representations of martyred saints in painting and ecclesiastical imagery, which may be consciously or unconsciously constructed by their makers. By drawing this association, medical photographs attach the spiritual significance of Christian art — its faith in a realm beyond the material, and its meditations on the Divine — to the ostensibly scientific image. Most pertinently, it forwards the idea that physical anguish has a potentially positive aspect of being a path to transcendental exultation and communion with God.

While religious art is an explicitly visual source for this thematic thread in medical photographs, another influence can be identified in the cluster of martyr novels that emerged around mid-nineteenth century. These bestselling titles — some of whose authors, including Charles Kingsley, Nicholas Wiseman, and John Henry Newman, were also prominent churchmen — had already brought the figure of the martyr and her or his attainment of supernal grace through earthly immolation to the surface of the popular imagination. This made it an expedient model for photographic interpretations of injury and disease. What is especially interesting about these texts is that they are grounded in history and the empirical evidence of contemporary archaeological discovery concerning the early development of Christianity. As such, their narratives evolve from a blend of scientific research and creative invention that parallels the dual documentary and aesthetic properties of the photograph, as well as the integrated outlook of the early illustrated anatomy. That the martyr narrative and the medical photograph also share a prevalent interest in the morbid or damaged body makes for an especially strong alignment, and it is in the martyr narrative's devoutly inspired attitude of compassion and reverence towards bodily suffering that the medical photograph finds a moral framework for studying and presenting sickly states of being.

The camera's capacity to embrace multiple functions is reflected in the first medical photographs to appear in the 1840s, which present a return to the expansive interests of the early illustrated anatomy. Typical subjects were scenes of doctors and surgeons at work, dissections performed in crowded amphitheatres, and studies of individual patients.⁶ Where the

⁶ *The Burns Archive* in New York City houses the largest collection of very early (1830s and 1840s) medical photographs of this kind, some examples of which can be viewed online at <www.burnsarchive.com> [accessed 15 March 2017].

nineteenth-century anatomical illustration had largely become a means of elucidating the internal mechanics of the body, the early medical photograph reinstates a more holistic understanding of disease, incorporating the practical, emotional, and moral impact of illness through its depiction of whole persons within a social context, as opposed to the isolated, objectified body parts of pathological anatomy. What we see conveyed in the early medical photograph — particularly the portrait of the patient — is not only the visual quantification of different pathological conditions, but also an insistent sense of the individual subject's suffering as they negotiate an uncomfortable limbo between the pain of a broken body and the fear of death.

This state of suspension between life and death is one manifestation of an inherent ambiguity that the damaged body shares with the properties of the photograph, and which mobilizes both as agents of the horrific — in its uncanny expression, as well as in the sense of the abject. Defined by Julia Kristeva, the abject pertains to those processes and products of the body that simultaneously determine and threaten the boundaries of the self, many of which are especially evident in sickness.

As Roland Barthes has influentially theorized, the border between life and death is always evident in the photograph, whose ability to hold and fix what is inherently fleeting announces the very thing it pretends to overcome: that is, change, transience, and our propulsion through time towards death.⁷ In Barthes's words, the photograph 'produces death while trying to preserve life' (p. 92), manifesting a 'body simultaneously living and dead' (p. 31), rather like the strangely sentient cadavers of the early illustrated anatomy, which are often depicted pondering their own eviscerated condition, or displaying exposed entrails to the viewer.

This indeterminate life/death distinction seen in the photograph is reiterated again in the theme of the body corrupt. As sufferers of injury and illness, the human subjects featured in photographic medical portraits attest to the vulnerability of the physical form, their various ailments placing them on a tenuous edge between recovery and life or deterioration and demise. The spectre of death haunts both the agency of the photograph and the corporally afflicted, making the medical photograph doubly effective in its power to disturb, by its twice-reflected acknowledgement of our own mortality.

Julia Kristeva's psychoanalytically premised theory of abjection also revolves around the construction and transgression of borders, and identifies the sick and suffering body as potentially horrific and uncanny due to its formative role in this process. Abject phenomena, including vomit, pus, bodily wastes, and the corpse, occupy a peripheral interspace between

⁷ Roland Barthes, *Camera Lucida*, trans. by Richard Howard (London: Vintage, 1993), pp. 31, 92–99.

subject and object: both physically, in that they originate within the body, and manifest through orifices that designate the corporeal threshold; and conceptually, in that they cannot be comfortably integrated as 'self' or 'other' and thereby threaten the fragile construction of the ego. In a process that perpetually re-enacts the primary (traumatic and violent) separation of the infantile and maternal bodies that inaugurates entry into the symbolic order, such phenomena must be vehemently jettisoned in order to reassert the disrupted borders that demarcate self and other, and facilitate subjective existence. Abjection, then, is the necessary condition of establishing and maintaining the self, but is simultaneously a source of terror, in that each encounter with the abject presents the possibility of that identity being subsumed in, and annihilated by, the other.

The diseased body, in its proximity to death and close association with those substances banished as 'filth', is a highly abject, and therefore deeply unsettling, phenomenon.⁸ While the conspicuous presence of vomit, pus, blood, drool, etc. are abject in themselves, as the symptoms of sickness they point to another sinister transgression of boundaries, which is that between species. Although people and bacteria are for the most part singular entities, when hostile microorganisms enter the human biological system, the very fabric of the body begins to act and react in accordance with the parasitic invader. A state of metamorphosis ensues, where some cells are destroyed and others are activated, tissue mutates, and organs and muscles contort and erupt into the growths, swellings, lesions, and emissions that constitute 'disease'. No longer exclusively human nor an independent microorganism, disease is rather a manifest integration of the two: a symbiotic embodiment of the abject.⁹

For the individuals portrayed in early medical photographs, the experience of disease is most fundamentally characterized by both psychological and somatic misery and pain, and the viewer's sense of this is intensified by the adoption of stylistic precepts derived from religious art, particularly images depicting those paragons of suffering, the martyred saints. Representations of the martyr, both visual and literary, offer the abject body as a horrific spectacle, and also as a contemplation on the perishable quality of flesh, the relationship between spirit and matter, and the nature

⁸ Julia Kristeva, *Powers of Horror: An Essay on Abjection*, trans. by Leon S. Roudiez (New York: Columbia University Press, 1982), pp. 1–15, 56–64.

⁹ The beginnings of bacteriology go back to 1683, and the Dutch pioneer of microscopy Antonie van Leeuwenhoek's observation of tiny 'animalcules'. It was not until the mid-nineteenth century that the work of French chemist Louis Pasteur and German physician Robert Koch, acting independently, incepted germ theory: Pasteur revealed the function of microbes in the fermentation process, in 1859, while Koch's work on tuberculosis proved that microorganisms are the cause of some diseases. See Joshua Lederberg, 'Infectious History', *Science*, 288 (2000), 287–93 (pp. 287–88).

of death and the Divine. As such, they share the early illustrated anatomy's fascination with the corporeal and the meaning of mortality, and similarly broach conventional distinctions between living and dead, seeking to portray an uncanny moment somewhere between the end of life and the onset of death, that is both physical agony and spiritual ecstasy.

