Delight or Disgust? The Afterlife of Anatomical Waxworks

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Abstract

How do we display the uncanny? During the Second World War the medical school of Queen’s University (Canada) commissioned artist Marjorie Winslow to make a series of wax teaching models to illustrate childbirth, in three dimensions, for the benefit of medical students. How have curators displayed these obstetric waxworks, which provoke strong feelings of disgust or of horrified empathy? Even in storage in the Museum of Health Care at Kingston, the Winslow waxworks remain concealed behind a curtain, and when they are on display, they are now far more likely to be part of an art exhibition than a medical history display. This paper uses the early history of obstetric waxworks and their display in eighteenth-century Italy to show how medical waxworks have always challenged the disciplinary divide between art and science. This historical context informs our understanding of the display history of the Winslow waxworks and of uncanny objects in general.

Key words: waxworks; obstetrics; art; medicine; exhibition

In Anne Radcliffe’s 1794 *The Mysteries of Udolpho*, the heroine Emily St Aubert is exploring the medieval castle of her villainous uncle when she pulls back a dark curtain on a shocking spectacle:

> Beyond [the curtain], appeared a corpse, stretched on a kind of low couch, which was crimsoned with human blood, as was the floor beneath. The features, deformed by death, were ghastly and horrible, and more than one livid wound appeared in the face (Radcliffe 1794: 348).

Radcliffe’s spectacle behind the curtain incarnates her version of the Gothic, which decisively eschews horror and the supernatural in favour of the rational and the empirical. While the vision of the livid, blood-crimsoned corpse provokes such terror that the level-headed Emily falls ‘senseless at the foot of the couch’ (Radcliffe 1794: 348), the terrifying spectacle ultimately turns out to have a perfectly rational, anodyne explanation: it is wax. Although ‘the history’ of the figure on the blood-stained couch is ‘somewhat extraordinary,’ admits Radcliffe, it is ‘not without example in the . . . monkish. . . severity’ that commissioned it (Radcliffe 1794: 662). To exact a penance on a long-dead, prideful Marquis of Udolpho, for ‘having committed some offence against the prerogative of the church,’ his spiritual directors ‘condemn [him] to the penance of contemplating . . . a waxen image, made to resemble a human body in the state, to which it is reduced after death [and] at which he must himself arrive.’ The Marquis must recognize his future dead self in the wax model – and he must feel deeply enough to amend his future conduct. Thus, the waxwork is both devotional object and stand-in for the self.

Sigmund Freud uses ‘waxwork figures’ as a perfect example of the ‘uncanny’ object (Freud 1919: 135). The uncanny, he writes, ‘would always be an area in which a person was unsure of his way around,’ and in which the uncanny object leaves us ‘dis-oriented in the world.’ Freud approvingly quotes the psychiatrist Ernst Jentsch’s dictum that the uncanny makes us ‘doubt . . . whether an apparently animate object really is alive and, conversely, whether a lifeless object might not perhaps be animate’ (Freud 1919: 135). In the novel, the fictional waxen ‘image was so horribly natural, that it is not surprising Emily should have mistaken it for the object it
resembled’ (Radcliffe 1794: 663). In other words, Emily’s swooning reaction is a response to this key aspect of the uncanny: the viewer cannot determine whether the uncanny object is alive or dead. Radcliffe structures her narrative to blur this boundary; her initial description of the waxwork could apply equally to an actual corpse, and it is only several chapters later that we discover that the fearful livid corpse was merely a waxen model. Devotional waxworks such as this were indeed common in Italy from at least as early as the fourteenth century, although they were far more likely to portray poised saints and local dignitaries than the agonized sinner that Radcliffe delineates (Panzanelli 1998: 14, 17). In fact, such realistic waxworks are more typical of Radcliffe’s own eighteenth century epoch as they are of *The Mysteries of Udolpho*’s medieval setting. While they eventually lost favour at the turn of the nineteenth century, they make an interesting and unusual re-appearance in mid-twentieth-century Canada, albeit in altered form. Radcliffe’s fictional waxwork is purely for contemplative, devotional purposes: even the Bolognese and Florentine schools of anatomical waxworks for the teaching of medicine, discussed below, have their origins in this spiritual tradition. However, rather than pondering death and dissolution, eighteenth-century anatomists and students contemplated the awe-inspiring complexity of human anatomy and reproduction. In educational and museum settings, wax’s uncanny indistinguishability from human flesh conferred a significant scientific advantage. For students in eighteenth-century Italy and in twentieth-century Canada, wax’s capacity to mimic human skin, flesh, and organs made anatomical waxworks a singularly potent and useful teaching tool, allowing student physicians to train on such accurate, lifelike models, so that their first confrontation with pained, labouring, or pregnant human bodies would already feel familiar. It is precisely the uncanny nature of wax which forms the central investigation of this paper.

