

# THE LEFT ATRIUM

## Lifeworks

### The body in the world

Autopsy is a curious practice, at once resolutely anonymous and irrepressibly intimate. The person who was, is no more, his or her personality swiped away by death. And yet, as the physical parts are separated and studied in dissection, a personal history and life are revealed. See the healed fracture of the radius from a bicycle fall as a child, the scar where a necrotized scaphoid bone was removed from the hand. See the distended liver of the long-time drinker and the ruptured capillaries around the nose. The calloused hands speak of manual labor, the muscles of the wrist suggest carpenter.

Because the cadavers were of a world whose traces were found within the body parts, the first great

anatomist, Andreas Vesalius of Brussels, placed the subjects of his dissection in landscapes that spoke of their lives: the scholar at his desk, the labourer with a shovel in his fields.<sup>1</sup> The genius of his text, *De Humani Corporis Fabrica*, lay not simply in the anatomy he described, but the humanism his medicine presented. Like a biographer, Vesalius's anatomy revealed lives that were lived, not simply tendons and muscles connecting bones.

If autopsy reveals the life in the body's parts, then mapping in medicine hides the individual within a body of cases whose members suffered similar symptoms. We create the corpus of the disease, of AIDS or cholera or tuberculosis, in this way. My diagnosis and your illness disappear in maps of

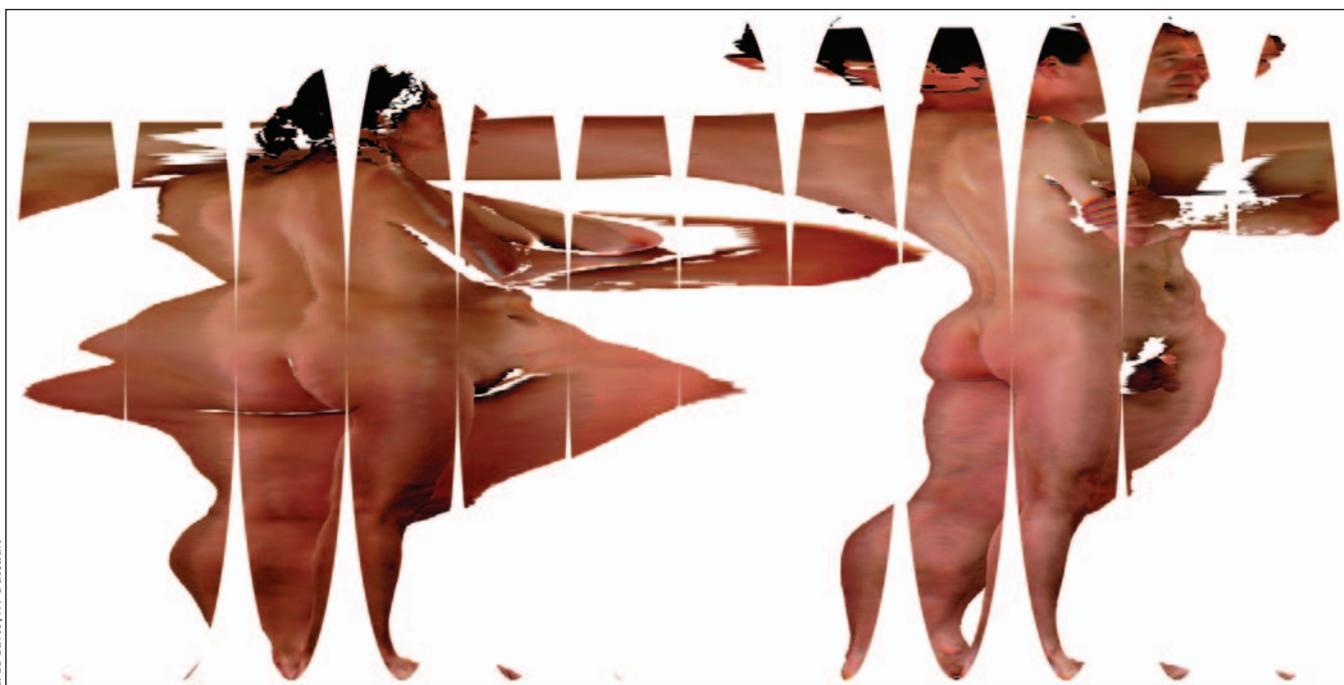
this disease and that condition. We disappear in the portraits of shared disease that maps reveal.