Violent destruction of the body is the central event and interest of martyr narratives and images, framed by an understanding of suffering as a means of spiritual exultation. The agony inflicted on the martyr's body is the necessary cause of their divine euphoria, styled as a purging of material form that enables the transcendence of the soul. Surpassing its Christian origins, this association of physical torment with spiritual epiphany has become a convention of both religious and secular representations of torture and pain across a range of media, that appears throughout the nineteenth century and beyond. In Charles Dickens's *Hard Times* (1854), for example, Stephen Blackpool's long hours of anguish after he falls into the coal mine known as the Old Hell Shaft are accompanied by the mystical vision of a star that shows him 'where to find [...] God'.¹⁰ In the case of medical photography, recreating the sick as martyrs contextualized and sanctioned the viewing of the abject body; and at a time when traditional theological ideas of pain as divinely ordained were being undermined by scientific advances that determined pain to be physiologically founded, it was a way of making affliction meaningful again.¹¹ A recurring figure in both popular literature and visual art, the martyr demonstrated the ideal of how to suffer with dignity, while simultaneously reinforcing conventional bourgeois moral values of the period, such as the nobility of self-sacrifice, the supremacy of spirit over matter, and deference to a higher authority.

Production and uses of early medical photographs in Britain

The camera, with its ability to accurately copy visual information, quickly became a valuable tool for gathering medical data. The kind of knowledge it produced, however, was very different from that conveyed by the typical nineteenth-century anatomical illustration, intent on specificity and complexities of detail. Medical photographs were interested, rather, in social, emotional, psychological, and aesthetic understandings of the diseased and dying, as well as their empirical evaluation — an integrated epistemological outlook similar to that seen in the early study of anatomy. Despite this holistic approach, the common understanding of the photograph as indexical to material reality meant that what was most immediately and

¹⁰ Charles Dickens, *Hard Times*, ed. by Kate Flint (London: Penguin, 2003), p. 265.

¹¹ See Lucy Bending, *The Representation of Bodily Pain in Late Nineteenth-Century English Culture* (Oxford: Oxford University Press, 2004), pp. 53–77.

acutely impressed upon viewers was the intrinsically disturbing, abject nature of the damaged body. While the context of scientific understanding validated the viewing of such sensational spectacle, it did so without affording it any wider relevance. In order to give meaning to the suffering it was witness to, the medical photograph invoked the image of the martyr: a figure who presents physical anguish as a form of spiritual jubilation. By adopting similar stylistic conventions and visual signifiers, the early medical photograph located itself within a long-standing tradition of representations of martyrdom in painting and religious iconography, enabling spiritual significance to be read into images that also functioned as documentary evidence.

The most comprehensive collection of British nineteenth-century medical photographs is that held in the archives of St Bartholomew's Hospital in London.¹² The fifteen hundred or so images, dating from the 1860s to the turn of the century, were discovered in a seemingly forgotten box during renovation work carried out at the hospital in the 1990s, and there is little factual knowledge about them. It is assumed that the majority of the pictures were produced by medical professionals and students working at the hospital, who informally organized themselves as the St Bartholomew's Hospital Photographic Society, and who were active through the latter half of the century.¹³ This affiliation of a photographic club with the hospital demonstrates a desire to experiment with ways of using photographic technology within a specifically medical context, although personal interest and pleasure must also have been significant factors, since members were likely to have been self-funded amateurs, exploring photography as a hobby or leisure pursuit as well as a vocational tool.¹⁴

As such, the photographs were not specifically produced for public view, but for the private and practical use of medical professionals.¹⁵ John Henry Lightbody's images of smallpox sufferers are a typical instance of how photography was being used by St Bartholomew's medical students to enhance their studies (*Figs. 1, 2*). Produced in 1893, the photographs are a supplement to Lightbody's written research on vaccination (published

¹² Now consolidated under the umbrella organization of the Wellcome Collection, who funded the conservation, archiving, and digitization of the collection, which is available to view at <<http://wellcomeimages.org/>> [accessed 15 March 2017].

¹³ Information provided by Katie Ormerod, archivist at Barts Pathology Museum, who kindly spoke to me on 13 January 2014.

¹⁴ The huge variety in the format of photographic prints in the collection — their different sizes, shapes, and tints — is an indication that many types of camera, developing formulas, and printing mediums were being used, reflecting the differing budgets, personal tastes, and professional and artistic ambitions of the society's members.

¹⁵ Some of the photographs attributed to St Bartholomew's Photographic Society were later used as illustrations in medical textbooks, although they were not initially intended as such.



Fig. 1: John Henry Lightbody, 'A.B.' — girl, age 6. Vaccinated, fifth day of eruption, March–May 1893. St Bartholomew's Hospital Archives and Museum, Wellcome Images.



Fig. 2: John Henry Lightbody, 'S.A.J.' — girl, age 7. Unvaccinated, sixth day of eruption, March–May 1893. St Bartholomew's Hospital Archives and Museum, Wellcome Images.

in the same year). They illustrate the abstract impressions given in the text with a perceptible manifestation of the disease. Text and image together strive to establish what Michel Foucault refers to as a ‘picture of a disease’, defined as the effort to correlate disparate visual and verbal accounts of illness into a unified concept.¹⁶

It is also evident that these photographs act as forms of data. Viewing Lightbody’s images of vaccinated and unvaccinated smallpox victims together, it is clear that photography has been used as an observational experiment that identifies differences in how the infection manifests with and without treatment. In accordance with scientific methodology, test conditions have been imposed at each stage of this process. Firstly, the subjects have been selected in order to give the most impartial and quantifiable results: so, both are female, they are close in age, and at similar stages of progression of the disease at the time the photographs are taken. There is also a careful recording of these material facts, showing an effort to assert control. Visually, the images have been composed almost identically: both subjects are positioned centrally within the frame and shown in full-face close-up, to enable detailed examination of the appearance of their condition; both are pictured in bed, in the same hospital backdrop, which provides a neutral setting equivalent to the scientific laboratory. All of these features give the impression of objective enquiry, and the resulting photographs can be viewed in a kind of ‘spot the difference’ format, in which the outcome of the experiment can clearly be seen.

This ‘spot the difference’ or ‘before and after’ configuration of two similar images printed together for viewing as a pair is one that often recurs in early medical photographs, since it advances a visual and therefore immediate means of showing the changes or ‘improvements’ wrought on the sick by clinical intervention. The mechanism is clear in ‘Two boys with pseudo-hypertrophic paralysis’ (c. 1870s) (*Fig. 3*), which invites the viewer to compare two photographs of children with the same ailment: one with, and one without, medical ‘correction’. As in Lightbody’s smallpox photographs, the setting regulates procedure, with the same blank walls, dark drapery to the right, and chair on the left, creating an almost identical field in which to conduct observation. The photograph on the right shows a semi-naked boy attempting to stand with his hands on the back of the chair for support, although his contorted legs and feet seem to make this an awkward venture. His sullen expression and confrontational gaze enhance the sense of his discomfort and resentment. Draped around his waist is what appears to be a loincloth, an item of (un)dress associated with the image of the primitive and barbarous savage; although on closer inspection, it looks

¹⁶ Michel Foucault, *The Birth of the Clinic*, trans. by A. M. Sheridan (London: Routledge, 2003), p. 138.

