



## Seen and Unseen

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## Seen and Unseen: The Representation of Visible and Hidden Disease in the Waxworks of Joseph Towne at the Gordon Museum

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Lying sideways on a block inscribed '1851', this wax anatomical model by Joseph Towne (1806–1879) was displayed at the Great Exhibition in the Crystal Palace (*Fig. 1*). The model is described in the exhibition catalogue as a 'deep section of the head' created from dissections undertaken by anatomist and surgeon John Hilton (1805–1878) at Guy's Hospital in south London. As a representation of the 'special senses' of the eye, ear, and tongue, the model reflects the ways in which we perceive the world around us.<sup>1</sup> Peeling back the obscuring canvas of the skin, the fascinating hidden complexity of human anatomy is revealed. As a medical model, it was intended for private study by physicians and yet, at the 1851 exhibition, became subject to the gaze of legions of the Victorian public. Now, this intriguing object sits on display in the Gordon Museum at King's College London, but exclusively for medical students, practitioners, and historians of medicine.

The works of Joseph Towne have been a perennial source of fascination for art and medical historians. Their production within the space of the medical museum and for the privileged gaze of the Guy's Hospital and King's College staff and students generates an interesting tension between the visible and hidden, which this article seeks to explore. Large-scale anatomical sculptures embody the meeting of artist and corpse, the concealed inner world of the body made visible. Yet Towne's intimate dermatological *moulages* embody the encounter of patient and physician across the porous boundary of the skin. In this reflection on the display of the Towne waxworks at the Gordon Museum, I consider the collection through the lens of visibility, as well as acknowledge the institutional specificity of its creation and reception. With particular reference to his *moulages* of skin conditions, I suggest that Towne's work can provide a closer look into the complexities of the visible manifestations of disease in mid-Victorian London. The skin here serves as a point of encounter between the seen and unseen signs of illness at a crucial moment in shifting representations of the body in the nineteenth century.

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<sup>1</sup> Quoted in Samuel J. M. M. Alberti, 'Wax Bodies: Art and Anatomy in Victorian Medical Museums', *Museum History Journal*, 2 (2009), 7–36 (p. 14).



Fig. 1: Joseph Towne, Dissection of the head and neck, c. 1851. Gordon Museum, King's College London.

### Joseph Towne, master wax modeller, at the Gordon Museum

Wax holds a unique and privileged place in the art of representing the human form. It can be moulded, layered, coloured, and adorned with human hair, teeth, and nails to create a version of the body which is unsettling in its mimicry. As Joanna Ebenstein has astutely observed, 'wax is, by nature contradictory: solid and molten, stable and ephemeral, "flesh" and yet simulacrum, seemingly alive, yet merely material.'<sup>2</sup> The ability

<sup>2</sup> Joanna Ebenstein, *The Anatomical Venus* (London: Thames & Hudson, 2016), p. 70.

of wax to emulate the translucence of human tissue renders it an ideal medium for the creation of lifelike sculptures of the body, both its internal structures and external appearance. Accordingly, as advances in anatomy and pathology were made in the eighteenth century, this technology was harnessed to create durable and realistic representations of the newest discoveries in previously unseen human anatomy.

The collection of waxworks by artist and modeller Joseph Towne at the Gordon Museum is the largest in the United Kingdom. It is comprised of over one thousand pieces across the disciplines of anatomy, pathology, comparative anatomy, and dermatology all created by Towne during the fifty-three years he was Guy's Hospital's official modeller between 1826 and his death in 1879. Prior to the passing of the 1832 Anatomy Act, the acquisition of cadavers for teaching was limited to hanged criminals and corpses obtained illegally by the services of 'resurrection men', the grave robbers. To compensate for this lack of research materials, casts, models, and 'wet specimens' (human remains preserved in spirit) became an essential part of medical education in England. However, while tissue degrades and discolours over time, models in wax and plaster provided a robust and long-lasting alternative for teaching in the absence of available cadavers.<sup>3</sup>

