



STANDING IN THE SHADOWS, WAITING IN THE WINGS

As the patient was slipping into unconsciousness, the consultant surgeon Mr F. peered in through the anaesthetic room window. All the nurses immediately pulled up their masks, stood stiffly erect, and pulled open the doors to the theatre. The anaesthetist, Dr C. murmured to the researcher, "Did you see that?"¹

The medical profession has always been geared towards reassurance. The daily activity of doctors and surgeons is often so extraordinary – so alien to our senses – that practitioners expend a great deal of energy neutralising the potential sensationalism of their work. That they are successful is clear. In fact, they are so successful that it is difficult to think of medical practice and the administration of hospitals as anything but rational. Consequently, the various metaphors that medicine rests on, the social rituals and hierarchies of medical staff, and the aesthetics of medical architecture and medical materials are all rendered almost invisible.

A collaboration by artists Mark Francis and Nicky Hirst, however, has produced a series of works which disturb this carefully nurtured transparency. Establishing a relationship with the staff of King's College Hospital, London, over time, the couple visited regularly in an attempt to familiarise themselves with the seemingly labyrinthine structure of the institution. As they gradually came to understand the functions and inter-dependence of the various departments of the hospital, their earlier plans to represent the human body through the game of exquisite corpses gave way to a photographic record of the building's architecture. The outcome – a series of ten images, some of which are computer-manipulated – goes beyond the study of architectural form to investigate the relationship of these spaces to the public and personal histories of the people who occupy them.

The peculiar evolution of the hospital as an institution has been explored in great detail in recent years by various medical historians. The founding impulse for these studies – the work of Michel Foucault – remains a powerful force in any study of this field. As such, it is worth citing his well-known account of the development of a military hospital at Rochefort as a rational, scientifically ordered space:

The first steps that were taken concerned things rather than people. Fiscal and economic supervision preceded medical observation. Medical technologies were put into operation later; medicines were put under lock and key, and their use recorded; a system was worked out to verify the real number of patients, their identity, and the units to which they belonged. Their comings and goings were regulated; they were forced to remain in their wards; to each bed was attached the name of its occupant; each individual treated was entered in a register that the doctor had to consult on his visit. Later came the isolation of contagious patients and separate beds. Gradually, an administrative and political space

was articulated upon a therapeutic space and the individualised bodies, diseases, symptoms, lives, and deaths. The space constituted a real epistemological table of juxtaposed and carefully distinct singularities. Out of discipline, a medically useful space was born.²

From this concept of the hospital's evolution, historians have traced histories of both the staff and their implementation of scientific advances and the more overlooked vestiges of the patients' experience. What is clear from Foucault's account is that the hospital was conceived as one working component of a larger scientific endeavour. Little stock was placed in human feelings or emotions as a valuable source of scientific data and therefore they were edged out of the hospital's priorities.

Besides the common spectrum of emotions that every institution filters out of its records, hospitals are the locus for more extreme sensations – the most obvious being pain – and their architecture seems particularly adept in disguising the presence of these elements. The measured, clinical nature of hospital design runs counter to the more abstract and diffuse sensation of pain, a paradoxical experience that can be both localised and without a precise location. Ludwig Wittgenstein encapsulates this when he says:

Do we know the place of pain so that when we know where we have pains we know how far away from the two walls of this room, and from the floor? ... When I have pain in the tip of my finger and touch my tooth with it, [does it matter that] the pain should be one-sixteenth of an inch away from the tip of my finger?³

Pain is one of the most complex sensations and one of the most subjective. The experience of pain can emotionally colour our perception of events and situations, something which a scientific institution cannot easily reconcile with the need to remain objective.

In this series of photographs by Francis and Hirst, we see just how much the architecture can be at odds with such human frailty. Their image of a red corridor and bed, for instance, is shocking in the intensity of its computer-generated colour. Saturating a typically colourless hospital colour in red, the artists have made manifest the intensity of pain and the patients' tendency to view the world around them as suffused with that sensation. It is as if the walls must bear witness to the patients' suffering.

The virtual quality of the colours in the image also suggest a futuristic other-worldliness, making palpable the usually implicit utopianism of modern medicine. The unreal redness of the walls and the perspectival focus on the trolley bed in the centre of the photograph is blatantly dramatic. The absence of a body on the bed only underlines the ubiquity of the patient in the sensibility of these artists. Unseen, the patient assumes the status of *Everyman* in the theatrical set of this hospital corridor.