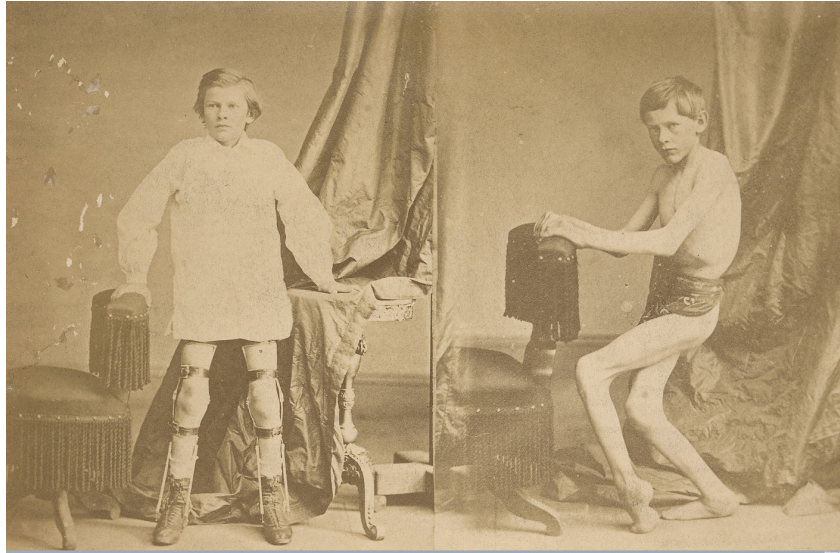


Fig. 3: St Bartholomew's Hospital Photographic Society, Two boys with pseudo-hypertrophic paralysis, c. 1870s. St Bartholomew's Hospital Archives and Museum, Wellcome Images.

more likely to be the arm of someone hidden in the drapery, held there to support the child. Either reading suggests dependency, deficiency, and the need for improvement.

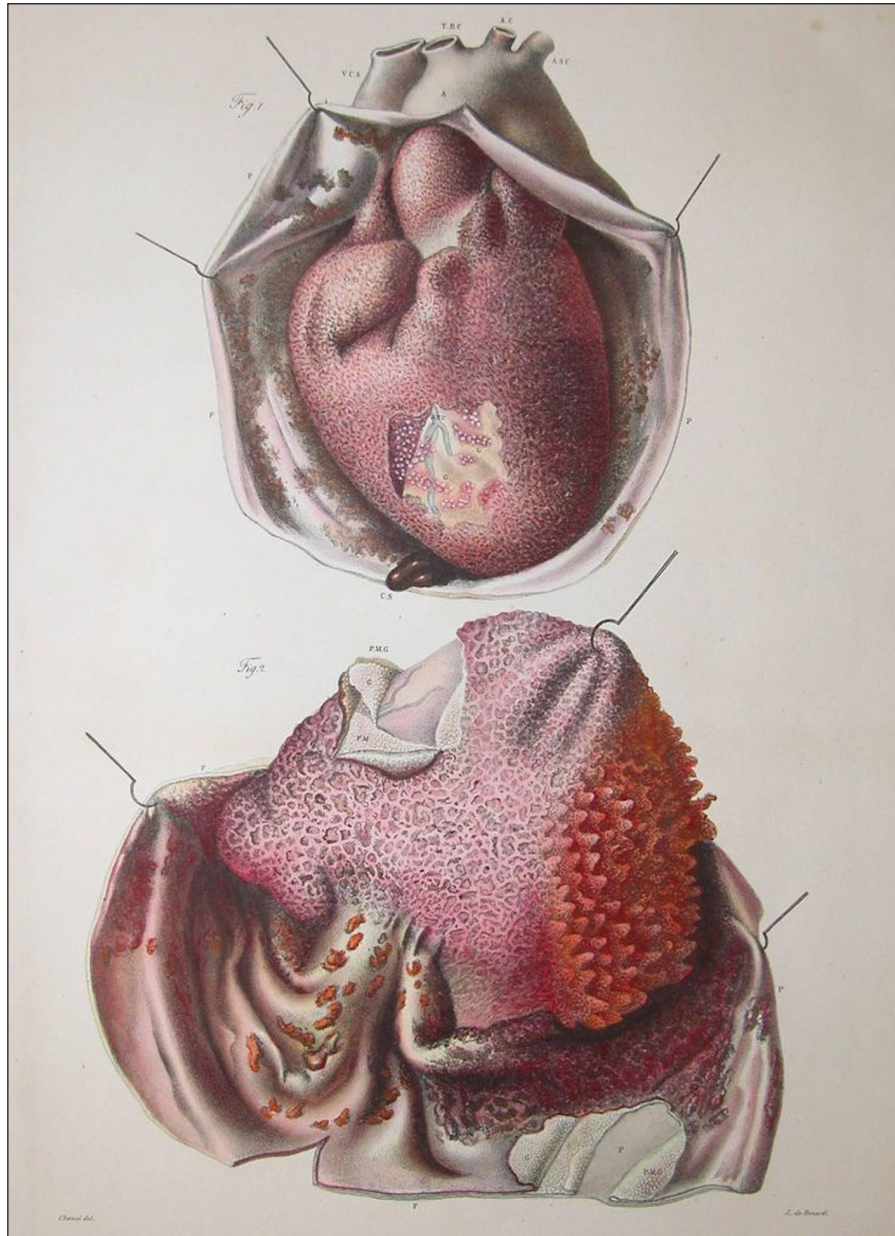
In contrast, the photograph on the left shows the same child subjected to medical treatment. With his damaged legs constrained in metal and leather braces — the visible and coercive method of ‘correction’ — the boy is able to stand upright independently, albeit achieved using both hands for balance. Clothed in a clean white shirt and boots, with his hair brushed, and attentively engaged in watching something beyond the camera, this child clearly presents an image of transformation: from the lame and disconsolate boy in the photograph on the right, to one more conventionally healthy, proper, and civilized. However, it is the impartial nature of the photograph, the very quality that gives it its value as a source of data, that also works to subvert the aura of control this image attempts to assert. The photograph's affinity with the random, and tendency to record whatever enters its field of vision, whether placed there intentionally or not, has here captured the drapery to the right of the composition falling aside to reveal a table underneath, prompting doubts as to how stable the boy's posture truly is, since his efforts to remain upright have seemingly upset the decor.

While the provision of data is a crucial determinant of medical photographs, they remain strikingly different from the nineteenth-century anatomical illustrations made for referential and pedagogic purposes.