![Anatomical female figure manikin in wax](https://wellcomecollection.org/works/t8fv3eyr)
It is clear in the case of Udolpho, and as we shall see, in the case of early anatomical waxwork displays, that wax's semiotic malleability resulted in varied responses by the viewer. Even in contemporary museum settings, waxworks retain their uncanny power. Through an examination of the display history of a collection of obstetric models dating to the Second World War, as well as a further exploration of the earlier history of seventeenth- and eighteenth-century anatomical waxworks, we attempt to understand how potentially shocking, even disgusting objects function in museums today. The Canadian obstetric models form part of the collection of waxworks (128 in total) created by artist Marjorie Winslow in the 1940s on behalf of Dr Edwin Robertson, then head of Gynecology and Obstetrics at Queen's University in Kingston. The collection also includes a number of wax gynecological pathologies as well as a series of small somatotype figures, likely the only examples of their kind in North America (Burfoot 2011: 185). Although they currently form part of the collection of the Museum of Health Care at Kingston, the Winslow models have been on display on five occasions, only one of which was at their home institution. We show how eighteenth-century obstetric waxworks were hybrid objects, designed both to please and to instruct. We follow their history and cultural positioning into the twenty-first century, and track how they became aesthetic or historical objects which generate debate and shock, and which represent challenging material from a curatorial perspective. This paper begins with an exploration of the Winslow collection and the ways in which its display history reflects issues and anxieties around anatomical waxworks that date back to the eighteenth century, with a particular focus on obstetrics and the female body. It then moves into questions of disciplinarity and museum display through the centuries, and of the practical and intellectual differences between displaying scientific artefacts and works of art. As Klaus Vogel writes, ‘the desire to peer into the interior of the human body is ancient.’ To be able to ‘realize . . . this dream [without] the destruction of life’ (Vogel 1999: 31), or, indeed, without having to undertake the disgusting business of dissection, is bound to intrigue museum visitors in any era. In the case of representations of women’s bodies, gender amplifies and complicates this ancient desire. Deanna Petheridge and Ludmilla Jordanova emphasize the ‘powerful emotions with which the insides of women’s bodies were invested,’ and how these emotions drive the ‘connection between death, eroticism, and dissection’ (Petheridge and Jordanova 1997: 30, 88–89, 104). In addition to looking at dissection and anatomical teaching practices, this paper adds curatorial and display strategies to the web of powerful connections centered on obstetric waxworks.

Twentieth century wax modeller Marjorie Winslow had a predecessor in the eighteenth century Bolognese professor Anna Morandi. Both women came to understand female bodies like their own through a rigorous and collaborative programme of modelling, consulting, and revision, and established women as central figures in transmitting skills and knowledge concerning women’s bodies. Both women also designed their waxworks for a small, specialist audience rather than for public display. Thus, anatomical waxworks exist between art and teaching tool, between the uncanny and the simply practical; examining their display history, in museums, galleries, and classrooms, gives us vital insights into cultural, intellectual, gender, and material history.

Unveiling the Institution

Imagine that you are a scholar wishing to see a very intriguing collection of wax models in the possession of the Museum of Health Care at Kingston. You discover that the models are not on public display, but housed in the collection’s storage room in the basement of the museum. You are granted access and, in the company of the Curator, are taken down to where the models are permanently stored, behind closed doors and under lock and key. Upon entering the collections storage room, you do not at first see what it is you have come looking for, but the Curator gestures to two wooden cabinets along one wall. The cabinets are curtained, thus masking their contents. When drawn aside, the curtains reveal a series of near-to-life sized wax models of female pelvises, some in various stages of childbirth, others demonstrating various pathologies.
Most of what is known about the Winslow collection of models comes from the pioneering efforts of past museum Curator Rona Rustige, who, in 1996 interviewed the artist, Marjorie Winslow. Winslow describes how she was approached by Dr Robertson to help create a series of obstetrical wax models to be used as teaching aids. Previously, the observation of living subjects had been central to teaching as it allowed for students to witness firsthand the various stages of delivery or operation. While students had previously travelled to Ottawa, Toronto, and Hamilton to participate in clinical practice-based learning, these trips were costly and time consuming (Terry 2007: 12). Further, female cadavers of an appropriate age and health were limited within the context of wartime Kingston (Terry 2007: 14). Wax, it seemed, was the most viable alternative. With the initial help of an artist from the Department of Art as Applied to Medicine at John Hopkins University (possibly one Agnes Lefort), and the regular and exacting input from Dr Robertson, Winslow created the models between 1940 and 1946 (Winslow 1996). They were then displayed in a room at the Queen’s University Medical School in Etherington Hall, across from medical imaging (Burfoot 2011: 185).