The absence of protagonists in Francis and Hirst's images



Stage, 1997

is even more noticeable in their photographs of the old operating theatre – now a museum. In a space where theatrical references are implicit, the main players – surgeons, onlookers and patients – are now simply memories. Yet, the human perspective is fundamental in the manner in which all three photographs of this room are taken.

In *Stage, 1997* (above), the slightly out of focus image of the operating table makes us aware of the normality built into the concept of 20/20 vision. Science sets standards that our bodies should meet and these standards were devised with the information gained in such medical theatres across Europe. The nebulous photograph also evokes distance in time and the long history of surgery and the search for knowledge. This is a subject shared with the other two photographs of the theatre. In *Stage* the golden glow emanating from the back of the room and the serried rails and steps of the gallery imply enlightenment and scientific order. Likewise, *Traces*, the photograph of the theatre's blackboard reminds us of the teaching function of the hospital, but also of the constant experimentation, effacement and revision of ideas that defines the gradual accumulation of scientific knowledge. This process was made clear in the late nineteenth century when Joseph Lister was trying to demonstrate the efficacy of carbolic acid in the prevention of infection during surgery:

When, in 1877, he was offered the chair of Clinical Surgery at Kings College, Lister's chance came. A simple operation of wiring a fractured kneecap, entailing deliberate conversion of a simple fracture into a compound fracture, often resulted in generalised infection and death. On October 26 1877, Lister, for the first time, carried out the operation under antiseptic conditions. News of the operation was widely publicised arousing much opposition. Its success was instrumental in forcing surgical opinion throughout the world to accept that his methods greatly added to the safety of operative surgery.⁴

Lister's achievement was recognised only after the scepticism and doubt voiced by his peers had subsided. As a result of his work, antiseptic practice became an accepted part of surgical procedure. Through the work of one of his juniors in Glasgow – William MacEwen – preventative aseptic measures such as sterilised white gowns were also introduced in operating theatres. To the general public, sterile clothing is now generally accepted as a key element in safe surgery. In medical circles, however, masks and gowns have assumed a more relative value – in keeping with the implications of Francis and Hirst's image of the blackboard.

In *The Social Meaning of Surgery*, Nicholas Fox conducts a series of interviews with surgical staff in a British General Hospital, inquiring about their attitude to face masks, eliciting the following comments:

THEATRE SISTER: These things work for two minutes, and then have no effect. At the Children's Hospital they've stopped wearing them. There's no evidence that they work.

RESEARCHER: So it's traditional, and symbolic?

THEATRE SISTER: Yes...

NURSE MANAGER F: Filter masks work better now than they did – the best ones last two to three hours.

INFECTION CONTROL NURSE B: Discarding masks might have little effect so long as little speaking occurred around the patient, this having some effect on air movement.

THEATRE SISTER NURSE G: Antibiotics are doing the job at the moment. You could do an operation in the middle of a cornfield and be as safe...⁵

Aseptic procedures in operating theatres, then, are a much more ambiguous issue than they might first appear to the layperson. The spectrum of responses which Fox discovered in his research are generally hidden from the public by the more ritualistic elements of surgical iconography. The mask, green



Fall, 1997

smocks and caps, the preparatory washing of the hands and forearms – these are the constantly repeated actions of television and cinema surgeons which form the basis of our understanding of theatre hygiene.

As such, they explain the initial shock of Francis and Hirst's images of the operating theatres at King College Hospital. Two of the photographs in particular – *Fall*, 1997 (p. 106) and *Funghi*, 1997 (p. 104) – confront our expectations of surgical hygiene. In the first, dead autumnal leaves litter the floor surrounding the operating table and associated machinery. In the second, a large bulbous brown fungus has taken over the far corner of another theatre. In rooms where hygiene is sanctified, order has collapsed. Both images bear strong associations of death and both refer more distantly to the possibility of regeneration – dead leaves providing nutrients for the following year's tree growth and many fungi offering a source of antibiotics. These blatant reminders of the darker side of nature undermine the cleanliness of the medical space and the utopian sheen of the technical equipment. The enterprise of medicine, which often seems designed to defy nature and stem or divert its processes, is returned to the *memento mori* tradition which decorated early anatomy theatres.