### **Alive or lifeless: the conundrum of English wax modelling**

The English context of ceroplastic representations of the body is a unique one. Unlike Continental universities which developed their own wax modelling workshops in the eighteenth century (most famously centred in Florence, Bologna, and Vienna), England did not have a tradition of medical wax artistry. Without its own indigenous artists, most anatomical waxes displayed in early nineteenth-century London were imported from Italy or France (Alberti, 'Wax Bodies', p. 12). Towne, as a self-taught sculptor, developed his own distinct style which reflected his close collaboration with anatomists and the purpose of the models to serve as teaching aids. It has been observed that while the anatomical Venuses of La Specola in Florence are 'alive', the works of Towne are 'lifeless'.<sup>4</sup> The models made by Florentine artist Clemente Susini (1754–1814) and his studio appear to the viewer like vibrant, almost living dolls, while Towne's anatomical studies

<sup>3</sup> Samuel Alberti, 'Medical Models in Britain 1750–1920', in *Designing Bodies: Models of Human Anatomy from Wax to Plastics*, ed. by Elizabeth Hallam (London: Royal College of Surgeons Publishing, 2015), pp. 63–77 (p. 63).

<sup>4</sup> Roberta Ballestriero, 'The Art of Ceroplastics: Clemente Susini and the Collection of Anatomical Wax Models of the University of Cagliari', in *Flesh and Wax: The Clemente Susini's Anatomical Models in the University of Cagliari*, ed. by Alessandro Riva (Nuoro: Ilisso, 2007), pp. 35–45 (p. 38). Corinna Wagner discusses the La Specola wax models in her article for this issue of 19.

of cadavers capture the grimaces and slack expressions of the condemned criminal corpses that were his subjects.

In the Gordon Museum, twenty-four of Towne's spectacular anatomical works are displayed, ringed by computers constantly in use by the medical students of today. Domed cases contain soft wax modelled into the sharp, undulating structures of pelvic bones. Some larger models of the abdomen are opened to reveal the intestines spilling into view (*Fig. 2*). Others are lonely legs and arms, surrounded by pools of yellowed skin and fat. Some bodies retain their faces, limp and passive, or with eyes open yet glazed. Yet it appears to me that although Towne's anatomical waxes might be dead, they are certainly not 'lifeless'. They are spilling over with the *afterthought* of life: organs which appear inflated with gases, discarded layers of flesh which almost ooze, and viscera that strain against the metal pins of the dissecting room. These works are the anatomist interrupted. In this sense, the waxes are full of life — more accurately, the encounter between life and death embodied in the meeting of anatomist and corpse in the dissecting rooms of the nineteenth-century Guy's Hospital.

Towne's anatomical representations must be understood as part of a broader shift in the European medical community towards what historians have called 'Paris Medicine': a paradigm in which disease is caused by



*Fig. 2:* Joseph Towne, Dissection of the torso, c. 1820s–30s. Gordon Museum, King's College London.

internal lesions (rather than by black bile or spiritual punishment). From the late eighteenth century, identifying these lesions through dissection of the body formed a crucial part of medical education. Towne's waxes can be seen as exemplary of this movement in their elevation of the corpse as an object of study. Even his anatomical models of healthy bodies are far from the standardized, almost idealized, structures revealed in waxwork of the Florentine school. Towne's bodies reflect the different shapes and sizes of the cadavers on the table, and even in their anonymity preserve the essential individuality of the human form. He does not shy away from the colours of putrefaction; his models are for medical students and as close as possible to a real cadaveric subject. Historian Richard Barnett has observed a similar obsession with capturing the 'objectivity' of the body and its organs in his work on nineteenth-century medical illustration. While dissection was far from new, the ability accurately to represent the human form was a result of medicine's encounter with Enlightenment empiricism and modern printing technology.<sup>5</sup>