Despite Dr Robertson’s best intentions to build an instructional museum for medical students, by 1965, the models were no longer actively used for teaching. A shift in instructional priorities led to the increasing use of laboratory tests, diagnostic radiology and imaging: in other words, more emphasis on physiology and biochemistry, and less emphasis on anatomy and pathology (Terry 2007: 33). As a result, Dr Low, the new Head of Obstetrics and Gynecology, moved two of the waxes to the Queen’s University Medical Library and the rest were moved to storage offsite (Burfoot 2011: 184). Some were stored in cardboard boxes, some in wooden crates; part of the collection was lost due to a fire in the storage area (Ellis et al. 1996: 1). In 1993, Curator Rona Rustige scoured the Kingston General Hospital for objects to add to the newly incorporated Museum of Health Care at Kingston. She found some waxes in their original wooden and glass showcases in the basement of the Nickel building, and a few more in a work room in the Watkins building. Upon discovery, they were first transferred to the basement of the hospital, and finally to the Ann Baillie Building in 1995, at which time they were among the first items acquired for the Museum of Health Care (Terry 2007: 34). Rustige says:
…it was the first time I'd ever seen anything like that, of course, and I said we have

to keep these, we have to save these...I was thinking that they probably wouldn't

be displayed because they're so graphic...any non-medical person that would look

at them {might find them to be} pretty horrifying...It's not so bad now, but then it

was just...I mean you could not throw these things in the dump (Terry 2007: 33).

This quotation points to the primary concern surrounding these wax models as museum

objects—that is, their display-ability as well as their positioning as potentially disgusting,

graphic, and uncanny. Since their re-discovery and subsequent acquisition into a museum

collection, individual pieces from the wax model collection have gone on public display on

five occasions, only one of which was at the museum itself. In every instance, the display

was either in the context of an art gallery, or purposefully categorized as 'medical art.' This

is striking considering their original purpose as teaching tools, as well as current positioning

within a history museum, albeit one dedicated to the history of medicine. But if we turn to their

early predecessors, the ambiguity of both initial intention as well as viewer response helps us

to understand their semiotic complexity.

Early Beginnings

As Martin Kemp and Marina Wallace remark, the depth and optical properties of pigment

suspended in wax ‘transcended both the flatness of the page’ of anatomical textbooks ‘and

the customarily monochrome character of standard sculptural techniques’ (Kemp and Wallace

2000). The very vibrancy that Kemp and Wallace note may in fact contribute to the uncanny

blurring of boundaries between the lifeless and the animate: ‘The lively hues and fresh sheen

of the waxen organs somehow seems truer to the colourful vitality that we expect to find within

ourselves than...the appearance of an actual...corpse’ (Kemp and Wallace 2000: 59).

Anatomists in the 1770s and 1780s praised the waxwork collection at Florence’s La Specola

as excelling over all others because the wax models are such perfect simulacra that they

were practically indistinguishable from, and interchangeable with, the most expertly prepared

dissection. Based closely on ‘direct observation’ with ‘the cadaver present,’ they were said
to ‘surpass by far the imagination of an artist’ (Massey 2008: 96). ‘In the past,’ writes Joan B.

Landes, ‘art historians have tried to expel waxworks from the art-historical canon because of

their hyperrealistic effects’ (Landes 2008: 53). This essay will examine how the uncannily realistic

obstetric waxwork fits in – or is expelled from – the canons we create through museum display.

Towards the end of the seventeenth century,’ writes Marta Poggesi, ‘Gaetano Giulio

Zumbo, working in Bologna where there was a famous school of anatomy, was the first to

make anatomical models using coloured waxes’ (Poggesi 2004: 11). Zumbo created highly

technical medical waxworks, such as The Anatomy of a Head, and a ‘life-sized figure of a

woman giving birth’ (Poggesi 2004: 21). However, Zumbo is best known for a series of teatrini,
or much more theatrical, large-scale three-dimensional wax sculptures, which often depict

multiple human subjects. He created several teatrini on moralizing themes between 1687


These waxen memento mori fit into Italian Renaissance artistic traditions, with their classical

stances and ‘painterly backgrounds’ (Poggesi 2004: 21), and, like Radcliffe’s fictional waxwork,
they provide a horrifying – yet deeply Christian – reminder of sin and death. After his death,
Zumbo’s works bounced through the museums of Florence, exemplifying the difficulties in

classifying and displaying anatomical waxworks. His teatrini – and his anatomical head –
were on display in the Uffizi art gallery in Florence, before being sent to the natural sciences
museum, La Specola – but were never displayed there, perhaps because of their shocking
content. Although the anatomical head would remain in La Specola, the teatrini would go to
the Bargello Museum in 1878, and would finally end up in the Galileo Museum (formerly known
as the Institute and Museum of the History of Science) (Poggesi 2004: 22). The twentieth-
century medical waxwork collection would never engage so overtly with artistic grandeur or
with Christian morality; however, its models of human figures would often have simple names
that told a story, such as ‘pregnant teenaged woman.’