Just as the clinical, sterilized, procedures of surgery are breached in these images, so too are the certainties that underpin scientific practice in *Mirror*, 1997 (below) and *Lofty Room*, 1997 (right). In the first of these photographs, the stainless steel sinks and towel units of the clean-up room are reflected in a baroque gold-framed mirror. Ambiguous and unsettling, the image almost persuades the viewer that the mirror is actually a window through which the clean-up room is visible. There is a certain amount of theatricality in the choice of such an elaborate frame and its baroque style is clearly at odds with its neutral surroundings. Beyond this clash of styles, however, there is a deeper process at work. Richard Gregory, in his study of mirroring, *Mirrors in Mind*, suggests that:



Lofty Room, 1997

In mirrors lie ghostly copies of our world, people with silent, sometimes transparent, yet life-like beings... Surely it is plausible that supposed doubles and visible mirror images are uncanny because they are, ambiguously, not alive and not dead. Life or death must have been of central concern from the beginnings of human curiosity.⁶

It is exactly that concern and that uncanny sensibility that makes Francis and Hirst's image work, playing the mirror's ambiguities against the certainties of science.

Similarly, in *Lofty Room* the artists' computer manipulation of the photograph undermines standard preconceptions about the architecture of hospitals. The image blends a painting *A Man seated reading at a Table in a Lofty Room* (c.1628–30) by a follower of Rembrandt, with a photograph of an operating theatre, foregrounding the technical medical equipment. The original painting, housed in London's National Gallery, is a celebrated study in the contrast of light and shadow. Discussing the work in his book *Shadows*, Ernst Gombrich says:

What was called the *tenebroso* style of the seventeenth century that we connect with Caravaggio frequently went to extremes to enhance the radiance of light by means of tonal contrast. The painting of a hermit or scholar reading at a table by a follower of Rembrandt or his school illustrates this effect to perfection. The light streaming through the glass panes and the open window almost dazzles the beholder, making it hard to discover the figure and the objects.⁷



Mirror, 1997

Almost every aspect of the scene in this painting appears to stand in opposition to the design of medical space and the organisation of surgical procedures. The gloom and shadow of the scholar's 'lofty room' are banished by the washes of light in an operating theatre. Windows – an access to nature and psychologically so important to the aspect of a room – are not to be found in these medical spaces. The lonely work of the scholar, too, is in stark contrast with the team effort of modern surgery, just as his books appear antiquated when compared to the high technology of the theatre.

Beyond these comparisons, there is again a deeper attack on notions of scientific certainty. In the very style of the painting, the thick surfaces which reject the precise record of reality so often found in seventeenth century Dutch art, there is a warning against the outward appearance of the world. In *The Art of Describing*, Svetlana Alpers touches on this aspect of Rembrandt's style (and that of his followers) arguing that:

In turning away from the craft of representation, Rembrandt also turns away from the certainty and knowledge attributed by Dutch culture and its art to the world seen and to sight itself. The surfaces of Rembrandt's late works, as we have just noted, do not enable one to see better on the model of sight embraced by the culture. They are the surfaces of a maker of pictures who profoundly mistrusted the evidence of sight. This point becomes the very subject of Rembrandt's art in his fascination with blindness... paradoxical though it may seem, Rembrandt makes images that show us that it is the word (or the Word) rather than the world seen that conveys truth.⁸



Guardians, 1997

Grafting the shadowy world of Rembrandt onto the contemporary architecture of King's College Hospital, Francis and Hirst fashion a useful reminder of the origins of medical knowledge. They remind us of the original power of the medical atlas and textbook, the moral atmosphere of early anatomy (remember Rembrandt's anatomical paintings and drawings) and of the dangers of a narrowly empirical world-view.

In the remaining two photographs, this reminder is extended to include the role collections played in the moral framing of anatomy and surgery. *Guardians, 1997* (top right) and *Clone, 1997* (bottom right) both allude to replication and, indirectly, to the underlying vulnerability of the patients in the hospital system.