#### Viewing the patient through dermatological *moulage*

While the mastery of Towne's anatomical waxes has been the subject of a number of excellent studies, I am intrigued by Towne's representations of skin conditions. The skin is our body's largest organ, yet dermatology as a discipline suffered at the turn of the nineteenth century from a lack of prestige.<sup>6</sup> However, as the century progressed, the skin also took on a greater cultural meaning as an external indicator of health, wealth, and morality, with dermatology experiencing a similar rise in status. Compared with the approximately 200 anatomical and 250 pathological models made during his career, Towne produced over 550 *moulanges* of skin diseases.<sup>7</sup> This relative abundance can be attributed to the importance of dermatology as a speciality generally and at Guy's Hospital specifically in the mid-nineteenth century. The medical school appointed Thomas Addison (1793–1860), describer of Addison's disease, as the first demonstrator of cutaneous diseases in 1850 (*Fig. 3*).

Where the full-body anatomical waxes served to make visible the unseen inner world of the body, dermatological *moulanges* capture the work of a medical speciality which is in its essence visual. A physician wanting to become a dermatologist needs to learn the art of distinguishing the form,

<sup>5</sup> Richard Barnett, *The Sick Rose; or, Disease and the Art of Medical Illustration* (London: Thames & Hudson, 2014), p. 22.

<sup>6</sup> Thomas Schnalke, *Diseases in Wax: The History of the Medical Moulage* (New Malden: Quintessence Books, 1995), p. 11.

<sup>7</sup> Wall text, 'Dermatology at Guy's', Gordon Museum, King's College London.



Fig. 3: Joseph Towne, Female patient showing signs of Addison's disease, c. 1850. No. 286, Gordon Museum, King's College London.

colour, and pattern of skin lesions (Schnalke, p. 11). With a proliferation of skin diseases being identified in the late eighteenth and early nineteenth centuries, the ability to record and communicate minute differences made illustration an essential part of dermatological training. Prose descriptions, or even black-and-white line drawings, could not capture the essence of visible skin disease. Coloured mezzotints and *moulage* proved to be the most efficient ways of representing the minute differences between conditions (Barnett, p. 45). The slow emergence of dermatology over the nineteenth century represents an important shift in understanding and, consequently, representation of skin as an organ in itself and subject to its own diseases. The waxes at the Gordon Museum were cast by Towne directly from the faces of patients under treatment at Guy's, later detailed with sores and eruptions to render the final product true to life in colour and texture

(Alberti, 'Medical Models', p. 69). In so doing, they represent a very different kind of encounter, that of the physician and the living patient. Inscribed on their skin are the signs of disease which dermatologists study, diagnose, and treat, but also the inner pain of the patient reflected externally in their expressions (*Fig. 4*).

It has been observed that the intricate structures revealed by waxes of dissections are at once fascinating and repulsive (Ballestriero, p. 35). The dermatological waxes on display in the Gordon Museum prove to



*Fig. 4:* Joseph Towne, Boy with fatal exfoliative dermatitis, 1870. No. 220, Gordon Museum, King's College London.



be just as, if not more, challenging to behold. They embody a Victorian fear, as well as the stigma, of the destructive power of skin disease.<sup>8</sup> These waxes capture with Towne's typically brutal realism the pain of diseases classed as dermato-venereal from conditions like psoriasis and dermatitis, to infectious diseases like impetigo and cholera. In addition to accurately capturing the sores and rashes associated with skin and venereal diseases, Towne has also immortalized the faces of the hospital's nineteenth-century patients. While the interest of the works in the nineteenth century was their representation of diseased skin, as a twenty-first century historian I cannot help but observe that Towne has also captured the patients themselves. The skin, especially in the medical gaze, highlights a tension between *being* a body and having a body.<sup>9</sup> Often rendered more lifelike with eyelashes and hair, the dermatological *moulages* offer the visitor to the Gordon Museum the opportunity to come face-to-face with the visibly ill of Victorian London.