Because of the extreme paucity of pregnant women’s corpses available for dissection,
modellers often specialized in pregnant women. ‘Three-dimensional preparations and models,'
write Kemp and Wallace, hold an 'enormous advantage over two-dimension images in anatomical demonstrations,' and gave a much better sense of how 'the organs . . . fit together as a complex spatial puzzle . . . Such spatial knowledge was particularly important in obstetrics' (Kemp and Wallace 2000: 63). In 1734, in London, the anatomist and waxwork-maker Abraham Chovet displayed a waxwork that was every bit as viscerally affecting as Emily’s macabre discovery. Chovet’s ingenious waxwork depicted a fully conscious woman undergoing a Caesarian section, with claret pumping through glass tubes to illustrate the circulation of blood during pregnancy – not to mention ‘the Systolik and Diastolik motion of the heart and the action of the lungs’ (London Evening Post 1733: 3; Schnalke 1995: 32). Where Radcliffe writes of a waxwork’s features ‘deformed by death . . . ghastly and horrible’ (Radcliffe 1794: 348), Chovet’s spectators noted that his waxwork’s face offered ‘a lively display of the agonies of a dying person’ (Ebenstein 2016: 37). In our reading, Chovet’s extraordinary obstetric waxwork also gained credence because of its illustration of the Book of Genesis. After Adam and Eve eat the forbidden apple and fall into sin, God speaks to them: ‘Unto the woman he said, I will greatly multiply thy sorrow and thy conception; in sorrow thou shalt bring forth children’ (Genesis 3:16) – a sorrow which Chovet all too vividly depicts. Print accounts of Chovet’s waxwork perpetuate its gruesome renown because this obstetric waxwork appealed to two audiences; it provided a delightfully, spectacularly shocking diversion to curious gentlemen and journalists, and its meticulous accuracy appealed to serious students of anatomy.

As well as waxworks that horrify (for religious or for titillating reasons), some eighteenth century waxworks were created purely to educate. This article will next focus on two contrasting sets of purely edifying anatomical waxworks: the Bolognese female professor Anna Morandi’s models of organs and body parts, which she used to teach inside her home, and the Florentine La Specola museum’s flock of Anatomical Venuses – life-sized, multi-layered models of beautiful, pregnant women.

**Lady Anatomist, Ladies’ Anatomy**

Anna Morandi Manzolini (1714-1774) trained as an artist, then learned a great deal of her anatomical model-making technique in partnership with her husband, Giovanni Manzolini. Manzolini resigned from his position as chief assistant on Bologna’s papal commission for an Anatomy Museum in 1746. He then, with Anna, opened a ‘wax-modeling studio and school of anatomy for . . . medical students and keen amateurs’ in the family home (Messbarger 2010: 10, 23). As was common practice among early eighteenth-century anatomists, the Morandis dissected cadavers in their own home; they also used the cadavers as the basis for extraordinarily detailed models, creating wax models of organs, body parts, muscle, nerves, and skin. They succeed so well that

> the Bolognese obstetrician and professor of surgery Giovan Antonio Galli commissioned the couple to sculpt the models of the gravid uterus and the female reproductive system for Bologna’s first school of obstetrics, which he opened circa 1749 in his home (Messbarger 2010: 10-11).

Morandi and Manzolini used both dissections and models to teach their students.

As Morandi’s biographer Rebecca Messbarger writes in _The Lady Anatomist_, during her lifetime Morandi’s high reputation fitted well with the ‘common... Italian eighteenth-century... cultural trope’ of the ‘untutored female improviser (improvvisatrice), typically of humble birth, whose intrinsic brilliance in the arts and sciences revealed itself on impulse’ (Messbarger 2010: 73). Beginning her anatomy-modelling career as a devoted wife, Morandi fit well into this paradigm of ‘a distinctively feminine creative and intellectual virtuosity’ (Messbarger 2010: 73). On her husband’s death in 1755, Anna Morandi continued to create models, to innovate dissecting and modelling practices, to teach, and to write. She was often the first to observe and describe various anatomical structures and to replicate them in wax (Messbarger 2010: 11-12). Because Morandi frequently presented organs in isolation – as would Winslow – her work does not take on either the artistic or the moralizing overtones of Zumbo’s. Perhaps an eighteenth-century woman had a different perspective on original sin and the pain of childbirth; perhaps Morandi’s persona as a model wife and mother, sculpting her oeuvre in the domestic...
setting of a home, militated against her depicting childbirth as a horrific and gruesome ordeal.