The typical anatomical illustration of the period is a graphically rendered depiction of surgical dissection, which shows the body divided into isolated parts. Such images are generally characterized by their scrupulous detail and emphasis on exposing the internal structure of bones and tissues, and on how pathological damage manifests in them — a highly technical type of analysis that demands an objectified view of the body as a system of components. In contrast, the early medical photograph can be seen to convey information that is relevant to a range of scientific, moral, and aesthetic concerns, in the manner of the illustrated anatomy. Its method of communication is more closely aligned with the tradition of portraiture, which uses signifiers such as pose, facial expression, dress, setting, and props to construct the idea of an individual and their social context.

The difference is striking when photographs and illustrations of the same affliction are compared. Jean Cruveilhier's (1791–1874) illustration from *Anatomie pathologique du corps humain* (1829) (*Fig. 4*) is a detailed, colour image of a heart in dissection, which, although it offers a lucid insight into the various tissues and mechanisms of the organ, is nonetheless an image made by and for the medical profession, since it requires specialist knowledge to perceive where and how disease has taken effect. In comparison, the photograph labelled 'Man with large aneurysm which originated in the aortic arch' (St Bartholomew's Photographic Society, 1903) (*Fig. 5*) does not call for the same kind of advanced understanding to know that the man is sick. There is an obvious distortion and swelling around his chest, his expression is dejected and he is pictured in a sickroom setting — factors through which the photograph does not so much explain how or why, but which rather relate a general sense of suffering and malaise. As Richard Barnett has commented, the anatomical illustration instantiates a 'concept of clinical authority [...] rooted in the dead patient's body', whereas the medical photograph captures the living patient with a candour that compels recognition of sickness and injury as a holistic experience, with mental, emotional, and preternatural, as well as physiological effects (p. 22).

Both the medical photograph and the anatomical illustration of the nineteenth century have roots in the early illustrated anatomy and, as such, both genres are necessarily influenced by its spectrum of didactic, aesthetic, and moral concerns. However, increasingly determined by the needs of pathology, the anatomical illustration began to foreground the informative and instructional: a development that the medical photograph counters by restoring those ethical, spiritual, and artistically expressive aspects which illustration had largely forfeited in its quest for scientific objectivity. It is in its role of representing the still living, yet agonized or dying body that the



*Fig. 4: Diseased heart, from Jean Cruveilhier, *Anatomie pathologique du corps humain*, 1829. St Bartholomew's Hospital Archives and Museum, Wellcome Images.*



Fig. 5: St Bartholomew's Photographic Society, Man with large aneurysm that originated in the aortic arch, 1903. St Bartholomew's Hospital Archives and Museum, Wellcome Images.

early medical photograph connects to religious images of martyrdom. As the traditional, Western cultural icon of all kinds of suffering, the figure of the martyr provided an aesthetic model for the depiction of damaged bodies as well as a positive — even pious — framework for indulging an interest in morbid flesh often deemed prurient or taboo. What legitimates the viewing of the violent spectacle of martyrdom is the moment of transcendence — the attainment of divine grace — that martyr imagery and its imitators seek to portray. Yet the construction of this concept is only possible through the dialogue of image and story, since the pictures' signification is bound up with their function as visual interpretations of theological narrative. Martyr narratives underwent something of a revival in the popular novel of the 1850s, a phenomenon which shows that stories of persecution, brutalization, and spiritual exultation were a considerable presence in Victorian cultural consciousness. Accordingly, the trope of transcendence through suffering became the prevalent framing structure for representations of body horror — the dominant contemporary form of which was the medical image, including photographs.

Body horror in the nineteenth-century martyr novel

Originating in the chronicles of primitive Christian history, martyr narratives had always been an amalgamation of fact and invention, of eyewitness testimony and imaginative supposition: an aspect of their constitution that resonates with both the production of medical images from their earliest inception, and the dual documentary and artistic properties of the photograph. With several titles authored by prominent clergymen, a central concern of the Victorian martyr novel was the use of this formal versatility to forward empirical evidence of the Divine. The brutalized body itself functions as the principal device in this endeavour, since it simultaneously reads as a sign of spiritual ascension, thus attaching mystical significance to a material event. Early medical portraits also seek to reproduce this moment of supposed earthly-celestial transition, in which the subject's physical agony affords them spiritual insight. While the photograph's seemingly indexical relationship to natural reality works to authenticate this circumstance, the verbal mediation of the martyr novel — lacking such upfront validation — seeks to substantiate the truth of Christian martyrdom with historical, geographical, and archaeological material, much of which was sourced from contemporary scholarship. Charles Kingsley's *Hypatia; or, New Foes with Old Faces* (1853), Nicholas Wiseman's *Fabiola; or, The Church of the Catacombs* (1854), and *Callista, A Tale of the Third Century* (1855) by John Henry Newman, are all titles that exemplify this use of historical record as

the narrative basis for their theological polemic and mystical supposition.¹⁷ Of these three, Wiseman's *Fabiola* is the most intent on substantiating its religious convictions with palpable facts.

The setting for *Fabiola* is the catacombs of Rome — a topical choice, since the site had recently been excavated by Italian archaeologist Giovanni Battista de Rossi (1822–1894), grounding the narrative in geographical place and historical research, but also providing it the richly Gothic backdrop of a dark, labyrinthine, subterranean graveyard, thick with human remains.¹⁸ Equally gruesome, and foregrounding the body in its most abject state, is the subject of the interment of corpses which mobilizes the novel's empirical exposition of Christian faith. Using the device of two voices — one the invented character Diogenes, gravedigger and caretaker of the catacombs, and the other a contemporary, didactic voice featured in scholarly footnotes — Wiseman relates parallel fictional-historical and factual-informative stories of two child martyrs.

Diogenes' narration is anecdotal and familiar, and mimics the form of eyewitness testimony found in the earliest annals of hagiography, lending it a gravitas further enhanced by the evidence offered in the footnotes. Diogenes' account of having 'to gather up hastily the torn flesh and broken limbs [...] to wrap them hurriedly in their winding sheets, then fold them into another sheet full of lime [...] and shove them precipitately into their tomb' gives a personalized, dramatic report of burial in the catacombs, distinguished by the detail of double wrapping the body — a practice that is verified as historically authentic by a footnote that tells us: 'In the cemetery of St Agnes, pieces of lime have been found in tombs forming exact moulds of different parts of the body with the impression of a finer linen inside and a coarser outside' (Wiseman, p. 171).