Today we are mapping disease at an extraordinary rate. There are atlases galore, for example the *Dartmouth Atlas of Health Care* (<http://www.dartmouthatlas.org/>) and national atlases of cancer in the United States ([www3.cancer.gov/atlas/mortality.html](http://www3.cancer.gov/atlas/mortality.html)). In Canada, there is an atlas of disability and literacy ([www.enablelink.org/atlas/atlas.php](http://www.enablelink.org/atlas/atlas.php)). There are atlases for almost everything.

In addition, disease maps are produced each month by federal, state and local agencies in mind-numbing profusion, the results published in academic and popular journals, consumer publications and official reports. All of

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L. LoCurto/W. Outcalt



Lilla LoCurto and William Outcalt, *ApianusII BL3cyl7\_98* (1999). Chromogenic print. 123 cm × 244 cm.

them are as anonymous as the body on the autopsy table, as impersonal as the pathologist's first incision.

The work of Lilla LoCurto and William Outcault is an antidote to the

anonymity of the disease maps in which the individual disappears. In a series of extraordinary "self-portraits" (<http://members.bellatlantic.net/~vze35q6/index.html>) LoCurto and Outcault

have mapped themselves upon the world.

Like Vesalius, they have put person and landscape together in a way that says volumes about the relation between the environment, disease and the patient, by reinserting the particular into the general. The process they employ involves sophisticated body scanning and computer mapping. The series was developed in part to make the anonymity of diseases like HIV immediate and individually personal.<sup>2</sup>

In *Bipolar Oblique BS1sph (8/6)7\_98* we see the human dominant, the person becomes a landscape as grand as Europe in a polar map projection that argues our concern with the mapped world and our individuality within it.

In *Kharchenko-Shabanova BS1sph (8/6)7\_98*, Europe and North American are joined and humanized, their hands linked across the humanized sea. Here the history of disease diffusion along North Atlantic trade routes — there are maps of this, too, of course — are made personal.

The message is hammered home in *ApianusII BL3cyl7\_98*, which depicts bodies in a projection stripped from a Mercator projection. The result, as a print called "topo\_bs1" insists, is almost theistic. Note the face in the upper left-hand corner, almost a wind symbol like those found on early oceanic maps of the late 17th century, or an artful God overlooking the contours of the lives we together live.

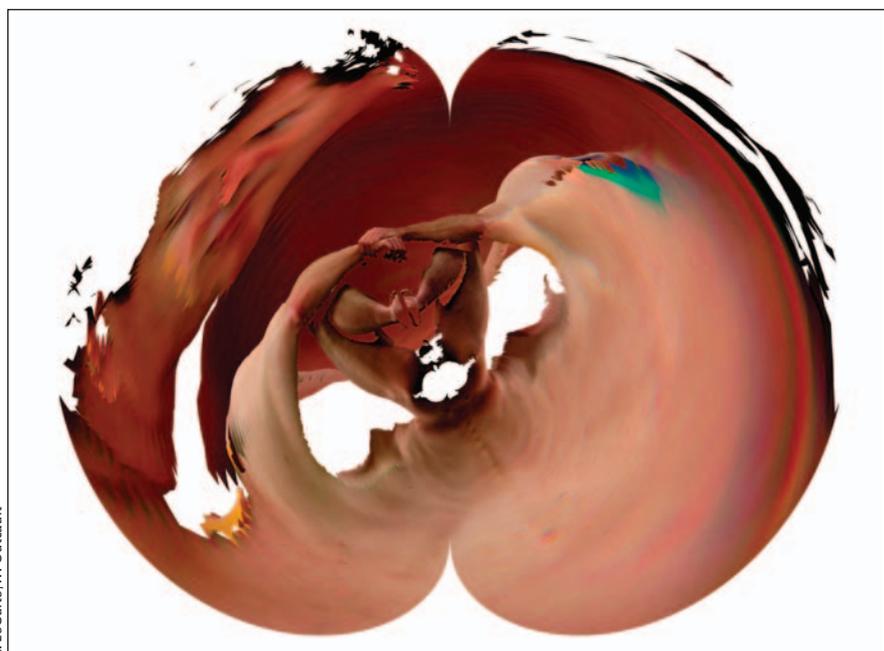
For cartographers like Denis Wood<sup>2</sup> the subject is the map in its many projections, the object a method of mapped manipulation. In notes on a 2005 exhibition at the New York Academy of Science, artist Suzanne Anker saw a different subject. For her, these images were about transformation and the possibility to remake ourselves in myriad ways.<sup>3</sup> It is, for her, like tattooing, although here the body is mapped on a projection of the world rather than having a map of the world inserted into the pigment of the skin. As both commentators know, because this is art, different persons draw from it different meanings, imposing their own perspectives upon the landscape.