In ‘the final years of her life,’ Morandi was ‘a celebrated guest resident in the palace of Senator Count Girolamo Ranuzzi, who purchased her complete oeuvre’ (Messbarger 2010: 17). In 1776, the Senate of Bologna purchased Morandi’s works and displayed them ‘in [their] own room in the Institute of Sciences’ – at the very ‘moment [that] the center of production of anatomical wax models shifted . . . from Bologna to Florence’ (Messbarger 2010: 17). Morandi’s models did not achieve the same acclaim as her performances as interpreter of anatomy; without her animating, in-the-moment presence, her models lose their aura and their cultural force. Morandi’s wax models fell between categories, at a time when the visual arts and anatomy were in a complex process of separation (Messbarger 2010: 68-69). Morandi ‘eschew[ed] in her waxworks . . . the symbolism and moral connotations’ of the Bolognese tradition beginning with Zumbo, opting usually for plainer presentations and the simplest, closest possible replica of the organs alone. ‘She was, therefore, the 'other' anatomical wax modeler of Bologna,’ whose ‘too useful wax anatomies disqualified her ranking among either the artists or the professor-anatomists of Bologna’ (Messbarger 2010: 23).

When Anna Morandi’s wax models were overlooked, and when Zumbo’s often fall between categories, why does Susini’s 1782 Anatomical Venus in Florence remain perennially popular? ‘An important part of the history of many . . . institutional museums is a period of obscurity, the sense of near loss heightening the precariousness of rediscovery,’ writes Ken Arnold (Arnold 1999: 152).

We suggest that the obscurity and rediscovery of Morandi’s and Winslow’s waxworks has a great deal to do with disciplinary categorizations, and with the question of what is art and what is science. As Kemp and Wallace note, the Florentine Anatomical Venus is ‘a disembowelled woman [who] lies back on her silken sheet in an attitude of expiring ecstasy as she goes to meet the “maker” of such a divine contraption’ (Kemp and Wallace 2000: 61). Her ‘spiritual reverie’ (Kemp and Wallace 2000: 61) once more allies a typical medical waxwork with the devotional and votive (especially body-part) waxwork traditions. Thanks to waxwork maker Clemente Susini’s artistry, this potentially highly disturbing waxwork in fact has a rather successful ‘design to charm,’ with her transcendent smile, her 'lustrous' hair, and her pearl necklace (Ebenstein 2016: 24). Her body lifts apart in seven sections to reveal the fetus within her uterus. Indeed, ‘Anatomical Venus’ has become a generic name for these eerily elegant, life-size, full-body obstetric waxworks. One reason that these waxworks have
remained so visible is that scholars, curators, and the general public most frequently interpret them as belonging more to art than to science. As well as providing a sterling teaching tool, the Anatomical Venus was intended for public education and to attract visitors to Florence in order to visit the renowned Anatomical Venus in La Specola, a Florentine museum that housed much of the Medici family collection (Ebenstein 2016: 32; Poggesi 2004: 6).

Do the Winslow Waxes Belong with Artworks?

Much has changed since the eighteenth-century moment that spawned the gothic horror of Udolpho and the first public display of anatomical waxworks at La Specola. As we have seen, this display was one of the first times that such a collection was opened to public view in the belief that scientific knowledge would contribute to an overall enlightened society, and should not just be the private purview of educated men. In this case, the models appealed to visitors' aesthetic enjoyment as well as scientific learning, their charm somehow in harmony with their anatomical accuracy (Maerker 2013: 91). Anatomical learning was part of the enlightenment project of civic education — a civilizing mission so to speak, using rational, objective knowledge. And yet, viewers responded to the models in a variety of ways; like Radcliffe’s Marquis, they often wrote about them as objects of moral or spiritual contemplation, ruminating on life, death, and divine design (Maerker 2013: 99). However, it could be argued that museum displays like those of La Specola were Foucauldian mechanisms of ‘corporeal governance.’ The viewing public would have entered a controlled environment where their passage through the rooms was pre-established, and the presentation and selection of bodies determined by learned men (Burfoot 2011: 177). By contrast, the Winslow waxworks were never meant to be publically displayed. Like Anna Morandi’s extraordinary, relatively unadorned anatomical waxworks, Winslow’s were created for a restricted audience, available only to medical faculty and students, and housed in a teaching-hospital environment. They still operated within a power relation whereby authoritative knowledge (in this case, that of Dr Robertson) over the human body was conveyed to the student via supposedly objective representations in wax. However, when these objects are removed from their medical context as anatomical representations, they no longer hold interest in terms of their authentic depiction of the human body. Especially when treated as art objects or historical artifacts, these models function to shock and provoke, to generate debate. They become something entirely different, their meaning as transitory and as ever-changing as the nature of wax itself.

The first time that the Winslow models were publically exhibited since their use as teaching models occurred in 1998 at the Brockville Museum, in Brockville, Ontario, following the death of the artist. This retrospective exhibition A Celebration of the Life and Work of Marjorie Winslow, was organized by the Friends of the Brockville Museum and presented locally accessible works by the artist in varied media. A Winslow somatotype figure of a pregnant teenaged woman, chosen for its innocuous subject matter, was displayed alongside publically-owned works including watercolour tiles, animal sculptures, communion kneeling cushions from St. Peter’s Anglican Church designed by Winslow, and a nativity scene. In this case, the somatotype figure was valued not for its subject matter, realism, or usefulness as a teaching tool, but rather its place within Winslow’s artistic oeuvre. Further, the chosen model is one of the least graphic and least visually shocking of the collection, thus more palatable for a community museum audience (Terry 2007: 38).