Throughout the novel, Wiseman also employs a variety of visual aids including maps, architectural plans, and facsimiles of the inscriptions found on the tombs, as material proof that aims to promote his

¹⁷ The life of the fourth-century scholar Hypatia of Alexandria was the inspiration for Kingsley's novel, although he was accused of using history as anti-Catholic propaganda: see Larry K. Uffelman, 'Kingsley's *Hypatia*: Revisions in Context', *Nineteenth-Century Literature*, 41 (1986), 87–96. *Callista* is based on the historical writings of Tertullian and St Cyprian. Wiseman cites his sources for *Fabiola* as the 'Acts of the Martyrs' — a body of documents comprising official records and eyewitness accounts of the trials and deaths of Christian martyrs dating from the second century — and the Roman Breviary: see Nicholas Patrick Wiseman, *Fabiola; or, The Church of the Catacombs* (New York: O'Shea, 1880; repr. London: Forgotten Books, 2012), p. viii.

¹⁸ De Rossi's excavation of the Roman catacombs occurred during the 1840s and led to new discoveries, particularly regarding the size and extent of the underground tombs, and how they impacted on development of the early Christian church. The project was well known and of wide public interest, and Wiseman's novel was one of several titles on the catacombs of Rome published around mid-century, all of which, excepting *Fabiola*, were non-fiction.

imaginative conjecture to the sphere of historical reconstruction. One such facsimile identifies the body in a tomb that Diogenes recalls ‘my father and I made [...] of six slabs of marble [...] and I engraved’ as that of the young martyr Aelius Fabius Restitutus (p. 172). While the inscription indicates the remains of only one body, Diogenes, recalling the burial, reveals that Restitutus

has a comrade younger than himself lying in the same bed. As we were closing the tomb of Restitutus, the body of a boy not more than twelve or thirteen years old was brought to us. Oh, I shall never forget the sight! He had been hung over a fire, and his head, trunk, and limbs nearly to the knees, were burnt to the very bone; and so disfigured was he that no feature could be recognized. Poor little fellow, what he must have suffered! [...] We thought the youth of eighteen would not grudge room for his fellow-soldier of twelve, but would own him for a younger brother; so we laid him at Aelius Fabius’s feet. (p. 173)

An accompanying footnote, in contrasting pedagogic tone, announces that:

On the 22d of April, 1823, this tomb was discovered unviolated. On being opened, the bones, white, bright, and polished as ivory, were found, corresponding to the framework of a youth of eighteen. At his head was the phial of blood. With the head to his feet was the skeleton of a boy, of twelve or thirteen, black and charred chiefly at the head and upper parts, down to the middle of the thigh-bones, from which to the feet the bones gradually whitened. The two bodies, richly clothed, repose side by side under the altar of the Jesuits college at Loretto.¹⁹

Founded on fact, and therefore not entirely fiction, but using imaginative invention to reconstruct the past, Wiseman’s novel is a fusion of styles that exploits both the immediacy and sensation of first-person narration

¹⁹ Wiseman, p. 173. The tomb was discovered by Giuseppe Marchi (1795–1860), de Rossi’s predecessor and mentor. The ‘phials of blood’ became a controversial issue following the nineteenth-century excavations of the catacombs. Said to contain blood collected at the scenes of martyrdom, the presence of a phial embedded in the plaster that sealed a tomb identified the grave as that of a martyr, and consequently elevated the corpse within from ordinary remains to holy relics. However, the matter was hotly debated, with some maintaining that the glass ampules contained Eucharistic wine rather than blood. Demands to test the chemical composition of the contents once again put Church authority in contention with that of science, although the mystery was never resolved, since the Vatican ceased the distribution of relics from the catacombs in 1863. See Wendel W. Meyer, ‘The Phial of Blood Controversy and the Decline of the Liberal Catholic Movement’, *Journal of Ecclesiastical History*, 46 (1995), 75–94.

and the documentary realism of historical research. What is interesting to this discussion is that both elements are developed through a focus on the abject body: Diogenes' narrative describes the condition of the dead child in grimly explicit detail, with the body broken apart and listed as 'head, trunk, limbs [...] knees', forcing concentrated attention on physical form, and effecting a literary equivalent of corporeal dismemberment; while phrases like 'hung over a fire', 'burnt to the very bone', and 'so disfigured' graphically convey notions of intense bodily agony and violation.

In the footnote, the same corpses have undergone a change of status and become remains, affording them value as both religious relics and archaeological artefacts. This is reflected in the lingering, fetishized description of the bones, which are 'bright', 'polished', and like 'ivory', evoking the qualities of something precious; while 'richly clothed' and their placement 'under the altar' esteem them as holy treasures. The 'black and charred' skeleton of the boy is the factual foundation of Diogenes' tale and thus Wiseman's theological premise of martyrdom, while the documenting of the precise date of the discovery of the tomb, as well as the (then) current location of the relics ('at Loretto'), adds weight to the evidence by siting it in a historical context and physical space.

By collapsing time, and consolidating events that occurred in the early centuries with developments in the Victorian present, the two voices together comprise a complete story that traces the post-mortem progress of the body, from the circumstances of death and state of the cadaver, through rituals of interment and decomposition, to their exhumation as skeletal remains. Paired with Wiseman's overtly Christian agenda, this morbid fascination with the process of death and the body in its most abject states — as ruptured flesh, corpse, remains, and relics — draws us once again into the territory of the illustrated anatomy, in which the dead uncannily articulate concepts of nature, history, and the Divine.

There is, then, a natural overlap between martyr narratives and medical erudition, situated in their shared preoccupation with the body corrupt. However, where nineteenth-century medical concepts of pain were predominantly focused on pathological symptoms with no meaning beyond their empirical effect, martyr narratives and images not only interpreted bodily suffering as having emotional and social ramifications, but even esteemed it as a condition of mystical vantage. That such stories saw a resurgence in the nineteenth-century novel, and were enthusiastically received, indicates that there was a widespread desire for an alternative to the prevalent distanced and depersonalized mediation of physical

affliction offered by the medical profession.²⁰ With their blend of historical evidence, aesthetic interpretation, and spiritual musing, martyr novels such as *Fabiola* could exploit the sensationalism of violent spectacle while their religious import simultaneously sanctioned and palliated aspects of voyeurism, prurience, fear, and disgust that are always close to explorations of vitiated flesh. Not only did the martyr novel push the notion of productive suffering into public consciousness, it did so in a multifaceted formal style that chimed with the photograph's coalescence of the illusory and the real. As such, it made an expedient model for the photographic mediation of abject bodies, enabling an understanding of anguish beyond the confines of medical report.

Medical photographs and martyr imagery: sample comparisons

Photographs, of course, are never simply a passive recording of visual information. By accentuating the intrinsic affinity between anatomical imagery and representations of the martyr arising from the shared subject of the morbid body, Victorian medical photographic portraits integrate religious themes and concepts into their documenting of data. The resulting pictures are a record of their subjects' lived experience of affliction that also forward notions of a mystical beyond. As in martyr mythology, the desecrated and broken body itself functions as empirical evidence of the metaphysical realm, since inscribed upon it is the divine transcendence of the subject's immortal soul. The uncanny site of the damaged body — both threateningly abject and located in an uncertain suspension between earthly embodiment and the unearthly hereafter — was a signifier of the Divine manifest in natural phenomena, brought to Victorian cultural consciousness by the martyr novel, through which it influenced the mystical interpretation of physical affliction in medical photographs.

