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. 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). In Canada, there is an atlas of disability and literacy (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
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/~vze3
s5q6/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 be-
 tween the environment, disease and the
patient, by reinserting the particular
into the general. The process they em-
ploy involves sophisticated body scan-
ning and computer mapping. The se-
ries was developed in part to make the
anonymity of diseases like HIV imme-
diate and individually personal.2

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 projec-
tion 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 al-
most theistic. Note the face in the up-
per 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 con-
tours of the lives we together live.

For cartographers like Denis Wood3
the subject is the map in its many pro-
jections, the object a method of
mapped manipulation. In notes on a
2005 exhibition at the New York Acad-
emy 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.3 It is, for her, like tattoo-
ing, 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 com-
mentators know, because this is art,
different persons draw from it different
meanings, imposing their own per-
spectives upon the landscape.

For me, the subject is the line-item
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.

Tom Koch PhD
Vancouver, BC

REFERENCES
1. Saunders JB, O’Malley DD. The illustrations from the works of Andreas Vesalius of Brussels. New York: Dover Publications; 1950. Available: http://vesalius.northwestern.edu/ (accessed 2007 Nov 4).
2. Wood D. Some things Lilla LoCurto and William Outcault have to say about maps. Cartographic Perspectives 2007;56:8-8.
3. Anker S. Face value: plastic surgery and transformation art. Science and the City. New York: The New York Academy of Science; 2005. Available: http://www.nyas.org/scigallery.asp?exhibitID=14 (accessed 2007 Nov 4).

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 antisepsis

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 antisepsis.

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.