Four years later, the models made their second public appearance in a Kingston-wide exhibition entitled Museopathy, curated by Jim Drobnick and Jennifer Fisher as part of the curatorial collective Display Cult. Organized by the Agnes Etherington Art Centre, Museopathy challenged the privileged role of the art gallery by revisiting the notion of the wunderkammer, or cabinet of curiosities, within a postmodern ethos. By purposefully displaying art objects, museum objects and artifacts together in a gallery context, as well as staging art projects within a museum context, the curators ‘confronted the very notion of the modern gallery’ and ‘reaffirmed the role of art practice outside conventional gallery boundaries’ (Brooke 2002: 7). Three of the Winslow somatotype figures (pregnant teenaged woman, human hermaphroditism, woman with Turner’s syndrome) appeared within the installation Collectioneering. This assemblage of over 400 objects intermixed art and artifacts borrowed from participating museums and historic
sites, set together with works from the Agnes collection. The somatotypes were displayed in a vitrine alongside hockey dolls from Russia, Romania, and Canada that aimed to contrast the various ways in which the human body could be figured, depending on the context of production and reception (Drobnick and Fisher 2002: 95).

While the Brockville exhibition was clearly positioned as a presentation of an artist’s work, and therefore of objects distinctly categorized as art, the Museopathy display brings into question the positioning of the somatotypes within cultural production. The exhibition catalogue describes how art and artifact converge in ‘hybrid arrangements’ and asks viewers to challenge more traditional ways of understanding museum displays (Drobnick and Fisher 2002: 81). The somatotypes are viewed next to figures that would typically not be thought of as art; further they came from an artifact collection held by a history museum. However, given their placement within an art gallery, within an art installation, and being completely removed from any original context as teaching models for a medical school, aesthetic concerns are reintroduced, once again aligning them as art instead of artifact. Further to this, their small size distances them from the anatomical waxwork tradition that relies on accurate realistic representation of human form. They appear instead as miniature Madonnas, fertility idols, or devotional votive figures.

It is worth observing that these first two instances of public display only involved the somatotype figures and not the more graphic obstetric pathologies and birthing models that comprise the bulk of the Winslow collection. However, in 2017 the Agnes Etherington Art Centre exhibited Winslow models for a second time, in *The Golden USB: Richard Ibghy and Marilou Lemmens*. In an imaginative exercise in which the artists created an interstellar USB memory stick, this multimedia project revealed the Trade Catalogue of Everything, or a list of the earth’s potential commercial offerings to extra-terrestrials. The catalogue included everything that might be of interest to alien life, from geological resources to man-made cultural products. Visitors to the exhibition viewed these offerings from the subject position of the alien, encompassing, perhaps for the first time, the diversity and richness of Earth’s commodities. As part of the
artistic development of this project, the artists consulted a committee of community members whose role it was to make suggestions about possible inclusions in the Trade Catalogue of Everything. Then curator of the Museum of Health Care at Kingston, Maxime Chouinard, offered the Winslow models, three of which were chosen by the artists.

In a darkened room, three separate and stand-alone vitrines housed the waxes, each demonstrating a stage in the birthing process, and each brought into vivid focus by the effects of creative lighting. Unlike the curtained, mysterious setting for the waxwork in Udolpho, the models in this case are starkly visible, even emphasized under direct spotlights. Viewers are drawn to them, almost as if in reverence, due to the darkness of the gallery, presumably in part to allow for the proper viewing of the video installations on either side of the waxworks, as well as their visual weightiness within a space that houses few similar objects of material presence. Their stillness is heightened when viewed next to moving images of live, dynamic people. In this environment, they bear little resemblance to their predecessors in terms of their past lives as teaching tools in 1940s Kingston, as well as their longer lineage as anatomical waxworks. Their display recalls more strongly the devotional waxwork of the medieval period. Here, they are presented as commodities in the context of contemporary art, displayed without apology or censorship, standing in as representations of the human experience of birth and procreation. Ultimately however, their role in the Trade Catalogue is ambiguous. Are they meant to represent the female body, the reproductive capacity of humans, or perhaps the commodification of humanity more broadly-speaking in terms of labour or physical resources? This ambiguity allows the viewer to draw their own conclusions about meaning and representation and perhaps mitigates their response to otherwise graphic imagery.

Or Do the Winslow Waxes Belong with Medical Teaching Tools?