Through the common theme of human suffering shared by medical and martyr imagery, the medical photograph evolved a complex of intersected clinical and theological ideas, such as: medicine as a venerable institution and moral authority similar to the church; care of the sick as both a profession and the work of Christian charity; illness as both divinely ordained and biologically determined; and pain as a physical burden that is also a spiritual privilege. Lionello Puppi has advanced the notion that

²⁰ The popularity of the martyr narrative was not only confined to bestselling novels, but also extended to the stage. *Fabiola* was adapted as *The Youthful Martyrs of Rome* by Frederick Oakeley in 1856; Newman's *Callista* as *The Convert Martyr* by Frederick Charles Husenbeth in 1857; and Kingsley's *Hyppatia* (with the same title), by G. Stuart Ogilvie, somewhat later (though this is testament to its ongoing fascination) in 1894. An earlier 1859 version, *The Black Agate*, adapted by one Elizabeth Bowers, was also briefly staged in Philadelphia.

the iconography of the martyr, while ostensibly portraying events that occurred in the first centuries, often disregards historical accuracy in its depiction of torture, and rather acts as a record or critique of the methods of punishment employed by the society contemporary to that in which the image arises.²¹ Put another way, the public executions and horrific spectacles of violence witnessed by artists throughout history were not, for the most part, represented by them as current events (perhaps for fear of reprimand by authorities using those same tortures as their means of control), but ‘recycled in the scenes of martyrdom or biblical epic for which there was an ever-growing demand’ (Puppi, p. 59). If, as Puppi maintains, the figure of the martyr is a vehicle for social critique, then the early medical photograph’s alignment with martyr imagery could have functioned subliminally as a forum for expressing unconscious or socially unacceptable fears of medical intervention as a form of torture or means of control. Or, conversely (and perhaps simultaneously), that the association acts as a hegemonic agent for the medical profession which produces the images, disseminating a concept of the ideal patient modelled on the martyr, and thus characterized by submissiveness and observance.

Religious connections are established through the staging of the photographs, which actively adopt the same visual signifiers that appear in martyr imagery. ‘Woman with malignant disease of the thyroid gland’ (1887) (*Fig. 6*), taken by surgeon James Berry (1860–1946) is a pertinent example, composed (either deliberately or unconsciously) to resemble Renaissance depictions of St Mary Magdalene, thus creating its meaning and effect through this alignment. Although it is not obviously apparent what the woman’s ailment is, her pose and demeanour are immediately indicative of suffering. Her facial expression, with its downturned, pursed lips and drooping eyelids, has an air of melancholy and resignation. Her passive, seated pose and the tilt of her head are likewise suggestive of frailty and dejection. The bedclothes she is wearing are the costume of the invalid, yet also recall the ecclesiastical robes worn by saints in religious paintings, and the similarity is confirmed by the way the clothing is falling away from her shoulders and by the position of her hand holding them in place, which are both conventional features of Renaissance paintings of Mary Magdalene, as seen in the comparative example, *The Penitent Magdalen* [*sic*] (c. 1635) by Guido Reni (1575–1642) (*Fig. 7*).

Mary Magdalene was not strictly a martyr, but is considered more as an example of a reformed sinner — someone who has renounced worldly pleasures in favour of spiritual devotion — and by recreating the visual tropes used in portraits of her, this photograph suggests similar concepts. The background in the photograph is out of focus, which imparts a sense

²¹ Lionello Puppi, *Torment in Art: Pain, Violence, and Martyrdom*, trans. by Jeremy Scott (New York: Rizzoli, 1991), p. 59.



Fig. 6: James Berry, Woman with malignant disease of the thyroid gland, 1887. St Bartholomew's Hospital Archives and Museum, Wellcome Images.

of material reality fading away, and of the subject turning towards a mystical realm. The woman's gaze is directed away from the viewer, suggesting a lack of concern with social engagement, while the light falling on her face is a common signifier of piety or even a saintly state of grace. Considering that she is suffering from a 'malignant disease', these features also signify the relinquishing of life and transition into death and beyond. Disease

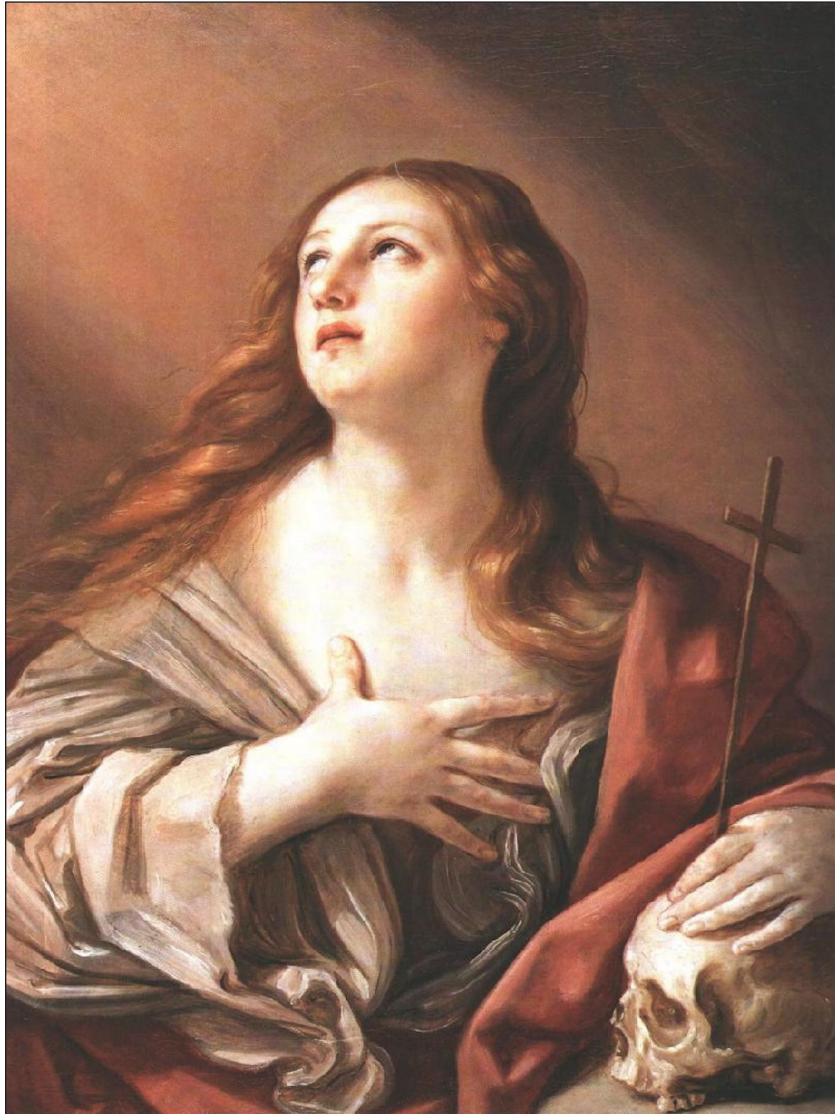


Fig. 7: Guido Reni, The Penitent Magdalen, c. 1635. Reproduced by kind permission of The Walters Art Museum, Baltimore, USA.

here is portrayed as an emotional and psychological experience as well as a somatic condition, and by utilizing the visual language of religious art, this photograph asks us to read that experience in theological terms as something spiritually productive.