While it would be inaccurate to suggest that these faces are characteristic of a street view of the early Victorian city, they bear the physical manifestations of diseases which would have been rife (as well as some of the rarer conditions, as I discuss below). Guy's Hospital was situated only a short distance from the Mint, one of nineteenth-century London's most notorious slums. In an 1854 passage, Victorian social investigator George Godwin (1815–1888) described the area around Mint Street in Southwark as 'evil' in character, populated with gin shops and tumbling down houses.<sup>10</sup> Poor living conditions supported the spread of infectious skin diseases like impetigo. Industrial hazards threatened the workingman's skin, including the use of the corrosive chemical oxalic acid in the area's tanneries. Even infectious internal diseases such as cholera and typhoid manifested themselves in external signs like rashes for the dermatologist to diagnose. Unlike Towne's works of anatomy or pathology, the *moulages* are often accompanied by patient case notes, which provide a more complete sense of the individual's biography.

Personally, I am interested in the number of examples of what in the nineteenth century would have been classed as 'tropical' diseases among the waxworks of Guy's patients. Leprosy and elephantiasis are the most notable of these, a testament to the impact of the British Empire on everyday life in London (*Fig. 5*). The hand of 'EG', a 24-year-old clerk returning from Trinidad in 1859, showed the signs of anaesthetic leprosy.<sup>11</sup> Another

<sup>8</sup> Claudia Benthien, *Skin: On the Cultural Border between Self and the World* (New York: Columbia University Press, 2002), p. 59.

<sup>9</sup> P. Joraschky, 'Body Schema and Body Self', in *Body Experience: The Subjective Dimension of Psyche and Soma*, ed. by E. Brähler (New York: Springer, 1986), pp. 35–50.

<sup>10</sup> George Godwin, *London Shadows: A Glance at the 'Homes' of Thousands* (London: Routledge, 1854), p. 75.

<sup>11</sup> C. Hilton Fagge, *Catalogue of the Models of Diseases of the Skin in the Museum of Guy's Hospital* (London: Churchill, 1876), p. 213.



*Fig. 5:* Joseph Towne, Hand showing leprosy from a clerk recently returned from Trinidad, 1859. No. 373, Gordon Museum, King's College London.

Englishwoman, born in Barbados, was admitted after returning from Demerara with 'two specs of light brown colour on her skin', indicating the early onset of the disease (Fagge, p. 212). While the exact patient details are not known, the collection also includes a model of the 'foot of a Negro' suffering from elephantiasis. Of course, elephantiasis does not discriminate by race, as Towne also produced an affected foot of an officer's wife living in Kennington with the same condition (Fagge, p. 377). In his commitment

to accurately representing the individuality of cases, Towne has preserved 'Othered' bodies of the nineteenth century — the sick, women, children, and non-Europeans. The dermatological waxes provide a glimpse into the diversity of the patient experience in the mid-nineteenth-century city.

### **Representing the Victorian body**

Joseph Towne's waxworks present the fascinating complexities of models made to represent both visible and hidden disease. In producing useful likenesses of the body and disease for teaching, Towne rendered the inherent tension within the patient as both subject and object. The realism, which brought the waxes so much praise in the medical community, reflects a wider encounter of the medical community with the modernity of Enlightenment philosophy and its emphasis on making, testing, and sharing knowledge. Like contemporary medical illustration, Towne's waxes form part of a pursuit across the medical arts for anatomical reality; the previously hidden and mysterious world of anatomy and pathology is laid bare (Barnett, p. 30). Yet it is the subjectivity, in terms of Towne's skill in capturing an accurate individual image of disease, whether from cadaveric subjects or living faces of dermatology patients, which is presented to today's visitors to the Gordon Museum. Interestingly, the *moulages* of skin diseases, by making visible the faces of the past, bring a sense of the diverse community of hospital patients beyond the anonymous wet specimens typical of a medical museum. All the diseases represented in the museum's display, perhaps less common in the streets of London today, remain prevalent in many parts of the world. These models are still used by medical students and, despite their context of the nineteenth-century medical complex, are enduring in their representation of bodily illness. Joseph Towne's waxworks are unflinching in their depiction of mid-Victorian disease, but in their realism capture a view of the body that is timeless.

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