For me, the subject is the line-item



L. LoCurto/W. Outcault

Lilla LoCurto and William Outcault, *Kharchenko-Shabanova BS1sph(8/6)7\_98* (1999). Chromogenic print. 123 cm × 146 cm.



L. LoCurto/W. Outcault

Lilla LoCurto and William Outcault, *Polyconic BS1sph(8/6)7\_98* (1999). Chromogenic print. 123 cm × 159 cm

person in a table of disease incidence, the patient whose data are piled into a study of this or that disease. Just as Vesalius put his skeletons in a landscape to remind his readers of the person who was, of the humanity in the medicine, LoCurto and Outcault remind us of the persons whose lives are hidden in the maps of mortality and morbidity that local, state, national, and world agencies disseminate in bewildering abundance. These images stand as a corrective to the anonymity of our statistics and our maps in which the tragedy and triumph of individuals with disease disappear.

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#### REFERENCES

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Tom Koch is the author of 14 books including *Cartographies of Disease: Maps, Mapping and Medicine*.



## Past progressive

# Historic operating room a monument to the advent of antiseptics

Buried deep within the heart of Royal Jubilee Hospital in Victoria, British Columbia, a small, unassuming brick building stands empty and alone. But this century-old operating room marks a milestone in medical history, as the sole surviving facility of its kind in Canada. Victoria's doctors are well aware of its importance and, over the years, have fought for its preservation, applauded its designation as a National Historic Site and are now determined to keep its heritage alive.

To truly appreciate this unique operating room's place in history, one must picture its origins in Victoria over 100 years ago. Starting as a Hudson's Bay Company fur-trading post in 1843, Victoria had grown in 5 short decades into a city, provincial capital and partner in Confederation. Medical care developed along with the expanding population. Victoria's first hospital — a cottage in the downtown core — was replaced by

several larger facilities, but soon they too were woefully inadequate.

In the mid-1880s, a group headed by Dr. John Chapman Davie Jr. lobbied for a new hospital. Davie designed and planned a "pavilion style" facility — all on one level, with separate but interconnected structures — and in 1890, the Provincial Royal Jubilee Hospital started to take shape.

Six years later, the hospital received an unexpected windfall in the form of a bequest from the estate of Joseph Pemberton, the former British Columbia colonial surveyor who was felled by a massive heart attack while riding his horse not far from the hospital gates. Davie spoke out strongly in favour of using the bequest for an operating room. After much discussion, the hospital board agreed to put Pemberton's \$3500 gift toward a surgical centre that would embrace Dr. Joseph Lister's principles of antiseptics.

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Image B-09492 courtesy of Royal BC Museum, BC Archives

The Pemberton Memorial Operating Room was designated as a National Historic Site of Canada in 2006 due to its importance in representing a transition in surgery and the evolution of the scientific hospital. This photograph was taken around 1900, before masks, gloves and hair coverings were commonly used.