A further association with the art world that merits some attention here is found in the titles (or perhaps more accurately, labels) conventionally given to medical photographs. While the idiom ‘with’ is common

parlance when referring to persons afflicted by disease, as in ‘Woman with malignant disease of the thyroid gland’, ‘Man with large aneurysm’, etc., it is also a term derived from the traditional modes of naming (predominantly Western European) figurative paintings: *Self-Portrait with a Sunflower* (Anthony Van Dyck, 1633), *Self-Portrait with Circles* (Rembrandt, 1659), and *Woman with a Water-Jug* (Jan Vermeer, 1660–67), being prominent examples. In all these celebrated paintings, the word ‘with’ denotes the presence, within the composition, of something additional to the main subject — a separate, self-contained object included to embellish the central interest of the figure. However, in medical photographs the use of ‘with’ is something of a misnomer, since it indicates the presence of two entities — the subject and the disease. Yet only one of these — the subject — is ever distinctly visible, because disease is not a separate object, as implied in the terminology, but an integrated biological system in a state of simultaneous union and conflict, that the word ‘with’ is inadequate to convey. The term ‘with’ serves to suppress the threat of the abject inherent in disease, by reinstating the dualism that signifies ‘I’ and ‘other’, and, in doing this through language, by asserting the authority of the symbolic order that the abject threatens to sabotage. In its emulation of titles given to figurative paintings, using ‘with’ further compounds this distancing and denial of the abject by aligning medical photographs with aesthetic practices rather than with the disordered body.

The photograph labelled ‘Patient who had a recurrent carcinoma of the right breast’ (1888–89) (*Fig. 8*) presents, again, an instance where the explicit foregrounding of body trauma is tempered by a resemblance to religious imagery. Despite the subject’s extensive injury and inevitable pain, her facial expression is not agonized, but stoical, and her gaze is turned benignly towards the viewer with a look of mingled pity and submission. Often the only physical attribute to remain intact in martyr iconography, the face is the signifier of the saint’s divine ecstasy and the symbol of the transcendent soul, which is distinct from, and liberated by, his or her desecrated body. The pairing of the brutalized body with the divinely transfigured face is a visual code that enables the viewer to inscribe and thus palliate images of body trauma with mystical significance. In *Regarding the Pain of Others*, Susan Sontag speculates that photographs of facial mutilation are the most difficult images of atrocity to endure: precisely because, I would maintain, the means of reading or projecting spiritual benefit — that is, facial expression, has been proscribed.²² Here, the photograph is labelled with the statement that the woman’s cancer is recurrent, suggesting she has already (unsuccessfully) undergone surgery: the equivalent of the violent ordeal endured by the martyr, that facilitates divine ascension.

²² Susan Sontag, *Regarding the Pain of Others* (London: Penguin, 2003), p. 74.

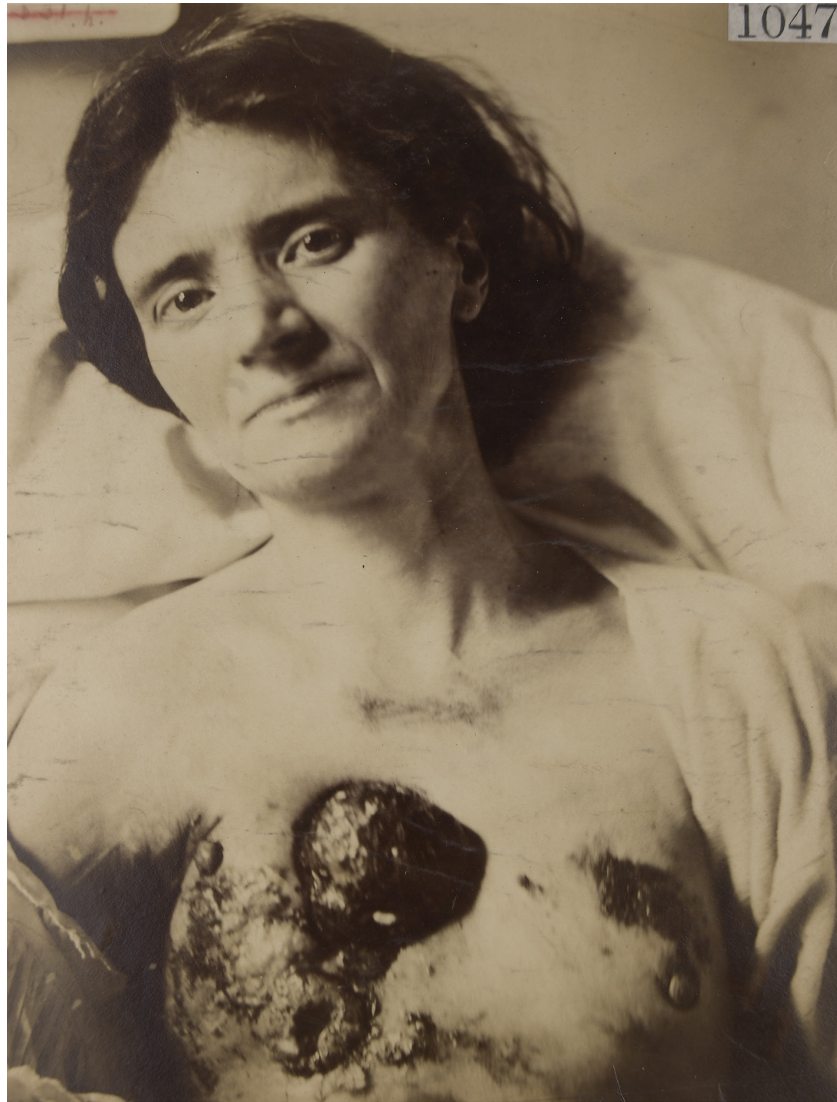


Fig. 8: St Bartholomew's Photographic Society, Patient who had a recurrent carcinoma of the right breast, 1888–89. St Bartholomew's Hospital Archives and Museum, Wellcome Images.