There were only two other instances in which the Winslow models were publically displayed, only one of which was onsite at the Museum of Health Care at Kingston. In 2006, the museum presented a small display on Medical Art Through the Ages: The History of Anatomical Teaching.
Models. Neatly contained in one display cabinet, the curator once again selected three somatotype figures (human hermaphroditism, woman with congenital adrenal hyperplasia, woman with massive obesity), as well as one ovarian cyst and a pelvis model demonstrating spontaneous vaginal delivery. The Winslow models were set alongside some nineteenth-century pathological wax models as well as twentieth-century plastic demonstration models. Overall, the exhibition demonstrated the development of anatomical representations through time, ranging from ancient cultures to the waxworks at La Specola, through to the Winslow models. This display could show more medical pathology (such as the ovarian cyst) and extremis (the vaginal delivery), for its audience was forewarned of the potentially disturbing content.

Finally, in 2010 Picturing the Body: Medical Arts as Teaching Tools was organized on behalf of the Royal College of Physicians and Surgeons, and displayed in their Ottawa, Ontario location. Also contained in a single display case, this exhibition included one somatotype figure (woman with Turner’s Syndrome) and one pelvis model demonstrating spontaneous vaginal delivery, one of the very same which appears in The Golden USB. Unlike the other display venues, the headquarters of the Royal College does not constitute a typical museum/gallery space and although it is open to the public, the audience for such an exhibition would have likely been restricted to those with business at the organization, namely physicians, surgeons, and those involved in the health sciences. Given both venue and audience, such imagery might be considered innocuous or even quotidian.

Overall, these five instances of display were within the context of an art gallery, art display, or a space directed towards a specialized medical audience. This begs the question: why have they not been exhibited more broadly to a generalized public audience, as were the early anatomical waxworks at La Specola? One reason for this lack of display hearkens back to Rustige’s original observation about the graphic nature of the waxworks. It seems that to the twenty-first century viewer, they no longer serve their original purpose as medical representation of the human body quite so explicitly. Instead, they function to shock and provoke, and to generate debate. They have shifted from rational to emotional objects and are in some ways more aligned with the early devotional waxes previously discussed. They are, in essence, explicit representations of female genitalia, some in states of disease, others depicting the violence of birth. For many, they elicit responses centered around disgust, or at the very least, visual discomfort. As a result, they make for challenging material from a curatorial perspective and, as is evident in the case of the Winslow waxworks, are difficult to display in certain contexts.

The Winslow waxworks are particularly unique because, unlike the early models at La Specola which depict female torsos with cut-off thighs and exposed bone and tissue, the Winslow waxes appear as if alive and in motion; some even have a pair of gloved hands enacting a clinical intervention. Comparable seventeenth-century models existed within a more traditional framework based upon the practice of dissection, a tradition in which the dissected body was at the forefront of knowledge generation (Massey 2008: 101). The Winslow models, however, are not in a state of dissection, but instead represent a snapshot, a moment frozen in time rather than a dead and dissected body. In Ephemeral Bodies, Roberta Panzanelli speaks to wax’s ability to catch a transient moment which exists out of time (Panzanelli 2008: 2). Unlike the living human body, these models exist without sound or movement; their uncanny nature blurs the boundaries between human and inanimate form (Massey 2008: 101). The first time that a person perceives the waxwork, there is a moment in which they must decide if the shape is human or artificial. There is a further spatial disorientation; in one waxwork, the vulva lies horizontally on the table, while an infant’s hand reaches into the air from between the labia, as though emerging from another dimension. The effect is indeed uncanny. This moment can lead to the disjuncture experienced by Emily St Aubert in Udolpho, a reaction to the uncanny that leads to deep feelings of disturbance or disgust (Kornmeier 2008: 2).

We would argue that this heuristic quality contributes significantly to typical reactions to these models: they appear alive but motionless, realistic but inanimate. To add another layer, they are also in extreme circumstances. Not only do they depict female genitalia in stark detail, they show that genitalia violently exposed, often in a state of distress. Perhaps this is also what contributes to the discomfort felt by the viewer; we recognize ourselves in the waxworks and empathize with the agony we know would have accompanied such a moment. The
realism of the subject matter is ‘instantly accessible to the viewer and . . . claim[s] to possess an authentic truth’ (Kornmeier 2008: 73). There is no ‘aesthetic distance;’ the verisimilitude ‘lessens the perceptual distance’ between object and viewer (Kornmeier 2008: 67). It is as if the wax body has been captured in perpetual agony, forever frozen and exposed in a moment that any living person might wish to forget. Indeed, the Museopathy exhibition aims to bridge the emotional distance between viewer and exhibit: ‘the neologism of the title [Museopathy] . . . stems [partly] from its etymological origin — the Greek word for “emotion” or “feeling” and the root of words such as “pathos”’ (Drobnick and Fisher 2002: 14). This empathy might be extended further and felt more deeply by the female viewer who recognizes herself and her body in the models, particularly when she reads a woman’s name, Marjorie Winslow, on the exhibit’s plaque, and even more if she is aware of Anna Morandi’s work in Bologna and of the Anatomical Venus of Florence.