In the early collections of artefacts which doctors gathered around anatomy theatres, many of the objects functioned as reminders to the students of the humanity of the bodies they performed procedures on. Young anatomists, reacting against the horror of opening a body, naturally tend to reduce the experience in their minds and so risk treating the patient or corpse as an object. The artefacts gathered and displayed around those early theatres were both educational and were striking visual reminders of the true nature of the work at hand, humanising an otherwise alienating experience.

In *Guardians*, the fragility of life in hospitals is gently referenced in a surreal tableau where upturned gas masks solicitously peer down at a collection of birds eggs. The inanimate equipment of the institution is suddenly given life and new breeds of cyborg take their place in nature's hierarchy.



Clone, 1997

In a medical world where the human body now readily incorporates technology such as artificial hips or pacemakers, the artists have uncovered other trans-species – a witty nod to a world where the OncoMouse is already a reality.

This awareness of the emerging landscape of genetics surfaces again in *Clone* – an image of an institutionally grey collection of urine bottles stored in a cupboard. At the heart of this image is the contrast between the futuristic glamour of the clone and the everyday loss of self-respect by patients using these bottles. The deliberately faded vision implicit in this photograph posits a future where unimagined technologies will infiltrate our lives but the daily grind will persist.

Both images – the eggs and the urine bottles – also point to important influences beyond King’s College Hospital, in particular to the natural history and scientific collections amassed in the home of Francis and Hirst. There, Francis has gathered botanical and medical engravings, full size anatomical atlases, models of ‘flayed men’ and a series of commissioned models of fungi. The installation of these artefacts owes much to Hirst and the collection can be seen as a combined effort which informs the work of both artists in different ways.

Driven more by aesthetic decisions than by any systematic attempt to chronicle the development of scientific or medical illustration, the collection has the energy of the early cabinets of curiosity and shares one common element with many of the *Wunderkammer* – its domestic location. In *Museums and the Shaping of Knowledge* Eilean Hooper-Greenhill describes those domestic cabinets of curiosity saying:

This form of ordering was not ‘scientific’, however, in that it was not based on mathematical procedures. In the ‘cabinet of the world’, the epistemic ordering is drawn from the Renaissance episteme. Systems of correspondences formed the basis for both the collection and the exposition of material things and also for the constitution of the ordering subject as both subject and object.⁹

While it would be going too far to claim that Francis and Hirst’s collection is based on a Renaissance system of correspondences, it is certainly a more useful means to understanding its significance than later, more ‘rational’ museum models. Housed in the couple’s own home in south London, the works are stripped of their institutional contexts and replanted in the living room and kitchen of a family home. The artefacts – mainly made in the nineteenth and twentieth century – are shorn of the scientific categorisation that impelled their production. Instead they establish their own network of correspondences – a feedback system of nodal points, abstract meshes of nerves and muscles, an echochamber of organic structures. Juxtaposed with the minutiae of daily life, they find a more modest level of signification.

Likewise, the photographs taken in King’s College Hospital, represent a ‘turning away from certainty and knowledge’ to reveal the almost invisible human and natural traces that positively contaminate the medical facilities.

Francis McKee



View of the artists’ former sitting room, 2000

1. Nicholas J. Fox, *The Social Meaning of Surgery*: Open University Press, 1992
2. Michel Foucault, *Discipline and Punish: the Birth of the Prison*, London: Allen Lane, 1977
3. Ludwig Wittgenstein, *The Blue and Brown Books*, Oxford: Basil Blackwell, 1958
4. Brian Gardner, <http://web.ukonline.co.uk/b.gardner/Lister.html>
5. Fox, p. 25
6. Richard Gregory, *Mirrors in Mind*, Oxford: W.H. Freeman/Spektrum, 1997
7. E.H. Gombrich, *Shadows: The Depiction of Cast Shadows in Western Art*, London: National Gallery Publications, 1995
8. Svetlana Alpers, *Art of Describing: Dutch Art in the Seventeenth Century*, Chicago: Chicago University Press, 1983
9. Eilean Hooper-Greenhill, *Museums and the Shaping of Knowledge*, London: Routledge, 1992

‘Standing in the Shadows, Waiting in the Wings’ was written in 1997 in conjunction with Mark Francis and Nicky Hirst’s project for the Public Art Development Trust. The photographs discussed here were exhibited at King’s College Hospital, currently Middlesex Hospital where they are on view today. This is the first publication of the essay.