The framing and composition of 'Patient who had a recurrent carcinoma of the right breast' is comparable to the icon of the 'Immaculate Heart of Mary' (also called 'Our Lady of Seven Sorrows' and 'Mater Dolorosa'), an image associated with the cult of the Sacred Heart that emerged in the twelfth century, and which is still used in Catholic devotions today. Like the well-known icon, the photograph shows a female figure enveloped in folds

of cloth, bearing a slightly mysterious, though compassionate expression, and suffused with light — a common signifier of the Divine. The prominent wound in the patient's chest echoes the stylized representation of the Holy Virgin's heart pierced by seven swords — a graphic symbol of her interior suffering. Such striking similarities enable the photograph to draw all the theological attributes associated with this icon, such as virtue, purity, absolute faith, and suffering as a form of beauty, into a medical context.²³

The St Bartholomew's Photographic Society image of a young woman with anorexia (1896) (*Fig. 9*), is accompanied by an extensive label that reads: 'Emaciated woman, aged 17 years, suffering from "Hysteria", who refused food on account of anorexia (anorexia nervosa).' This descriptive summary attaches a sense of complete breakdown to the photograph: of physical deterioration through 'emaciation', of disordered mental faculties through 'hysteria', an inability to perform basic functions of survival since she refuses food, and all of these conditions made more poignant by the subject's youth. What the words want to emphasize is an idea of the suffering of the whole being, and this feeling is echoed visually in the picture's stylistic and compositional similarities to paintings depicting the death of Christ — the original and most revered of martyrs.

Since the pretext of the photograph is to illustrate a medical condition, the girl's nakedness is contingent on the effective display of her damaged body; and any sexual connotation is suppressed by both the medical context and the aura of fragility and suffering perceptible in the sag of her head and flaccid limbs, characteristic of the weakness and lassitude induced by starvation. At the same time, the exposed flesh, minimally covered by a cloth wrapped around the loins, mimics the conventional appearance of the crucified or dead Christ; and the girl's enervated body, laid out on a shroud-like cloth, adds to this impression in its likeness to the behaviour of a corpse. While this would seem to evoke the abject, the allusion to the dead Christ works to subvert this tendency by imparting a sense of spiritual significance enhanced by the indeterminate background, which, lacking any contextualizing feature, might be imagined as the interior of a tomb, or the underworld, or some unknown divine realm. Against this dark backdrop, the pale body appears almost mystically illuminated, and the slightly out-of-focus blurring around the head adds to the sense of a ghostly form, or the idea of someone broaching divine and earthly states. Compared to Filippino Lippi's (c. 1457–1504) *Pieta* (*The Dead Christ Mourned*

²³ It is perhaps also significant to this particular photograph that the Catholic cult of the Virgin Mary saw a surge in popularity during the nineteenth century, following her alleged appearance to St Catherine Laboure (1806–1876) in Burgundy, France, in 1830. In this mystical vision, she delivered directions for making the 'miraculous medal' — a medallion featuring the image of the Immaculate Heart, which, if worn, would afford the bearer many blessings. The Mass of the Pure Heart, derived from Marian cults, was also formally integrated into Catholic practice in 1855.



Fig. 9: St Bartholomew's Photographic Society, Emaciated woman, aged 17 years, suffering from 'Hysteria', who refused food on account of anorexia (anorexia nervosa), 1896. St Bartholomew's Hospital Archives and Museum, Wellcome Images.



Fig. 10: Filippino Lippi, *Pieta (The Dead Christ Mourned by Nicodemus and Two Angels)*, c. 1500. Reproduced by kind permission of the National Gallery of Art, Washington, USA.

by *Nicodemus and Two Angels*) (c. 1500) (Fig. 10), the photograph can be seen to feature many of the same signifiers, and although there is obviously a gender difference, it only serves to further the concept that the transient, physical self is of less significance than the immortal soul made ascendant by its suffering.

The visual and thus conceptual correspondence to religious images in each of these photographs balances their potential to disturb and even appal. In contrast to the distancing effect of the anatomical illustration's fragmentation and objectification, the holistic outlook of the medical photographic portrait's exposition gave an immediacy and intensity to its representation of corrupt and abject human flesh. Fostering associations between medical cases and martyr mythology was a means of subduing these alarming effects, by affording them a spiritual value and meaning.

Conclusion

There is, then, a long-established tradition of conflating body horror with the spiritual. The concept and image of the martyr — which dates back as far as the inception of Christianity in the first centuries CE — is the archetype commonly invoked in artistic interpretations of bodily damage: both as a way of sanctioning sensational spectacles of corrupt flesh, and as a means of palliating their potentially traumatic effect by framing them as scenes of supernatural transcendence. Although scientific in its outlook, early empirical study of the body was nonetheless dependent on the uncanny and inherently disturbing phenomenon of the corpse, and as

such was influenced by traditional modes of representing abject bodies as conflated with the mystical. The illustrated anatomy was thus an interweaving of the macabre, medical process of dissection with the contemplation of metaphysical enigmas such as the temporal quality of flesh, the relationship of matter to spirit and of spirit to the Divine, and the nature and purpose of death.

With the rise of pathology throughout the nineteenth century, the religious and moral dimension of medical images of the body became much more subdued. Anatomical illustration was dominated rather by a focus on discrete sections of the body, and by a highly technical, intensely detailed style. While these images retained the power to disturb — in their depiction of the interior of the body and the corruption of flesh through disease — their fragmented quality and use of artistic materials and techniques worked to regulate and contain their capacity to provoke feelings of horror.

Medical photographs, in contrast, offered a more immediate, and therefore alarming, encounter with the abject body, due to photography's perceived indexical relationship to empirical reality and its status as documentary record — factors that give photographic representations of injury and illness an aura of singularity and truth that amplifies their unsettling impact. Adopting the conventions of religious art, particularly images depicting martyred saints, allowed medical photographs to channel the long association of physical suffering with spiritual elevation, creating a meaning beyond pointless suffering, as well as extenuating the traumatic potential of images whose perceived fidelity might otherwise overwhelm. The body of the martyr, figured as the site of conflict between opposing religious and secular ideologies, of which the wounds they suffer are a visible manifestation,²⁴ makes an apt parallel for the damaged body in the medical photograph, which is likewise a site of contention: only here, the agents competing for mastery are the medical profession on one side and the hostile microorganisms that cause disease on the other. By assigning the role of malevolent persecutor to the disease, the adverse characteristics of benevolence, succour, and liberation automatically attach to the actions of medicine and work to promote the profession in a positive light.

Ironically for a medium that lays claim to the scientific ideals of objective observation and accurate recording, it was photography that reintroduced aspects of holism and spiritual significance to the medical image. Early medical photographs not only chronicle a process of negotiation between established medical practice and a new representational technology, but in their engagement with aesthetic and religious traditions

²⁴ Maureen Moran, *Catholic Sensationalism and Victorian Literature* (Liverpool: Liverpool University Press, 2007), p. 153.

they open a space for a greater range of artistic interpretation and moral expression in medical images. Rather than the objectified, intimate scrutiny of body parts seen in the nineteenth-century anatomical illustration, medical photographs were more closely aligned with those representations of the damaged body with aesthetic and moral as well as analytical attributes, which included the highly popular Victorian martyr novels, as well as more traditional religious paintings and icons. As such, the photograph in Victorian medicine embraced a unified vision of human ontology that encompassed both patients and practitioners, and in many ways ran counter to the nineteenth-century divergence of thought into specialist disciplines.