In the case of an anatomy museum from the late seventeenth-century through to the end of the nineteenth-century, audiences would be expecting to see such material. By the nineteenth century, anatomical waxworks, and waxworks more generally, remained popular in museums, exhibitions, fairs, and public displays of all kinds. As in the case of Madame Tussauds, for example, they have become increasingly the purview of popular entertainment, demoted from the realms of art (Philbeam 2002: 324). However, within the scientific community the medium of wax retained its status as a material of reason and realism, while at the same time was tied up with fantasy and spectacle (Hunter 2016: 153). Some wax displays such as the Musée Grévin and the Sptizner anatomical museum appealed to visitors’ curiosity and desire for spectacular entertainment, while others like the Hôtel Saint-Louis adhered to an ethos of rational instruction (Hunter 2016: 151). Within the context of the Museum of Health Care at Kingston, the role of the waxworks is muddled. The mission of the Museum of Health Care differs from those early medical museums in the sense that it aims to educate visitors about the history of health care and the experience of wellness and disease. It does not attempt to educate about anatomy or medical knowledge at the specialist level. The museum collection consists primarily of medical tools and equipment, pharmacology objects, ephemera, teaching aids. Unlike many other medical museums, such as the Hunterian Museum (Royal College of Surgeons, London), it does not collect specimens. Given the availability of images and information in the age of the internet, the models can no longer serve their original purpose, nor were they ever really meant for public consumption. Further, their difficult and shocking subject matter means that a general museum audience may not react positively to viewing such graphic objects.

In an art museum, it could be argued that visitors are more open to the experience of being shocked or disrupted; they are in some cases seeking out an experience of this nature. Where Radcliffe’s Emily St Aubert’s shock leads her to faint before the waxwork in The Mysteries of Udolpho, gallery-goers often actively desire both a moment of disruptive shock and the opportunity for a sustained examination of an uncanny object. An art exhibition may not situate the waxwork in its historical contexts, but the Agnes Etherington Art Centre’s highly effective display strategies have opened eerie, beautiful, and horrifying waxworks to divergent readings. The display of such material in art galleries seems logical and pertinent. Within a medical museum, however, their display-ability is complicated by their ambiguous status as hybrid objects. They are at once art and artifact, teaching tools and objects of curiosity; to a certain degree they retain their status as spectacle. However, despite their graphic nature, they are also objects that deal with universal themes of life, birth, death, and suffering. Thus, they sit at the intersection of art, science, and spiritual contemplation. In a way, they might actually be well-suited to the heterogeneity of modern audiences as well as to the function of the twenty-first century museum as increasingly diverse and expansive. These objects could be utilized to generate dialogue, to engage in difficult conversations, and to thematically interpret the world in new and meaningful ways.

Joanna Ebenstein writes poetically of the Anatomical Venus that ‘she is a relic’ of a historical moment ‘when it was still possible for religion, art, philosophy, and science to coexist peacefully’ (Ebenstein 2016: 19). In Ebenstein’s reading, the Anatomical Venus ‘could only be truly understood [in that] brief period’ (Ebenstein 2016: 19). Although no museum can truly transport us to the epoch which the Anatomical Venus embodies, we are in some ways heading
back into that moment, as we actively seek to blur disciplinary boundaries and to promote the medical humanities. Museum display strategies – such as *The Golden USB* making a quasi-devotional shrine to a medical waxwork in an art gallery – prove our desire not to whisk shut the curtains on uncanny and uncomfortable artefacts, but to bring them and their rich intellectual history into new and illuminating contexts.

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Notes

1 The term ‘somatotype’ was developed mid twentieth century as a classification system for body types and proclivity for various diseases. The wax figures in the collection of the Museum of Health Care retain the naming convention set forth upon their creation. For more on this taxonomy, see the work of American psychologist William H. Sheldon and German psychiatrist Ernst Kretschmer.


3 Marjorie Winslow, Notes by Mrs Marjorie Winslow, 19 November 1996, held by the Museum of Health Care at Kingston, Kingston.

4 In their previous explorations of the Winslow waxworks, both Andrea Terry and Annette Burfoot point to the changing modes of display and use for these objects in terms of their re-evaluation as objects; in particular Terry speaks to their reconfiguration as visual culture and art objects. Burfoot, 2011: 186-189.

5 Sunny Kerr, verbal interview by Marla Dobson, Agnes Etherington Art Centre, 2 May 2019.

6 Curator Sunny Kerr has pointed out that one could still consider the models as pedagogical tools.

References


Marjorie Winslow, Notes by Mrs Marjorie Winslow, 19 November 1996, held by the Museum of Health Care at Kingston.


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